



TRiO- UPWARD BOUND

College of the Mainland
1200 Amburn Road
Student Center, Suite 212
Texas City, TX 77591
Fax: 409-933-8029



WHAT IS UPWARD BOUND?

Upward Bound (UB) is a TRiO program funded by a grant from the Department of Education. Our program works with 65 students from three target high schools in the cities of Dickinson, La Marque and Hitchcock. The College of the Mainland Upward Bound (COM-UB) Program is housed on the second floor of the Student Center at COM's main campus. Participants are students who are interested in sharpening their academic skills and pursuing higher education after they graduate from high school. COM-UB provides students with the support and resources that are necessary to attain their post-secondary educational goals.

All Upward Bound activities are free of charge to participants—there are absolutely no costs involved.

SCHOOL YEAR PROGRAM

During the school year, COM-UB provides academic tutoring at each high school once a week after school. Students receive assistance with schoolwork, study skills, career exploration, college admissions and financial aid/scholarships. One or two Saturdays per month students and staff meet at College of the Mainland for academic and cultural enrichment activities, ranging from ACT/SAT test preparation, online career planning, campus visits, guest speakers and field trips.

SUMMER PROGRAM

COM-UB's 2015 summer program is held from June 8th to July 17th(six weeks). Students take classes Monday through Friday at COM's main campus, which include core classes of foreign language, science, English, math and electives such as art and physical education. Our final week is an all-expenses-paid trip to a major city university with fun-filled events.

WHO CAN APPLY?

Current freshmen and sophomores in the Dickinson, La Marque and Hitchcock school districts are eligible to apply. Eighth graders may apply for admission, but will not be accepted until they have completed their eighth grade year

HOW TO APPLY

Students interested in joining Upward Bound should complete the following application and return it to Marlene Mendez or Caleb Sawyer at our offices. Application documents can be mailed, faxed or dropped off.*

Application check list:

- _____ 1. Complete the attached application by supplying the proper data requested.
- _____ 2. Submit a copy of parents' 1040 or 1040A Income Tax Return for the previous year AND/OR sign the attached affidavit. Tax returns must have the signature of parents/guardians.
- _____ 3. Submit a copy of your high school transcript and standardized test scores. *Incoming freshmen students who have no high school grade will be excluded from this request.*
- _____ 4. Submit three (3) Teacher Recommendation Forms (Attached to application)

***Deadline to submit all documents is May 22nd.**

Please contact us with any questions or for more information.

Marlene Mendez, Academic Advisor
Office: 409-933-8136
mmendez4@com.edu

Caleb Sawyer, Coordinator
Office: 409-933-8298
csawyer@com.edu

Ciro Reyes, TRiO Director
Office: 409-933-8273
creyes@com.edu

UPWARD BOUND PROGRAM - STUDENT APPLICATION

Please Complete Form in Ink

All information is confidential.

PART I: STUDENT INFORMATION

Name: _____

 Last First Middle

Social Security #: _____ Gender: ☐ Female ☐ Male

Home Phone #: _____ Cell Phone # _____

Address: _____

Street County

City	State	Zip Code
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Email: _____ Date of Birth: _____

Are you a U.S. citizen? ☐ Yes ☐ No (If not, list your alien registration number here: _____
and attach a two-sided copy of your I94 or green card.)

Do you have any physical condition(s) or handicap that requires special medication, medical treatment, diet, allergies or other considerations? Yes No If yes, please explain:

Ethnic group: ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ White ☐ Other

PART II: STUDENT EDUCATIONAL INFORMATION

Name of High School: _____ Grade: _____ Cum. GPA: _____

High school curriculum:	Academic	Business	Careers	Vo Tech	General
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Name of Guidance Counselor: _____

List the courses you are currently taking: _____

List your extra-curricular activities: (band, sports, honor society, church group, scouts and hobbies)

Are you currently working? ☐ Yes ☐ No

If yes, where do you work? _____ Hours per week: _____

Following high school, which of the following have you considered? ☐ College ☐ Military ☐ Work

Are you in foster care? Yes No If yes, you must provide documentation from the caseworker.

Do you have a documented disability? ☐ Yes ☐ No If yes, you must provide documentation from your physician.

