

UPWARD BOUND
College of the Mainland
1200 Amburn Road
Texas City, Texas 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 55 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 test preparation, online career planning, campus visits, guest speakers and field trips.

SUMMER PROGRAM

COM-UB's summer program is held from June to July (six weeks). The first four weeks are spent taking classes at COM's main campus, which include core classes of foreign language, science, English, math and electives such as art and physical education. Students take classes Monday through Friday. The fifth week is spent living on a college campus while still taking the same classes. 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 are in the first semester of their freshman year.

HOW TO APPLY

Students interested in joining Upward Bound should complete the following application and return it to Ciro Reyes or Caleb Sawyer at our offices on the second floor of the Student Center. Application documents can be mailed, faxed or dropped off.

Application check list:

- _____ 1. Complete the entire 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) letters of recommendation, both signed release forms, completed application, student essay and signed student contract to the Upward Bound Program.

Please contact us with any questions or for more information.

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

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

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

Email: _____ Date of Birth: _____

Are you an U.S. citizen? ☐ Yes ☐ No (If not, list your alien 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

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.

FAMILY INFORMATION
(To be filled out by the Parent/Guardian)

PART III: PARENT/GUARDIAN INFORMATION:

Name: _____ Gender: _____

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

Name: _____ Gender: _____

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:

Household Income Information:

Did you file a federal income tax return for last year?

___ Yes (**IMPORTANT:** Attach a copy of the prior year's federal income tax form (1040, 1040A or 1040EZ) in which the student was claimed as an exemption)

___ No, I did not file a federal income tax return for last year

If yes, please list the number of exemptions you claimed on your federal income tax return (line 6d) _____

Indicate if any of the following were income sources for you last year. Check all that apply.

___ Public welfare (food stamps, etc.) Amount monthly \$ _____

___ Social Security Amount monthly \$ _____

___ Veteran's benefits Amount monthly \$ _____

___ Child support Amount monthly \$ _____

___ Other Amount monthly \$ _____

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.

Consent/Release Agreement

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 Contract

Student's Name: _____

Student's School: _____

I understand that participation in Upward Bound is a **privilege** and a **commitment**. If I am accepted into the Upward Bound program, I will:

- Attend weekly after-school tutoring sessions
- Attend Saturday programs
- Adhere to all program rules and regulations
- Respect myself, Upward Bound staff and other students
- Maintain a good attendance record at school
- Strive to improve my grades
- Complete the summer program component for my first three years of enrollment in Upward Bound
- Maintain enrollment in Upward Bound until I graduate from high school
- Provide postsecondary enrollment information to Upward Bound staff for up to five years for our Annual Performance Report (required by the Department of Education)

I have read and understand the requirements listed above and have discussed them with my parents/guardians. I want to be enrolled in the College of the Mainland Upward Bound Program and agree to the terms above.

Student's 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.

Teacher Recommendation Form

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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