** **

**Upward Bound Application**

**Pima Community College**

**Downtown Campus**

**1255 North Stone Avenue**

**Tucson, AZ 85709-3140**

**www.pima.edu**

**Lyn Olsen Ph. D.**   **Joy E. Barr**  **Elsa Ochoa**

Program Manager Program Coordinator Adm. Support Tech.

520.206.7061 520.206.7082 520.206.7073

Dear Applicant:

The personal information you give to the Upward Bound program is kept on file for the federal government (US Department of Education). The information is protected by the Privacy Act. No one may see the information unless they work with or for the Upward Bound project or are specifically authorized to see the information. The information is necessary to determine if you are eligible to participate in the program and helps the government to measure our success. The Department of Education has the authority to gather information to help make Upward Bound a better program. **Please retain this cover page for your records and contact information.** **Reasonable accommodations, including materials in an alternative format will be made for individuals with disabilities when a minimum of five working days advance notice is given. For the general public, please contact the PCC information line at 520.206.4500.**

Thank you for your interest in the Upward Bound Program at Pima Community College – Downtown Campus. Upward Bound is a federally funded college preparatory program that began in early 1960 under the Lyndon B. Johnson administration. The goal of the program is to help students who meet an income criteria and who would be the first in their family to attend and complete college achieve the goal of obtaining a bachelor’s degree. Through academic enrichment, cultural field trips, tutoring, guidance and counseling the Upward Bound program has helped thousands earn a college degree and improve the lives of students and their families.

The Downtown Campus of Pima Community College is eager to begin its inaugural year servicing Amphitheater High School, Rincon High School and Flowing Wells High School. Potential candidates for Upward Bound must commit to preparing themselves for post-secondary education before being accepted into the program. The program is free to those who are accepted. Students only have to give of their time and dedication for the duration of their high school experience to receive maximum benefits from the program.

Attached you will find the necessary forms for application to the program. Upon receipt, your application will be reviewed and you will be contacted as to your status and next steps in the application process. Remember, you do not have to be rich or extremely smart to earn a college degree. You need only have motivation, dedication, and a desire to succeed, Upward Bound will help you with the rest.

We look forward to hearing from you. When you have questions, please call the Upward Bound office at 520.206.7061.

Sincerely,

Lyn Olsen Ph. D.

Program Manager

Upward Bound

**Pima Community College Downtown Campus**

**UPWARD BOUND APPLICATION**

Application Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade \_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT INFORMATION:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: ****Male ****Female

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_St\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security # (student) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_

Ethnic Background: ****Black/African American ****Asian ****Caucasian

****Hispanic/Mexican American ****Native American ****Other

Are you a U.S. citizen? ****Yes ****No ****Permanent Resident If not, Alien Registration #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language is usually spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If accepted, would you need transportation to the Downtown campus? ****Yes ****No

**FAMILY INFORMATION:**

**Student lives with**

****Both parents ****Mother only ****Father only ****Mother/Stepfather ****Father/Stepmother ****Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s legal guardian(s)**

****Both parents ****Mother only ****Father only ****Mother/Stepfather ****Father/Stepmother ****Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT INVOLVEMENT**

Are you presently employed? ****Yes ****No (If yes, how many hours per week do you work:)\_\_\_\_\_\_\_\_\_\_

In what clubs, activities, or school and community organizations have you participated? (music, drama, sports, academic) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM COMMITMENT**

I understand that my involvement includes:

**♦ my participation** in a half day Saturday program 16 times during the academic year for the remainder of my high school experience

**♦ my fulfillment** of all requirements of Upward Bound – attendance, cooperation, grades, tutoring, goals – while a member

**♦ my participation** in a six-week summer program for the remainder of my high school experience

**♦ my enrollment** in college preparatory classes at my high school (university track)

**♦ my enrollment** in and **my commitment** to complete a course of study in post-secondary education

I hereby apply for admission to the Upward Bound Program at the Downtown Campus of Pima Community College and agree to abide by the rules and regulations set forth by the program. I understand that should I be accepted, I will **remain in the program throughout my high school years and will continue and complete a course of study beyond high school.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s signature** **Date**

**Student Questionnaire & Needs Assessment**

In the space provided, please answer the following questions. Your answers will help the Upward Bound Staff learn more about you and determine your need for the program.