PART III: PARENT/GUARDIAN INFORMATION:

Parent/ Guardian #1

Name: _____

Address: _____

Phone: _____

Occupation: _____

Employer: _____ Phone: _____

Highest grade completed in school: _____

Did you receive a Bachelor's Degree? ☐ Yes ☐ No

What is your relationship to the student? _____

Does student live primarily with you? ☐ Yes ☐ No

What is the total number of persons (including the student applying) living in your household? _____

List all persons in your household, excluding yourself by providing name, age and relation to student:

_____	_____	_____
_____	_____	_____

Has any family members participated in an Upward Bound Program? ☐ Yes ☐ No

If yes, please provide:

<u>Name</u>	<u>relationship to student</u>	<u>Upward Bound Program attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, I verify that all of the above information is true and correct to the best of my knowledge, and that nothing is concealed or omitted.

Signature: _____

Date: _____

The College of the Mainland Upward Bound Program is sponsored by a grant from the U.S. Department of Education. Federal regulations require that a portion of the Upward Bound participants meet certain family income guidelines. The income information asked for below will be held in strictest confidence and will be released to no one except the Department of Education representatives for audit purposes. All requested income documentation is required to complete the application.

As the parent/guardian of _____, I hereby authorize College of the Mainland Upward Bound Program Director and his/her staff to have access and approval to the following requests. College of the Mainland Upward Bound Program will from here on addressed as COM-UB. My initials by each area indicate my approval.

Initial Here

My child has my **permission to participate and travel with COM-UB** by way of chartered vehicles for the purpose of fundraising events, educational, social/cultural and recreational enrichment, both during the academic year and summer school component of the program, for the duration that my child is enrolled in the program. I understand that travel will consist of in and out-of-state field trips such as a senior trip, college visits, attending museums, etc.

Initial Here

I **authorize COM-UB to take photographs** of my child. I understand that COM-UB will be the owner of and may use such photographs relating to the promotion of future activities. I relinquish all rights that I may claim in relation the use of said photographs.

Initial Here

I give my **permission for COM-UB to access my child's student records** including but not limited to transcripts, progress reports, standardized test scores, attendance records, high school and college online accounts, etc. and other related information on my child. No changes will be made to these online accounts by COM-UB Director and his/her staff. Usernames, passwords, and grade information will be treated as confidential information and will only be used to better monitor my child's academic progress.

School (COM/HS)	Username	Password

Initial Here

I **authorize COM-UB to furnish diagnostic, 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 to my child. College of the Mainland and its officers, regents, and employees shall not be held liable in any way for any consequences from said cause of action that may arise out of or in incident to such diagnosis, treatment, or surgery to the extent allowed by law, except as provide for through the group medical insurance plan if the student contacted the same prior diagnosis, treatment, or surgery.

Initial Here

In case of a sudden illness or an accident, I **consent to emergency treatment** of professional medical/nursing staff to my child. In case of serious illness/accident, I must be notified immediately but if I cannot be reached, necessary emergency care may be provided by the nearest medical facilities.

Does the student have allergies or require special accommodation? ☐ Yes ☐ No
Specify details under Student Information on application.

Is the student covered by insurance? ☐ Yes ☐ No Type: ☐ Health ☐ Accident ☐ Major Medical

Insurance company's name: _____

Policy Number: _____

Expiration Date: _____

Name of family doctor: _____

Phone #: _____

I have read this release agreement and fully understand its terms. I acknowledge that I have given up substantial rights by signing it freely and voluntarily without any inducement.

Student signature

Date

Parent/Guardian signature

Date

Student Essay

In this section you will have the opportunity to let us know a little more about yourself. Please answer the questions below in the space provided. You may use additional paper if necessary. Feel free to add any other information that you feel is relevant to our decision in choosing you as an Upward Bound participant. This is a very important part of the application process. Please take your time, write legibly, and provide a lot of details.

Questions to be answered in this essay:

1. Why do you want to join Upward Bound?
2. What kind of an education do you want to get after you complete high school (your educational goals)? Why?
3. What kind of job do you want to get after you complete college (your career goals)? Why?
4. What are your personal goals for this year (list at least three)?

