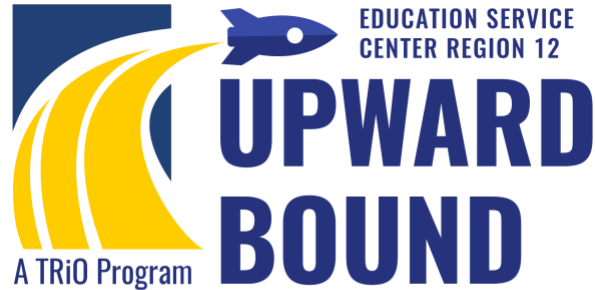




OFFICE USE ONLY

Student Name: _____

Application Submitted: _____



Upward Bound Application Packet

2101 W. Loop 340
P.O. Box 23409
Waco, TX 76702

Site Coordinator for Killeen:
Delilah Fernandez
(254) 230-5118
E-Mail: dfernandez@esc12.net

APPLICANT INFORMATION

Last Name: _____ Middle Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ School ID#: _____

Social Security Number: _____ Name of High School: _____

Grade: _____ Gender: M F Age: _____ Date of Birth: _____

ETHNIC BACKGROUND

- Asian
- Black/African-American
- Hispanic/Latino/Mexican- American
- White/Caucasian
- Other _____

CITIZENSHIP STATUS

- US Citizen
- US Permanent Resident
- Permanent Resident Number : _____
- Other _____

HIGH SCHOOL COURSES

(Check all that apply.)

- Regular
- Pre-AP/AP
- Gifted & Talented
- Dual Credit
- IB

SCHOOL ACTIVITIES

Organizations: _____

Sports: _____

Are you a participant in another Upward Bound program? _____

EMPLOYMENT

- Not employed
- Weekends Only
- Part-Time
- Full-Time

Hours Per Week: _____

CAREER ASPIRATIONS: What career or type of job are you interested in? _____

ACADEMIC ASPIRATIONS: High School Only Technical School Military
 2 Year College 4 Year College Graduate School

ACADEMIC/NON-ACADEMIC NEEDS AREAS: (Check all areas in which you need help.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Career Planning | <input type="checkbox"/> College Information | <input type="checkbox"/> Financial Aid/Scholarships |
| <input type="checkbox"/> Class Scheduling | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> ACT/SAT Preparation | <input type="checkbox"/> Professional Etiquette |
| <input type="checkbox"/> Learning About Cultural Diversity | <input type="checkbox"/> Test-Taking Skills | <input type="checkbox"/> Goal Setting/Time Management |
| <input type="checkbox"/> Self-Image | <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Science |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Business |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> English (Reading & Writing) | |

FATHER OR MALE GUARDIAN

Relationship to applicant: _____	Highest grade completed: _____
Name: _____	(Check all that apply.)
Address: _____	___ Did not earn a high school diploma or GED
City, State, Zip: _____	___ High School diploma/GED
Home Phone: _____	___ Attended college but did not earn degree
Cell Phone: _____	___ College certificate
Work Phone: _____	___ Technical school degree
E-Mail: _____	___ Associate's degree
Employer: _____	___ Bachelor's degree
Occupation: _____	___ Advanced degree

MOTHER OR FEMALE GUARDIAN

Relationship to applicant: _____	Highest grade completed: _____
Name: _____	(Check all that apply.)
Address: _____	___ Did not earn a high school diploma or GED
City, State, Zip: _____	___ High School diploma/GED
Home Phone: _____	___ Attended college but did not earn degree
Cell Phone: _____	___ College certificate
Work Phone: _____	___ Technical school degree
E-Mail: _____	___ Associate's degree
Employer: _____	___ Bachelor's degree
Occupation: _____	___ Advanced degree

FAMILY INFORMATION

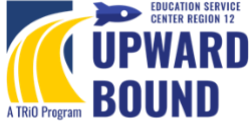
Who does the applicant currently live with? _____	Primary language spoken at home? _____
Does home have access to computer? __ Yes or __ No	Does home have access to the Internet: __ Yes or __ No
Does the family qualify for free/reduced lunch? ___ Yes or ___ No ___ Unknown	

Essay #1: Please write a brief description of yourself, your interests, and/or your values.

Essay #2: Please write a paragraph describing why you want to participate in the Upward Bound Program and what you hope to gain from the program.

Class Schedule, Teacher, and Room Number

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.



Student Name: _____

Student ID: _____

High School: _____

Consent for Release of Student Records

I authorize the staff of the ESC Region 12 Upward Bound Program to access academic and personal information in my/my student’s legitimate educational interest. This information may include but is not limited to: public assistance, free & reduced lunch documentation; standardized test scores (PSAT, STAAR, AP, SAT, ACT, TSI, GED); report cards; unofficial transcripts; official transcripts; attendance and disciplinary records; information about the status of post-secondary education admission/enrollment; financial aid documentation including Texas Common Application information, FAFSA pin information code, SAR, and financial aid award letters in accordance with The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99). I understand this information is essential in assisting me/my child in preparation for post-secondary education. *I further understand all information received is for Upward Bound use only and is held strictly confidential.*

I understand that these records may contain identifying data, grade reports, high school and future college transcripts, test scores, immunization records, and teacher evaluations. Parent or student may examine a copy upon request.

