

Trio-Upward Bound Student Application



AnokaRamsey
CAMBRIDGE • COON RAPIDS Community College



STUDENT INFORMATION

Student's Name: _____
Last name First name Middle Initial

Date of Birth: ____ / ____ / ____ Age: _____ Gender: M F

High School Attending: _____ Grade: 9th 10th 11th

Home Address: _____
(Mailing Address) (Apt. number)

(City, State, Zip)

Home Phone #: _____ Email address: _____

Racial & Ethnic Background: (please answer questions 1 & 2 below)

1. Is the student Hispanic or Latino? Yes No

2. Select one or more from the following:

____ American Indian or Alaska Native _____ Native Hawaiian or other Pacific Islander

____ Asian _____ White

____ Black or African American

Citizenship:

____ United States Citizen _____ Refugee

____ Permanent Resident** _____ Other (specify): _____

** If you are a permanent resident, you must provide us with a copy of your permanent resident card.

PARENT/FAMILY INFORMATION

Parent(s) or Guardian(s) Name(s): _____

Address: _____

Home# _____ Work#: _____

Email address: _____ Cell#: _____

Highest Grade Completed by Mother: Unknown Elementary High School Some College Received 4 yr degree

Highest Grade Completed by Father: Unknown Elementary High School Some College Received 4 yr degree

ADDITIONAL STUDENT & FAMILY INFORMATION

Which language did your student learn first? English Other (specify): _____

Which language is most often spoken in your home? English Other (specify): _____

Which language does your student usually speak? English Other (specify): _____

With whom does the student currently live? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Biological parent(s) | <input type="checkbox"/> Alone |
| <input type="checkbox"/> Adopted parent(s) | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Step parent(s) | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Foster parent(s) | <input type="checkbox"/> Foster home |
| <input type="checkbox"/> Relative other than parent (specify): _____ | <input type="checkbox"/> Guardian, not relative (specify): _____ |

Who are the student's legal guardians? (Check all that apply)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Both parents | <input type="checkbox"/> Ward of the court |
| <input type="checkbox"/> Mother only | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Father only | |

How many people are living in the student's household? (Please include yourself & student applying for services) _____

Please list the names and age of all the people living in your household (Use additional page if needed):

	<u>Name</u>	<u>Age</u>	<u>Relationship to student</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

What is your family's approximate **Yearly Taxable Income**: \$ _____

(See most recent 1040 line 43, 1040A line 27, 1040EZ line 6 and submit a copy of the tax return form)

Do you and/or your student receive Public Assistance? (Check all that apply; if you do not receive assistance, check 'no assistance received')

- | | | |
|---|--|---|
| <input type="checkbox"/> Social Security (SSI, RSDI) | <input type="checkbox"/> Food Support | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Minnesota Family Investment Program (MFIP) | <input type="checkbox"/> Free or reduced lunch | <input type="checkbox"/> No assistance received |

MEDICAL INFORMATION

Please provide facts concerning your student's medical history including allergies, medications, and any physical impairment to which a physician may be alerted:

Allergies _____

Medications _____

Insurance Name & Number _____

No Insurance

Emergency Contact Person (Someone who will always know how to reach you):

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

STUDENT'S INTEREST AND ASSESSMENT

I need information or help on the following (Please check those items that apply to you):

- | | |
|---|---|
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Communication with Instructors |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Colleges |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Vocational Schools |
| <input type="checkbox"/> Testing Skills & ACT Test Prep | <input type="checkbox"/> Course planning for college admissions |
| <input type="checkbox"/> Career Planning | <input type="checkbox"/> Financial Aid & Scholarship |
| <input type="checkbox"/> Self Esteem | <input type="checkbox"/> Other _____ |

1. What grades do you usually earn (Check all that apply)? A's B's C's Below C

2. Do you have an Individual Education Plan (IEP) or 504 Plan? Yes No

If yes, who is your case manager? Name _____ Phone# _____

If no, what other accommodations do you receive? (Ex. Hearing, Vision, Physical disabilities) _____

3. After I graduate from high school, I plan to:

- | | |
|--|--|
| <input type="checkbox"/> Attend college (2 or 4 Year College or University) | <input type="checkbox"/> Enter military |
| <input type="checkbox"/> Work full-time | <input type="checkbox"/> Work part-time and go to college or vocational school |
| <input type="checkbox"/> Attend vocational school (cosmetology, plumbing, etc) | <input type="checkbox"/> Other (specify): _____ |

4. Why are you interested in becoming an Upward Bound participant? (Attach a separate sheet if needed)

5. Please describe your abilities or talents (Are you artistic, do you play a musical instrument, are you good in a particular sport, are you good at working with others or working with children?) (Attach a separate sheet if needed)

5. How did you hear about the Upward Bound program? _____

STUDENT ACADEMIC AGREEMENT

I understand that the Upward Bound program is committed to **my education** and is here to help me do well in school and potentially attend college or a vocational school. To be a part of the program, I agree to do the following:

Attend school regularly

Work on my studies and turn in my homework assignments

Maintain a 2.0 or better GPA in my core classes (Math, Science, English, Social studies)

Have respect for myself as an individual and for other people and their differences

Attend Upward Bound activities and/or workshops regularly

Work toward admission into college or vocational school after I graduate from high school

I understand that in order to participate in the Upward Bound Program, I must provide my Upward Bound Advisor with a copy of my official transcript and/or grade report(s) every quarter.

I authorize the Upward Bound Program to access copies of my academic grade report, standardized test scores, and other financial information that may be necessary to assist me in achieving my education goals.

I understand the goals I have set for myself in my academic plan. I will strive to accomplish them.

PARENT/GUARDIAN RELEASE FORM

SCHOOL RECORDS, TRANSPORTATION, PHOTO, INTERNET USE & MEDICAL RELEASE

As the parent and/or guardian of _____, I grant **Upward Bound** permission to obtain school records, transcripts, grade reports, test results, and **any** financial information. I also grant the **Upward Bound** staff my permission to speak with teachers, counselors, other school administrators at my child's school, and Human Services workers (Financial Workers, Social Workers, and etc) in order to obtain and exchange information as part of the services provided by the **Upward Bound** Program.

I authorize and permit my student to participate in field trips, activities, and events sponsored & conducted by the **Upward Bound**. I understand that my child may be leaving his/her school campus (with prior notice) and be **transported** by **Upward Bound** staff in buses. I agree that the **Upward Bound Program** will not be held liable for any loss, injury, or death related to any field trip, activity or event.

- I also grant permission to **Upward Bound** to take photos of my child and use them to promote the **Upward Bound Program and/or Anoka Ramsey Community College**.
- I grant permission for my child to access networked computer services such as Internet, World Wide Web, and electronic mail.

In the event that my child is involved in a medical emergency, I authorize the **Upward Bound** staff of Anoka-Ramsey Community College to make decisions regarding immediate medical attention (hospitalization, administration of prescribed medications, doctor treatment, etc.) if I am unable to be contacted or reached for verbal authorization.

_____/_____/_____
Parent's Signature **Date (mm/dd/yyyy)**

Student's Signature **Student's Name – Please Print**

FOR OFFICE USE ONLY:

First Generation ___ Low Income ___ Both ___ Date of Entry _____ Director's Initials _____

Accept/Denial Letter Mailed _____ Academic Plan Entered _____ Needs Entered _____