**Program Commitment**

What do you think is the purpose of the Upward Bound Program?

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What do you think will be expected of you as an Upward Bound student?

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**Academic**

Which school subjects are your strongest and weakest areas? Why?

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What are your plans after high school?

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**Self-Concept**

How would you rate your self-esteem on a scale of 1 (low) to 10 (high)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like to change about yourself?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postsecondary Enrollment and Retention**

Do you know how to apply for admission to college and register for classes? If so, briefly explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name at least two things that prevent someone from completing college.

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**Parent Questionnaire**

**This page should be completed by the parent(s) or guardian(s).** Please circle a response for each question that corresponds to your feelings/opinion. Your answers will be used to determine your child’s acceptance into the Upward Bound Program. **SA =Strongly Agree, A = Agree, N= Neutral, D = Disagree, SD = Strongly Disagree.**

|  |  |
| --- | --- |
| My child likes school. | **SA A N D SD** |
| My child has difficulty learning. | **SA A N D SD** |
| My child could do better in school by studying more and/or turning in assignments on time. | **SA A N D SD** |
| I expect my child to graduate from high school. | **SA A N D SD** |
| I support the goal of the Upward Bound Program which means encouraging and helping my child enroll in and complete college. | **SA A N D SD** |
| I want my child to go to college. | **SA A N D SD** |
| I am excited about my child’s potential participation in the Upward Bound Program. | **SA A N D SD** |
| I will insist on my child’s regular attendance to school and all Upward Bound activities. | **SA A N D SD** |
| I will provide transportation to Upward Bound activities as necessary. | **SA A N D SD** |
| In the space provided, please talk about your child’s greatest talents and strengths.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| In the space provided, please talk about your child’s greatest weaknesses.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Comments: | |

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LETTER TO PARENTS**

Dear Parent/Guardian:

In our contract with the U.S. Department of Education, we agree to work with parents in educating them about our Upward Bound program and about how they can involve themselves in their child’s education. As you and your son/daughter consider his/her application to Upward Bound, we provide you with this information about Upward Bound and postsecondary opportunities.

1. Upward Bound is a federally funded program and the only cost to each member is that of commitment, time and entering and completing post-secondary training.

2. During the academic school year, my child will attend Saturday morning meetings for academic enrichment and tutoring. Pima Community College – Downtown Campus (PCC-DC) Upward Bound will have on average 16 Saturday meetings in an academic school year.

3. My child will be participating yearly in a 6 week supervised summer academic program at PCC-DC (cost free).

4. When involved with PCC-DC Upward Bound, my child is encouraged to take college prep courses (the university track) throughout high school.

5. My child must pass the AIMS test before being able to graduate from high school.

6. The ACT and SAT are college entrance exams, and my child will need to take one at the end of his/her junior year.

7. By participating in the Upward Bound Program, my child will learn about college opportunities everywhere -- not just at Pima!

8. My child will have help applying for financial aid and scholarships through the PCC-DC Upward Bound Program. UB staff will help my child apply, but cannot promise that my child will be eligible for financial aid or scholarships.

9. I understand that through Upward Bound my child will explore careers that might best suit his/her interests.

10. The Upward Bound Program may request a Student/Parent conference at any time and that I will attend those conferences as needed.

If you have further questions, please contact one of our central staff members. Thank you for your interest in Upward Bound.