I understand that these records will only be used by the project on an individual basis. I also understand that compiled records on a group basis may include any and all of these records. Compiled information will be used to meet federal regulations of program evaluation.

Furthermore, I give permission for Upward Bound to access and collect this information **for a period of ten years or until I/my student successfully completes a program of post-secondary education.** However, if I choose to withdraw this permission, I can call the Program Director at 254-297-1217.

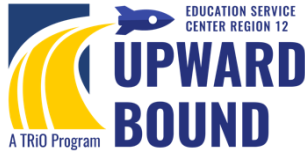
Student Signature

Date

Parent Signature

Date

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, and the Texas Public Information Act, Texas Government Code §552.001 et seq., are respectively federal and state laws providing for the review and disclosure of student educational records. ESC Region 12 Upward Bound will not permit access to or the release of personally identifiable information contained in student educational records to any party without the written consent of the student and parent (if applicable), except as authorized by FERPA.



UPWARD BOUND FIELD TRIP
Authorization for Student Participation

THIS FORM COVERS ALL FIELD TRIPS FROM
September 1, 2018 - August 31, 2019

******Parents, please complete all of the following information:******

Student's Name: _____

Name of Parent/Guardian: _____ **Phone Number:** _____

A. Parent/Guardian Permission

I understand that my son/daughter is not required to attend this ESC Region 12 field trip. I give permission for participation in the activity. I agree to release Education Service Center Region 12 and its officials, officers, and employees from liability for any and all claims of injury which might occur while my son/daughter is participating in this field trip activity.

B. Emergency Medical Authorization

Should a medical emergency arise while my son/daughter is participating in this activity, I will be notified at the above number in order to approve medical treatment. In the event that I or one of the emergency contacts listed below cannot be reached, I give permission for immediate treatment as required in the judgment of the attending physician. I understand and agree that I will be responsible for the cost of such treatment.

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Name of Insurance Company: _____

Group/Policy Number: _____

Allergies/Special Health Considerations: _____

Signature of Parent/Guardian _____ **Date Signed** _____

CONSENT TO PUBLICATION & PHOTO RELEASE FORM

for Education Service Center Region 12

I hereby give permission for my child, _____, to be videotaped and/or photographed during educational activities with the Upward Bound program of the Education Service Center Region 12 for the duration of the student's participation in Upward Bound.

I understand that my child will be identified by his/her first name only. The name of the class, school and city in which my child is located may be identified during the videotaping and/or photography or in any corresponding reproductions in publications and the Internet.

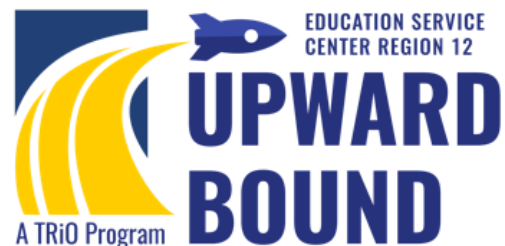
I further understand that these videotapes and/or photographs are property of the Education Service Center Region 12, 2101 W. Loop 340, Waco, Texas 76712. The videotapes and/or photographs will be used only to explain Education Service Center Region 12 programs and services, and/or to illustrate teacher instruction activities during professional development events. Publication purposes include permission and consent to reuse, disseminate, copyright, print, reproduce, publish and republish, for any commercial, advertising and public purposes.

I hereby release and discharge the Education Service Center Region 12 staff from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including defamation, invasion of privacy or violation of any statutory right.

Signature of Parent or Guardian

Date

(Witness) ESC Region 12 Specialist



Federal Trio Programs

Student name: _____

Current-Year Low- Income Levels(Effective **January 18, 2018** until further notice)

Size of family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,210	\$22,770	\$20,940
2	\$24,690	\$30,870	\$28,395
3	\$31,170	\$38,970	\$35,850
4	\$37,650	\$47,070	\$43,305
5	\$44,130	\$55,170	\$50,760
6	\$50,610	\$63,270	\$58,215
7	\$57,090	\$71,370	\$65,670
8	\$63,570	\$79,470	\$73,125

For family units with more than eight members, add the following amount for each additional family member: \$6,480 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions; \$8,100 for Alaska; and \$7,455 for Hawaii.

The term "low-income individual" means as individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The U.S. Department of Health and Human Services, in the Federal Register, published the poverty guidelines on January 18, 2018.

I verify that my family's annual income is \$ _____ and that there are _____

Members in my family unit.

