

Baldwin Wallace University TRIO Upward Bound New Student Application



What is Upward Bound?

Upward Bound is a federally funded educational program. The program provides fundamental support to participants in their preparation for college entrance. The program also provides opportunities for participants to succeed in their pre-college performance and ultimately in their higher educational pursuits. Upward Bound serves high school students from low-income families and high school students from families in which neither parent holds a bachelor's degree. **The goal of Upward Bound is to increase the rate at which participants complete high school and enroll in and graduate from college.**

Upward Bound consists of an Academic Year and Summer Residential Component. If accepted into the program, students are required to participate in both components of the program until high school graduation:

Academic Year Component:

The Academic Year Component consists of the Upward Bound Saturday Academy which is held on select Saturdays throughout the school year. These sessions include instruction in mathematics, English, science, and ACT/SAT preparation. The academic year component also consists of Upward Bound staff visits to each target high school each week to provide academic advisement, career and social counseling, various college readiness workshops, and after-school tutoring one day each week. Throughout the academic year, students will have the opportunity to participate in cultural enrichment outings and programs.

Summer Component:

The Summer Residential Component is an intensive six-week academic enrichment program that meets Sunday evening through Friday from mid-June through early July. Summer program participants will live in a residence hall on the Baldwin Wallace University campus and will be under 24-hour adult supervision by the Upward Bound Staff. Students will attend classes such as math, English, science, social studies, and other electives. Throughout the summer program, students will also participate in college readiness workshops and cultural enrichment outings.

Who is eligible?

Upward Bound students must meet income or first generation college student guidelines as defined by the federal government. Students accepted into the program are required to follow a strict college preparatory curriculum in high school and display a strong desire to attend college. Students must be in the 9th, 10th, or 11th grade and enrolled at one of the target high schools at the time of selection. If accepted into the program, students will remain in the program until graduation.

How can it help me?

Upward Bound gives students an opportunity to learn first-hand what college life is all about and helps the student to develop those skills necessary to succeed in college. The program emphasizes reading, writing, math, study skills, and science. Courses are taught by skilled instructors whose primary concern is the students. Personal, career and, academic counseling is also provided.

Is there any cost involved?

Upward Bound is grant-funded through the Department of Education. **There is no cost to Upward Bound students.** Monthly stipends are paid to students based on their participation and academic progress. Spending money is optional during outings. During the summer program, Upward Bound provides meals, lodging, and supplies.

What are some of the other services provided?

- Academic advising– helping you to schedule the proper courses to meet college entrance requirements
- Fee waivers for ACT and SAT test
- College Application Fee Waivers
- Career Exploration
- College Exploration
- Financial Aid Assistance
- Application fee waivers
- Scholarship application assistance
- College Tour Trips
- Cultural outings to museums, sporting events, theater performances, and other educational trips.

If you have any questions, please call us at 440-826-2208

“Students in the Upward Bound program are four times more likely to earn an undergraduate college degree than students from similar backgrounds who did not participate in TRIO programs.”

-- Council for Opportunity in Education

Baldwin Wallace University TRIO Upward Bound
New Student Application
Section One: Student Information

Date _____

Name _____
First Middle Last

Address _____
Street City State ZIP

Student Phone () _____ Student Email _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____ Gender _____

What is your current grade level? 9th 10th 11th 12th

Are you currently a US Citizen or Permanent Resident Yes No

What language is the primary language spoken in your home? _____

What high school do you currently attend? _____

What is your Grade Point Average? _____

Are you currently active in any other TRIO Programs (Upward Bound, UBMS, Talent Search, etc.)? Yes No

What are your plans after high school graduation? (Select all that apply)

College Work Military Undecided Other _____

What careers are you interested in? _____

Please write a statement below that describes why you want to be in the Upward Bound Program:

Baldwin Wallace University TRIO Upward Bound: New Student Application

Section Two: Parent Information

The student applicant lives with: Both parents Mother only Father Only Legal Guardian

If Legal Guardian, what is your relationship to the student applicant?