I/We the undersigned am/are the parent(s) or legal guardian(s) of who is applying to participate in the Pima Community College – Downtown Campus Upward Bound Program. I/We have read and understand the information provided concerning the program, and have discussed the purpose of the program with my/our child. I/We are willing to let her/him apply for enrollment in the program and agree to his/her participation in all activities, academic and recreational, deemed suitable by the program staff if accepted.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART III – UB Parent Application (To Be Completed by Parent/Guardian):**

|  |  |  |
| --- | --- | --- |
|  |  | |
| **Student’s Name:** | | **Current School & Grade Level:** |
| **Mother’s/Guardian’s Name:** | | **Father’s/Guardian’s Name:** |
| **Mother’s/Guardian’s Address:** | | **Father’s /Guardian’s Address:** |
| **Mother’s /Guardian’s Home Phone Number:** | | **Father’s /Guardian’s Home Phone Number:** |
| **Mother’s /Guardian’s Cell Phone Number:** | | **Father’s /Guardian’s Cell Phone Number:** |
| **Mother’s /Guardian’s Work Number:** | | **Father’s /Guardian’s Work Number:** |
| 1. Did the student’s MOTHER **graduate** from college with a 4-year degree?   **NO YES** 2. Did the student’s FATHER **graduate** from college with a 4-year degree?   **NO YES** | | |
| 1. Number of people living in your household? \_\_\_\_\_\_\_\_\_\_ 2. Your household’s TAXABLE\* income for the previous year? \_\_\_\_\_\_\_\_\_\_   \*Taxable income is less than adjusted income and is located on page 2 of most tax return forms. | | |

***I certify that the information provided on this form is true and complete to the best of my knowledge.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_***

***Parent’s/Guardian’s Signature Date***

**LIABILITY, MEDIA & INFORMATION RELEASE & CONSENT**

I hereby consent to participation by my child in the Trio Upward Bound application/assessment process during the entire duration of my son/daughter’s membership in Upward Bound and until completion of a bachelor’s degree or for 10 years following graduation from high school.

As parent or legal guardian, I acknowledge I remain fully responsible for any legal liability which may result from any personal actions taken by the named student. In consideration of my child being allowed to participate in the Trio Upward Bound, I agree on behalf of myself and my child, to release Upward Bound staff, instructors and tutors as well as Pima Community College, its employees, volunteers and agents and any other affiliated organizations, their employees, agents and representatives from any and all claims which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child’s participation in Trio Upward Bound activities or field trips. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless “Releases” from any and all claims which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child’s participation in the Trio Upward Bound Program. This release of indemnification does not apply to claims for intentional misconduct or gross negligence.

I also give my consent for the following:

* For the high school where my son/daughter is enrolled to make available to the Upward Bound Program staff academic records regarding grades, class schedules, test scores, transcripts, attendance and progression of Upward Bound students pertaining to my child’s academic progress in school.
* I will also assist Upward Bound staff to access student records via school administration or portals which includes provision of portal username and password and give permission for Upward Bound staff to view the content including grade point averages, transcripts, report cards, homework schedules, AzMerit, Civics Test and SAT scores, attendance, education plans, or any other information that may be listed on these sites.
* For my son/daughter to be transported to and from meetings in a college/school bus/van throughout the year; additionally, he/she may participate in field trips in provided transportation.
* For my son/daughter to be visited in the schools by Upward Bound Staff.
* For my son/daughter to receive individual and group counseling from the Upward Bound Staff or interns affiliated with the Upward Bound Program.
* For the use of my child’s name and picture by the media. I release Pima Community College – Downtown Campus from any liability related to the publicity involving my child.
* For the Upward Bound program to monitor my son/daughter’s academic progress after high school until completion of a bachelor’s degree or for a period of 10 years through the availability of any and all information pertaining to my child’s academic progress in post-secondary education.
* To participate in a family interview in person or by phone at the programs request.
* To make available to the Upward Bound Program a copy of the previous year’s tax forms or W-2 forms for income verification. This information will be used to verify a student’s eligibility for the program.

□ I do consent to the above releases and consent.

