

Student Assessment Form

1. Do you plan or want to attend college? Yes No
____ 2 year college ____ 4 year college/university _____ technical/vocational school ____ other

2. What careers are you interested in right now? _____

3. What is your current **Grade Point Average (GPA)**? _____

Would you be interested in tutoring services? Yes No
If yes, which subjects? Math English Foreign Language
 Science Social Studies Other _____

4. Are you interested in any specific colleges? _____

5. Which topics concern you? (Check all that apply)
 Peer Pressure Self Esteem Conflict Management
 Goal Setting Time Management Decision-making
 Motivation Relationships (peer or family) Other _____

Which Upward Bound services would meet your needs and help you succeed in school?

Career options or information ACT or SAT information
 Career interest inventory Help in completing college applications
 Planning for high school/college Tutoring Resources
 Financial aid/scholarship information Test taking/ study skills Family workshops
 College/University information – which one(s) _____
 College majors – which one(s) _____

The Upward Bound College Prep Academy is located in the A&S building to better serve you.

Funded by the U. S. Department of Education at an annual rate of \$301,913

Washington State Community College embraces human diversity and is committed to equal employment opportunities, affirmative action, and eliminating discrimination. Discrimination against any individual based upon protected status, which is defined as age, color, disability, gender identity or expression, national origin, race, religion, sex, sexual orientation, or veteran status, is prohibited. Equal access to employment opportunities, admission, educational programs, and all other university activities is extended to all persons



UPWARD BOUND COLLEGE PREP ACADEMY
710 Colegate Drive, Marietta, Ohio 45750
740-568-1946

Sponsored by Washington State Community College
Funded 100% by U.S. Department of Education at \$301,913yr (5 year grant cycle)

APPLICATION ** PLEASE USE BLUE OR BLACK INK **

I. Student Information

Student Name _____
First Middle Last

Mailing Address _____

City, State, Zip _____

Home Phone # _____ Cell Phone # _____ Email _____

Date of birth _____ Age _____ Gender [] Female [] Male [] Other

Ethnicity (check one) [] Hispanic/Latino of any race [] White
[] Amr. Indian/Alaska Native [] Black/African American
[] Hawaiian/Pacific Islander [] More than one race
[] Asian [] Race or Ethnicity Unknown

U.S. Citizen [] yes [] no
Veteran [] yes [] no

Current School _____ Current Grade 8 9 10 11 12

Social Security Number (REQUIRED FOR ENROLLMENT)

(If Social left blank student will be put on a wait list.)

Do you have a sibling/relative in UB? If so, list name(s) _____

Name of friend/person who referred you to our program _____

II. Parent/Guardian Information – Please complete the information below only for the Parent/Guardian(s) with whom the student resides.

1. Name of parent/guardian _____ Relationship to student _____
Employer _____ Contact # _____
Email _____ Does the student live with you? [] Yes [] No

2. Name of parent/guardian _____ Relationship to student _____
Employer _____ Contact # _____
Email _____ Does the student live with you? [] Yes [] No

Education level of birth or adoptive parent(s):

Parent 1. [] Less than high school [] High school diploma/GED [] Associates degree [] Bachelors degree and beyond
Parent 2. [] Less than high school [] High school diploma/GED [] Associates degree [] Bachelors degree and beyond

4. Contact person (please list one person who doesn't live with you who can contact you during the next 5 years)

Name _____ Relationship to student _____

Phone # _____

II. Parent/Guardian Information (continued)

In total (INCLUDING YOURSELF), how many persons are dependent upon the family income? _____
 [Please list all those persons below]

First name	Last name	Relationship to student	Age	Grade	Name of school (or work, etc)	Does this person live with you?
		Applicant				

III. Parent Income Information Required by the U.S. Department of Education

PLEASE CHECK ALL SOURCE(S) OF INCOME:

- Job – Parent 1
- Job – Parent 2
- VA Benefits
- Disability
- Unemployment Benefits
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families TANF
- OTHER _____

Check all services that your family receives:

- Free School Lunch
- Reduced Price School Lunch
- WIC
- Food Stamps/SNAP
- Medicaid

Taxable Income amount is required for enrollment.

THIS INFORMATION IS KEPT CONFIDENTIAL & NOT REPORTED TO OTHER AGENCIES.

Please fill in taxable income in the blank line.

TAXABLE (after deductions) INCOME**
 for the most recent year.

Take this figure from:

- LINE 43 on Form 1040 or
- LINE 27 on Form 1040A or
- LINE 6 on 1040EZ.

\$ _____

OR

- I have no taxable income for the previous year.

**** Taxable income is much different from gross income or take-home pay. For example, for a family of four, taxable income is normally at least \$18,000 per year less than gross income. If you do not provide your TAXABLE income, we may not be able to accurately determine your child's eligibility for the program.**

Office use only:

- | | |
|--|--|
| 2 <input type="checkbox"/> \$0-\$25,860 | 6 <input type="checkbox"/> \$46,021 - \$52,740 |
| 3 <input type="checkbox"/> \$25,861 - \$32,580 | 7 <input type="checkbox"/> \$52,741 - \$59,460 |
| 4 <input type="checkbox"/> \$32,581 - \$39,300 | 8 <input type="checkbox"/> \$59,461 - \$66,180 |
| 5 <input type="checkbox"/> \$39,301 - \$46,020 | 9 <input type="checkbox"/> \$66,181 - OVER |



Upward Bound College Prep Academy
Director of UB – Amy Taylor – ataylor2@wscc.edu
710 Colegate Drive, Marietta, Ohio 45750
740-568-1946

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PERMISSION TO PARTICIPATE IN UB & INFORMATION RELEASE

Student Name (please print) _____

-I give permission for my child to participate in all Upward Bound College Prep Academy sponsored activities held in cooperation with the student’s local school and in observance of school rules.

-I certify that the information provided on the application is true and correct to the best of my knowledge. (I understand that I will receive individual or yearly field trip permission & information forms for program sponsored field trips.)

-I authorize the release of student school records and information (records of attendance, grades, test scores, final transcripts, IEP’s, and student ID numbers) that is required to meet federal guidelines to the Upward Bound College Prep Academy program and personnel. This is for the express purpose of accomplishing program goals and objectives, providing quality educational guidance, and in order to remain compliant with required program tracking and reporting. I understand that this release of records and personal information will remain in effect throughout my student’s high school and future entry into postsecondary education. I authorize the use of my child’s picture in UB newsletters, publications, and publicity.

-I understand that the completion of this application does not guarantee acceptance in the UB program.

-I understand that a copy of this form is kept on file and information received from school/agency personnel will be kept confidential in compliance with the Family Rights and Privacy Act.

Parent/Guardian Signature _____ Date _____

STUDENT: I understand that the Upward Bound program has a strong commitment to education and is here to help me do well in school. To be a part of the program, I agree to do the following:

- Attend school regularly.
Work earnestly on all my studies and turn in my homework assignments.
Maintain a 2.5 or better GPA to be eligible for the program and field trips.
Have respect for myself as an individual and for other people and their differences.
Attend Upward Bound activities and workshops as much as possible
Graduate from high school.
Have desire and work toward admission into college or vocational school after I graduate from high school.
Attend tutoring sessions as needed.
Enroll in a college or vocational school of my choice the fall after I graduate.

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

Student Signature _____ Date _____

ONLY COMPLETED APPLICATIONS WILL BE PROCESSED