Print Name of Parent/ Guardian

Parent/ Guardian Signature

Date

UPWARD BOUND PARENT / STUDENT CONTRACT

Acceptance into the Upward Bound Program brings with it several responsibilities for **both students and parents.**

PLEASE REVIEW CAREFULLY THE UPWARD BOUND HANDBOOK AND THE FOLLOWING CONDITIONS FOR PROGRAM PARTICIPATION:

The student pledges:

1. To participate in the summer session each year, including attending all classes and special activities. Summer participation may be optional for some students depending upon budgetary limitations.
2. To participate in the academic program during the school year by attending tutoring sessions, attending Academic Saturdays, meeting with UB mentor, and completing assignments.
3. To show continued individual effort in regard to school attendance, citizenship, and scholarship.
4. To participate in special activities, trips, meetings, and events sponsored by Upward Bound.
5. To fulfill commitments made regarding the attendance of activities, trips, meetings, and events sponsored by Upward Bound. **Failure to do so will result in administrative action.**

Discipline:

In order to maintain a positive atmosphere whereby each student can achieve maximum academic and social development while enrolled in Upward Bound, all participants must conduct themselves in an orderly and respectful manner at all times. Therefore, they must pledge themselves to the following:

1. To respect all teachers, tutors, tutor advisors, and members of the Upward Bound staff. (Failure to do so may result in immediate dismissal.)
2. To follow all rules and regulations as outlined in Upward Bound school year and summer handouts.
3. To come to class and tutoring sessions prepared to engage in serious academic study.

Parent Responsibilities:

1. To attend scheduled parent meetings and student conferences as necessary.
2. To cooperate with the Upward Bound administration in resolving problems and conflicts regarding his/her child while in the program.
3. To provide transportation for your student as needed in support of your child's participation in the Upward Bound program.

Probationary Period:

The probationary period for an Upward Bound student is 60 days. During this period, if a student fails to actively participate in every aspect of the program, he / she will be dropped from the program at the close of the probationary period. **Students are not eligible for stipends during the probationary period.**

The student and parent hereby acknowledge having read and comprehended the "Upward Bound Parent/Student Contract" and the "Upward Bound Student Handbook" and are in agreement with and pledge to abide by its provisions. A written copy is available through the website https://www.esc12.net/page/grants_1home

Signature of Student

Date

Signature of Parent

Date

Upward Bound Teacher/Counselor Recommendation Form

To be completed by School Counselor, Teacher, or Administrator

The following student has applied to participate in the Education Service Center Region 12 Upward Bound Program, a college preparation program for high school students who come from a low-income household and/or who are potential first generation college students. Your assessment of this student's need for academic support and potential for postsecondary enrollment would be greatly appreciated.

Student Name: _____ School: _____

Person Completing this Form:

Name: _____ Title: _____

How long have you known this student? _____

How well do you know this student?

- Very well
 Somewhat well
 Not very well

1. Based on your observations, please compare this student's performance and/or potential with other students of comparable age.

	Above Average	Average	Below Average	Unknown
Overall academic performance				
Overall academic potential				
Social skills/peer relations				
Demonstrated leadership skills				
School or class attendance				
Progress toward graduation				
Determination/motivation for academic success				
Potential for success in Upward Bound				

2. Other comments or information that will assist us in assessing the needs and potential of this student.

Signature: _____ Date: _____

Send your information to:
 Delilah Fernandez, Upward Bound Site Coordinator
 (254) 230-5118
FAX: (254) 666-0823
 dfernandez@esc12.net

Applicant Checklist



Before returning this application form, please review the Applicant Checklist. All supplementary documents must be submitted to be considered for admission. Incomplete applications will not be evaluated.

Completed Upward Bound Packet

___ Applicant Information

___ Consent for Release of Student Records

___ Upward Bound Field Trip/Medical Form

___ Consent to Publication & Photo Release Form

___ Federal TRIO current Low-Income Levels Form

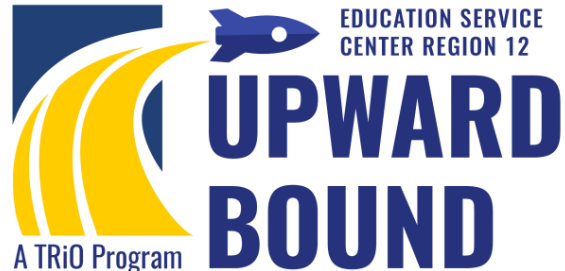
___ Upward Bound Parent/Student Contract

___ Upward Bound Teacher /Counselor Recommendation Form

___ Read and Review Student Handbook at the following link :

https://www.esc12.net/page/grants_1home

___ Current Report Card and Transcript



Completed application with all forms should be returned to your ESC Region 12 Upward Bound Coordinator.

Kileen UB Coordinator
Delilah Fernandez
dfernandez@esc12.net
(254) 230-5118