□ I do not give consent to the above releases and consent. I understand this may negatively affect the services provided to my student as it limits the ability to the Upward Bound staff to assist my student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s Signature Date

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Portal user name and password: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Essay**

The personal essay is an important part of the selection process. In a typed or handwritten essay, describe your educational and career goals and how you plan to achieve those goals over the next 10 years.

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**Pima Community College Downtown Campus**

**Upward Bound**

**Additional Application Requirements**

In addition to the application forms within this packet, you will also need to provide the following information/documentation before your application is considered complete. Please contact our office at 520.206.7073 when you have questions or need clarification.

|  |  |  |
| --- | --- | --- |
|  | **Item Needed for Application** | **Explanation of Item Needed for Application** |
|  | **Income Verification**  **(Tax Forms)** | YOU MUST include a copy of LAST YEAR’S INCOME TAX RETURN (form 1040 or 1040A). We need the first and second sheet to determine the number in your family and taxable income. This information is required by federal regulations in order to determine student’s eligibility. ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE. |
|  | **Transcripts** | Your official or unofficial High School transcript with AIMS scores included. |
|  | **Current Grade Report** | Request or print a copy of your most recent report card |
|  | **Upward Bound**  **Teacher Recommendations (2)** | Choose two people (not your parents or relatives) to provide a personal recommendation for you. At least one recommendation must be from a current teacher/coach/sponsor. One of these recommendations may be from a former teacher/coach/sponsor. Give each person the recommendation form and the envelope. |
|  | **Upward Bound**  **Counselor Recommendation (1)** | Your guidance counselor will need to complete the counselor recommendation form and return it to you in a sealed envelope with their signature across the seal. |
|  | **Parent/Family Interview** | You and your parent(s)/guardian(s) will be required to schedule an interview with the Upward Bound Staff in person or by phone. |

**PimaCountyCommunityCollegeDistrict**



***Downtown Campus***

*TRiO Upward Bound Program*

*1255 North Stone Avenue*

*Tucson, Arizona 85709-3140*

*Telephone (520) 206-7073*

*Fax (520) 206-7022*

*www.pima.edu*

**Upward Bound**

**Teacher (School Personnel) Recommendation Form**

Thank you for taking the time to provide us with information about your student. Upward Bound is a federal educational program housed at the Downtown Campus of Pima Community College. We recruit students (grades 9-10) from area high schools to participate in the program which is designed to prepare students academically and personally for post-secondary education. Students participate in Saturday classes and tutorials at the Pima Community College campus during the academic year and in a six-week summer program also on campus. The program is at no cost to the student.

We are looking for students who have the potential to pursue post-secondary education (junior college, college, technical or trade school) after graduation, but who might not fulfill that potential without a program like Upward Bound. Because we spend government appropriated dollars on each student in excess of $2000 per student per year, we must evaluate each applicant very carefully. The ideal Upward Bound student is responsible, committed, has a good attitude towards school, and displays college potential. He or she may be a leader in school or may go unnoticed. Upward Bound provides the opportunity for every student to shine. Students in Upward Bound remain in the program throughout their high school years, and thus, must be committed to participating fully on Saturdays and during the summers.

Please provide us with the following information so that we can make an informed decision about your student. Fill out this form and return to us in the provided reply envelope.

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Personnel’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Personnel’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rank the student on a scale of 1-4 with 1 as the least strong and 4 the most strong in that area:

1 2 3 4 Responsibility/Follow-through 1 2 3 4 Cooperation

1 2 3 4 Post-secondary potential 1 2 3 4 Attitude towards school

Student’s Strengths \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Weaknesses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide any comments you feel would be helpful to us in making our decision (here and/or on back):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Important: Please fax or mail this form to the number/address found above with ATTN: Upward Bound. Thank you.***

**PimaCountyCommunityCollegeDistrict**



***Downtown Campus***

*TRiO Upward Bound Program*

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**Upward Bound**

**Teacher (School Personnel) Recommendation Form**

Thank you for taking the time to provide us with information about your student. Upward Bound is a federal educational program housed at the Downtown Campus of Pima Community College. We recruit students (grades 9-10) from area high schools to participate in the program which is designed to prepare students academically and personally for post-secondary education. Students participate in Saturday classes and tutorials at the Pima Community College campus during the academic year and in a six-week summer program also on campus. The program is at no cost to the student.