These questions do not to be need answered in order, but please make sure to address each one in your essay.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

FINANCIAL INFORMATION-AFFIDAVIT

Must be completed in its entirety for consideration under federal income guidelines. Please call the Upward Bound Office prior to submitting the application if you have any questions. Proof of income is required if you are submitting income as criteria for eligibility. This affidavit will serve as proof of income; however, we encourage you to also submit a signed copy of your family's most recent federal income tax return (Form 1040, 1040A, or 1040 EZ) or other income documentation.

Note: a) If you were required to file a tax return last year, complete section 1.
b) If you were not required to file a return last year, complete section 2.

1) IF YOU WERE REQUIRED to file a tax return last year, complete this section:

PARENT/GUARDIAN INCOME FOR LAST CALENDAR YEAR FOR THOSE REQUIRED TO FILE WITH THE IRS

-Total number of exemptions/dependents claimed: _____ (see tax return 1040-line 6d)

\$_____, _____.00 Taxable Income (see tax return 1040-line 27)

\$_____, _____.00 Total amount of itemized deductions (see tax return 1040- line 40, write in "0" if deductions were not itemized)

-The above income figures are (check one): _____ from a completed IRS Form _____ estimated, will file

-Check Filing Status:

- ☐ Single head of household ☐ Married / filed separately
☐ Married / filed jointly ☐ Over 65 years old

2) IF YOU WERE NOT REQUIRED to file a return last year, complete this section:

TO BE COMPLETED BY PARENT/GUARDIANS NOT REQUIRED TO FILE A TAX RETURN AND/OR WHO RECEIVED ANY TYPE OF PUBLIC ASSISTANCE FOR THE LAST CALENDAR YEAR

-A tax return was not filed because (check off those items that applied to your situation)

- ☐ Amount of total income earned..... Indicate Annual Income \$ _____
☐ We received public assistance.....Indicate Monthly Assistance Income \$ _____

-Department of Social Services Case Number _____

-Check each type of assistance you received:

- ____ Social Security Benefits
____ Temporary Aid to Needy Families (TANF)
____ Child Support
____ Rent Subsidies
____ Food Stamps

-Check Marital Status:

- ____ Single ____ Married
____ Separated ____ Divorced
____ Widow ____ Single Head of Household

Are you/your spouse over 65 years old? _____

-Total Number in Household _____ - Indicate number of dependent children _____

AFFIDAVIT: I certify that the above information is true and correct and all income is reported. The sponsor, auditor or other official may verify it and that deliberate misrepresentation may subject me to prosecution under applicable State/Federal laws. If I do not give further proof when asked, the applicant will not be accepted.

Mother's / Guardian's Signature

Social Security Number

Date

Father's / Guardian's Signature

Social Security Number

Date

Teacher Recommendation Form #1

TO THE APPLICANT: Fill out the top portion of this form. Then give it to a teacher, counselor or school staff to fill out.
Each student must submit three (3) recommendation forms. DO NOT GIVE IT TO A RELATIVE.

Student Name: _____

High School: _____ Grade: _____

UPWARD BOUND is an educational program designed to assist students who have academic potential. The goal is to have participants graduate from high school and enter some type of post-secondary education or training.

The information will be kept confidential, but must be on file before an applicant can be considered for selection. Your cooperation in completing and returning this form is appreciated.

1. What qualities does the student possess that will help him or her achieve success? _____

2. What weaknesses, both academic and social should Upward Bound be aware of with this student?

3. Do you feel the student is committed to improving himself/herself? Why? _____

4. Does the student have any problems with attendance or tardiness? _____

5. Does the applicant have any post-secondary plans that you are aware of? Yes _____ No _____

If Yes, please elaborate: _____

6. Other comments or observations that might help us to serve this student better: _____

Teacher Recommendation Form – Continued

Please Check All That Apply

	Excellent	Good	Average	Below Average	Does Not Apply
Attendance					
Basic academic skills					
Reading skills					
Comprehension skills					
Math/Comprehension skills					
Classroom participation					
Self-confidence					
Self-responsibility					
Self-discipline					
Motivation					
Maturity					
Positive attitude					
Dependability					
Creativity					
Leadership ability					
Rapport with peers					
Rapport with teachers					
Rapport with adults					
Assertiveness					

Faculty/Staff Name

Title

Date

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Faculty/Staff Name

Title

Date