(Foster Parents, Grandparents, etc.) _____

Mother/Step Mother/Legal Guardian Primary Contact

Father/Step Father/Legal Guardian Primary Contact

Name _____

Name _____

Address _____

Address _____

Place of Employment: _____

Place of Employment: _____

Home Phone () _____

Home Phone () _____

Work Phone () _____

Work Phone () _____

Cell Phone () _____

Cell Phone () _____

Email: _____

Email: _____

Mother has earned a Bachelor's Degree (4-year degree) Yes No

Father has earned a Bachelor's Degree (4-year degree) Yes No

Please select all that apply to your student's race and ethnicity:

- American Indian or Alaska Native Asian White Black or African American Pacific Islander
 Hispanic/Latino

Does your student meet any of the following criteria?

- Yes No
- Homeless
- In foster care
- Has a documented learning disability
- Currently on an Individualized Education Plan (I.E.P.)

I understand that the information I have provided is confidential and that it will not be disclosed to anyone not affiliated with the Upward Bound Program. I certify that the information is accurate and complete to the best of my knowledge. I agree to provide further documentation, upon request, to verify the information reported.

Parent/Guardian Name

Parent/Guardian Signature

Date

Baldwin Wallace University TRIO Upward Bound: New Student Application

Section 3: Taxable Income Verification

Before we can finish processing your application, we need to verify your family's taxable income. We need this information in order to make a decision about accepting your student into the Upward Bound Program.

Feel free to contact us if you have any questions.

Taxable Income Instructions – Please complete the following statement regarding total taxable income for the household in which the student currently resides. Taxable income is often different than actual wages and can be found on your tax return document (1040, 1040A, 1040EZ). The taxable income will be on a different line depending on which tax form you use.

Table with 2 columns: IRS Tax Form, Line. Rows: 1040 (43), 1040a (27), 1040ez (6)

For the year 2017, including the student applicant, there were a total of _____ people living in our household, and our annual taxable income was \$_____.

If you are unemployed, or did not complete taxes for 2017, or receive any of the following funds, please indicate if you receive income from any of the following:

Form with columns: No, Yes, Amount per Month. Rows: Welfare, Disability, Social Security, Pension, Unemployment, Child Support.

I understand that the information I have provided is confidential and that it will not be disclosed to anyone not affiliated with the Upward Bound Program. I certify that the information is accurate and complete to the best of my knowledge. I agree to provide further documentation, upon request, to verify the information reported.

Parent/Guardian Name

Parent/Guardian Signature Date

**Baldwin Wallace University
TRIO Upward Bound Program
Student Medical Information**

Student Name: _____ Birthdate: _____

School Attending: _____ Grade: _____

Cell Phone: _____

Parent/Guardian Name: _____

Cell Phone: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

Do you have any medical condition which would interfere with your school work, physical or recreational activities, or class attendance? Please Explain:

Do you have any allergies to food, medications, etc.? Please Explain:

Are you taking any medication? Please Explain:

Insurance Information

Insurance Company: _____

Policy in name of: _____

Policy or group number: _____

Doctor or Clinic Preferred: _____

Medical Release

I, the undersigned, am the parent/guardian of the above named minor. I hereby consent to his/her participation in the Baldwin Wallace Upward Bound Program and the activities planned in conjunction with this program. I understand that such activities may include social and recreational activities and the transportation of the above named minor to and from such activities. I am aware of the special needs and risks for these activities, which may include physical fitness of the participant.

I hereby recognize that there are personal injury risks involved with respect to the activities completed in the program, including risks inherent to the supervision of a group of young persons. I hereby assume such risks and release Baldwin Wallace University, its agents, employees, and students from any liability arising out of injury or accident which may be sustained by the above named minor.

I understand that in the event of a medical emergency, attempts will be made to contact me and if said attempts are not immediately successful that the supervisors of the Upward Bound Program may refer the above named minor to a licensed medical practitioner and/or the University Health Center, or hospital and hereby consent that such physician, Health Center, or hospital may treat the said minor in response to the medical emergency.

Parent Name _____

Signature of Parent/Guardian _____ Date _____

Baldwin Wallace University TRiO Upward Bound Program Parental Media Release and Consent Form

We may take photographs of the children during the process of their participation in the Baldwin Wallace University Upward Bound Program.

The media may visit our program. The media may take photographs, film footage, conduct interviews, or use children's quotes. Children who participate in the Baldwin Wallace University Upward Bound may appear in these images or productions. These products and or public releases may appear on television locally or nationwide.