We are looking for students who have the potential to pursue post-secondary education (junior college, college, technical or trade school) after graduation, but who might not fulfill that potential without a program like Upward Bound. Because we spend government appropriated dollars on each student in excess of $2000 per student per year, we must evaluate each applicant very carefully. The ideal Upward Bound student is responsible, committed, has a good attitude towards school, and displays college potential. He or she may be a leader in school or may go unnoticed. Upward Bound provides the opportunity for every student to shine. Students in Upward Bound remain in the program throughout their high school years, and thus, must be committed to participating fully on Saturdays and during the summers.

Please provide us with the following information so that we can make an informed decision about your student. Fill out this form and return to us in the provided reply envelope.

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Personnel’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Personnel’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rank the student on a scale of 1-4 with 1 as the least strong and 4 the most strong in that area:

1 2 3 4 Responsibility/Follow-through 1 2 3 4 Cooperation

1 2 3 4 Post-secondary potential 1 2 3 4 Attitude towards school

Student’s Strengths \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Weaknesses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide any comments you feel would be helpful to us in making our decision (here and/or on back):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Important: Please fax or mail this form to the number/address found above with ATTN: Upward Bound. Thank you.***

**PimaCountyCommunityCollegeDistrict**



***Downtown Campus***

*TRiO Upward Bound Program*

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*Tucson, Arizona 85709-3140*

*Telephone (520) 206-7073*

*Fax (520) 206-7022*

*www.pima.edu*

**High School Counselor Recommendation Form**

Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student’s name) (Matric Number) (Date of Birth)

This student has applied to participate in the Upward Bound Program. The information requested will help us in determining the student’s eligibility to participate. Please fill in the form adding any appropriate comments as needed.

Type of Degree Plan: ( ) Arizona State Standards ( ) University Track ( ) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative GPA: \_\_\_\_\_\_\_\_ Credits earned to date: \_\_\_\_\_\_\_ Credits required for graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendance Record: ( ) excellent ( ) good ( ) fair ( ) poor

Student’s motivation for enrolling in Post-Secondary Education ( ) high ( ) low

Type of Post-Secondary Education: ( ) four-year college ( ) two-year college

( ) armed forces ( ) vocational/technical school

Student’s career interests: ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give your perception of this student’s academic potential. Include academic, social and family factors:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended content or subjects Upward Bound should provide to this student during the Upward Bound summer session.

( ) composition ( ) literature ( ) math ( ) science

( ) foreign language ( ) learning skills ( ) educational planning ( ) career information

( ) self-concept/motivation ( ) other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have Limited English Proficiency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In your opinion, what is this student’s most significant academic need? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any additional information regarding this applicant. (i.e. has special academic needs ---- learning disabilities, limited English proficiency, special classes). Please elaborate if applicable. Feel free provide any additional information on the back.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Important: Please fax or mail this form to the number/address found above with ATTN: Upward Bound. Thank you.***

**APPENDIX B**

**UPWARD BOUND PROGRAM**

**PIMA COMMUNITY COLLEGE**

**DOWNTOWN CAMPUS**

**HANDBOOK RECEIPT & ACKNOWLEDGEMENT**

**We, the parents/legal guardians and participant, do acknowledge that we received a copy of the Student & Parent Handbook and acknowledge our obligation to read, understand, and abide by its contents in full while participating in the *UB* Program. Furthermore, we acknowledge receiving an orientation on all the topics covered in this handbook.**

**We do hereby agree to abide by all policies and procedures, and rules and regulations of the *UB* program and Pima County Community College Student Code of Conduct.**

**As a parent/legal guardian, I understand and agree that if my child violates any of these rules or policies, they may be subject to disciplinary action including termination from the program.**

**Parent’s/Legal Guardian’s Name Parent’s/Legal Guardian’s Signature Date**

**Student’s Name Student’s Signature Date**

**APPENDIX C**

**Participation & Release Form 2017**

**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Participation & Field Trip Liability Waiver***

As the parent and/or legal guardian of the student listed above, I authorize and permit my child to participate in any and all activities (classes, workshops, field trips, work study internship, meetings and events, etc.) sponsored and/or conducted by the Upward Bound (***UB***) Program. I also give permission for my child to be transported between his/her high school, Pima County Community College, and the scheduled events when the ***UB***Project has scheduled events for its participants in which ***UB*** will be providing transportation. I acknowledge the nature of such activities or trips may expose my child to hazards or risks that may result in his or her illness, personal injury or death, and I understand the nature of such hazards and risks.

In consideration of my child being permitted to participate in the activity or trip, I hereby accept all risk to his/her health and of his/her injury or death that may result from such participation, and I hereby release the ***UB***staff and Pima County Community College, its governing board, officers, and representatives from any and all liability to my child, his/her personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss or damage to my child’s property and for any and all illness or injury to his/her person, including his/her death, that may result from or occur during his/her participation in the activity or trip, whether caused by negligence of ***UB*** staff and Pima County Community College employees, its governing board, officers, or representatives, or otherwise. I further agree to indemnify and hold harmless the ***UB*** staff and Pima County Community College employees, its governing board, officers, and representatives form liability for the injury or death of any person(s) and damage to property that may result from my child’s negligent or intentional act or omission while participating in a Project activity or event.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my child’s injury or death or damage to his/her property that occurs while participating in ***UB***Project activities or trips and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my child’s negligent or intentional act or omission.

**Parent/Legal Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Media Publication Release Authorization***

I hereby grant the ***UB*** staff full and absolute permission and all rights to copyright, publish, display, and use for any legal purpose or all photographs, together with descriptive text or statements, in which I or my property or my child appear.

**Parent/Legal Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Internet Use Release***

I hereby grant permission for my child to access networked computer services such as Internet, World Wide Web and electronic mail at the computer labs of Pima County Community College.

**Parent/Legal Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***STUDENT PICK UP INFORMATION***

The following people are **NOT** authorized to pick up my student:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX D**

***Medical Information and Medical Consent***

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is the student covered by any medical insurance? Yes No If Yes, please complete the following:

Name of Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Family Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Telephone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any personal or family medical history that may be of importance to our records, including allergies and physician prescribed medicine that student is currently taking:

|  |  |  |
| --- | --- | --- |
| List Medication/Medical History | Allergies | Allergic Reaction |
|  |  |  |
|  |  |  |

As the parent/guardian of the above named student, I hereby authorize the Executive Director and his/her authorized staff to furnish medical diagnostic and/or authorize the medical and/or surgical treatment of my child as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the child. The University of Texas at San Antonio and its officers, regents and employees shall not be liable in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise out of such diagnosis, treatment or surgery to the extent allowed by law, except as provided for through the group medical insurance plan if the student contracted for the same prior diagnosis, treatment or surgery. Furthermore, the University does not assume any financial or other responsibility, but wishes to provide the best services possible in case of emergency.

**In case of sudden illness or accident, I consent to emergency treatment by the professional medical/nursing staff of the Student Health Services to my child. In case of serious illness/accident I will be notified immediately, but if I cannot be reached, necessary interim emergency care may be provided by the Student Health Services professional Medical/Nursing staff or by a physician/nurse designated by them.**

**Parent/Legal Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best Phone # to call in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPENDIX E**

***UB* RELEASE & INDEMNIFICATION AGREEMENT**

|  |  |  |
| --- | --- | --- |
| **PARTICIPANT:** (name and address) |  | **INSTITUTION:** |
|  |  | Pima County Community College |
|  |  | 1200 N. Stone |
|  |  | Tucson, AZ 85709 |
|  |  | (520) 206-7061 |

**DESCRIPTION OF ACTIVITY OR TRIP (including transportation to and from):**

|  |
| --- |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOCATION:** |  |  | **DATE(s):** |  |

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death or any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity or Trip.