Conditions of use

1. We will not use the personal details or full names of any child in a photographic image on video, on our website, in our printed publications, or in media releases and productions.
2. We will not include personal email, postal addresses, or telephone numbers on videos or on our website.
3. If we name a child in the text, we will not use a photograph of that child in the accompanying article.
4. We may use group or class photographs, footage, or recordings with very general labels.
5. We will only use images of children who are suitably dressed, to reduce the risk of such images being used inappropriately.

I have read and understand the condition of use as listed above. I understand that websites are able to be viewed worldwide. I grant to the Baldwin Wallace University Upward Bound the right to edit, use and reuse the above mentioned images and images of student work or products for non-profit purposes. I also hereby release the Baldwin Wallace University Upward Bound and its agent and employees from all claims, demands, and liabilities in connection with the above.

I, _____ (Signature) of Parent or Guardian

_____ (Printed Name) of Parent or Guardian

Of _____ (Printed) Student Name

Consent to and give my permission to the Baldwin Wallace University Upward Bound to use the image, school-related and other products, quotes and interviews of my child for Upward Bound Program promotions or educational purposes including reproduction in the Program's printed publications, or media, public internet, or releases to newspaper or media, both print and electronic.

Date: _____

Baldwin Wallace University TRIO Upward Bound Program Release of Information

Student Name: _____

Address: _____

Birthdate: _____

I, the undersigned, attest that I am the parent/guardian of the above named minor. I do hereby give my permission for the above high school, educational institution or program to release grades, transcripts, test scores, individual education plans, and other relevant information to Baldwin Wallace University Upward Bound Program, upon request of the program or its representative. It is understood that the information is requested to assist staff of my child. I understand that the Upward Bound Program will hold this information confidential.

I fully understand that my records are protected under federal and state confidentiality regulations and cannot be released or disclosed without my written consent. I understand the reason(s) the information indicated above is being requested. Finally, I understand that I may revoke this consent at any time. However, any information shared prior to revocation of consent falls within the bound of this release.

This information has been disclosed to you from records whose confidentiality is protected by the Federal law. Federal regulations prohibit any further disclosure of it without the specific written consent of the parent or legal guardian to whom it pertains, or as otherwise permitted by such regulations.

Signature: _____

Parent or Legal Guardian

Participant/Student (if over the age of 18)

Upward Bound Representative

Baldwin Wallace University TRIO Upward Bound Program

Teacher/Counselor Recommendation Form

To the student: This recommendation must be completed by a teacher or a counselor. Please give the teacher enough time to complete this so they can return it to you in time for you to complete the application by the deadline. Please select teachers or counselors that you feel know you the best.

To the teacher or counselor: We seek students who have both academic promise and the need for our academic and advising services, so please provide a frank assessment of the student's strengths and needs as you have observed them. This information will be used only by Upward Bound staff. Upward Bound will treat all information confidentially and only for purposes of evaluating the applicant's appropriateness for our program.

Student's Name: _____ School: _____

Teacher's/Counselor's Name: _____ Subject: _____

Student's current grade in your class? _____

How long have you known the applicant? _____

Level of the student's academic motivation: High Average Poor

Does the student complete most of his/her assignments? Yes No

Does the student complete most of his/her assignments on time? Yes No

The student attends school and is punctual Constantly Sometimes Never

The student contributes to class discussions Constantly Sometimes Never

The student displays a positive attitude/behavior Constantly Sometimes Displays Negative Attitude

Please Check any of the following that apply:

- Student demonstrates need for academic support (tutoring).
- Student demonstrates need for academic advising for college preparation.
- Student has expressed interest in the Upward Bound Program
- Student shows potential for success in college.

Do you believe this student would be a good fit for the Upward Bound Program? Yes No

Please share any additional comments you may have in regard to the student.

Teacher/Counselor Signature

Date

Baldwin Wallace University TRIO Upward Bound Program

Teacher/Counselor Recommendation Form

To the student: This recommendation must be completed by a teacher or a counselor. Please give the teacher enough time to complete this so they can return it to you in time for you to complete the application by the deadline. Please select teachers or counselors that you feel know you the best.

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Teacher/Counselor Signature

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