**I HAVE READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Parent/Guardian |  | Signature of Witness |
|  | | |
|  |  |  |
| Address (if different than Participant's) |  | Date Signed |
|  | | |
|  |  | |
| Date Signed | | |

**APPENDIX F**

***UB* HANDBOOK CONTRACT**

**STUDENT: As a participant in the Upward Bound Program, I agree to the following:**

1. I understand that **my attendance is mandatory for ALL** Upward Bound scheduled programming, activities, workshops, field trips, and individual meetings.
2. I understand that **my parent** **must** **directly contact the *UB* staff** if I will be absent or late to any ***UB***programming or activities.
3. To have a positive attitude and behave in a respectful manner that is neither disruptive nor rude during all programming, activities, workshops, field trips and individual meetings.
4. I will turn in all homework assignments, grade reports, and planners and actively participate in all ***UB***classes and workshops.
5. I will accomplish goals that I have set with the help of my ***UB*** staff, instructors, and tutors.
6. I will enroll in a college or university upon high school graduation.
7. I will follow all ***UB***policies and procedures currently stated in the Upward Bound Student and Parent Handbook, as well as the Pima County Community College student code of conduct.

I understand that being part of the ***UB***Upward Bound Program is a PRIVILEGE & understand and agree to accept the duties and responsibilities outline above. I understand that FAILURE to ADHERE to any of the above mentioned conditions may result in being placed on probation or possible removal from the Upward Bound Program.

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**Print Student Name Student Signature Date**

**PARENT: As the Parent of a Participant in the Upward Bound Program, I agree to the following:**

1. I understand that my child’s attendance **is mandatory for** **ALL** Upward Bound scheduled programming, activities, workshops, field trips and individual meetings.
2. I understand that I must **directly contact the *UB* staff** if my child will be late to any ***UB***programming or activities.
3. I will attend **all** Parent Orientations and Seminars sponsored by ***UB***as scheduled.
4. I will take an active part in my child’s education, supervising study and helping if needed.
5. I will follow all UB policies and procedures currently stated in the Upward Bound Student and Parent Handbook.

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**Print Parent/Guardian Name Parent/Guardian Signature Date**

***UB*UPWARD BOUND STIPEND AWARD**

SCHEDULED DAYS – CLASSES, PROJECTS, EVENTS

Students will be credited per day or half days depending on when they come and leave.

DAILY PARTICIPATION/PROGRESS

Students are expected to participate fully as requested by instructor and staff; if not, then students will not be credited for attending.

TUTORING

Students are required to attend tutoring at least once a week and to participate fully in tutoring by completing homework, preparing for tests, completing scholarships or completing college application materials.

REPORT CARDS/AzMERIT, Civis, AIMS TEST and SAT SCORES:

It is optional for staff to use grades or AIMs/AzMERIT scores applicable if it is determined that this would benefit students but is not required.

TOTAL STIPEND CUBES AVAILABLE

Summer: $120

Fall and Spring: $200

**UPWARD BOUND PROGRAM**

**PIMA COMMUNITY COLLEGE**

**DOWNTOWN CAMPUS**

**ACKNOWLEDGEMENT OF RECEIPT AND PRESENTATION**

**FOR STIPEND AWARD LETTER**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name) do acknowledge that I received a copy of the Stipend Award Letter and acknowledge my obligation to earn my stipend through appropriate participation in the *UB* Program.**

**I do hereby agree to abide by all policies, and rules and regulations of the *UB* program Stipend Award Letter and I acknowledge that I accept the described reduction as outlined in the Stipend Award Letter in my stipend due to my failure to participate as required.**

**Student’s Name Student’s Signature Date**