

TRIO Upward Bound

Dear Applicant:

Thank you for your interest in the TRIO Upward Bound Program at Cosumnes River College. The Upward Bound Program is an academic resource and college preparatory program focused on assisting high school students to develop academic skills and cultivate motivation allowing them to make informed decisions regarding post-secondary education. The program serves students from families who meet federal income criteria and are potential first-generation college bound students (neither parents/guardians have a 4-year baccalaureate degree). The program is 100% federally funded by the U.S. Department of Education and all services are FREE to participants.

All information you provide in the application will be used to determine your eligibility for the TRIO Upward Bound Program and will be kept under strict privacy. If you are accepted in the program, you will receive services which include, but not limited to:

- Academic Advising
- Saturday Academy at CRC campus
- College Admission/Financial Aid Application Assistance
- Weekly Tutoring
- College Tours
- SAT/ACT Preparation
- Online Tutoring
- Educational/Cultural Activities
- Scholarship Search and Workshops
- Academic & College Advising
- Academic, Personal, and Professional Skills Building Workshops
- College/Career Planning

To be eligible for the TRIO Upward Bound Program, you must:

- Be a United States citizen or Permanent Resident;
- Meet federal income criteria and/or be a potential first-generation college student (neither parent/guardian have graduated with a 4-year baccalaureate degree);
- Be an eligible student at Florin, Monterey Trail, or Valley High School;
- Have desire and motivation to attend college after high school

This application must be completed to be considered for the program. Please take the time to complete the entire application before you submit it to TRIO Upward Bound Staff. Applicants who return completed application will be given first priority for personal interviews.

Application Checklist:

- Completed Application
- Personal Statement (200 word maximum)
- Income Verification
 - Signed Copy of IRS Tax Return (pages 1-2 of 1040, 1040A, or 1040EZ tax form)
- OR
- Income Verification Statement (ONLY IF YOU DID NOT FILE TAX)
- Parent/Guardian and Student Contract
- Authorization Release Form/Agreement to Participate and Waiver/Assumption of Risk
- Two Teacher/Counselor Recommendation Forms
- Attach a COPY of Unofficial Transcript
- California Assessment of Student Performance and Progress (CAASPP) Test Scores

For more information contact:

Cosumnes River College
TRIO Upward Bound Program
8401 Center Parkway
Sacramento, CA
Phone: (916) 691-7006

Website: crc.losrios.edu/services/upward-bound



2017/2018 Upward Bound Application

PERSONAL INFORMATION

Application must be completed in black or blue ink

Today's Date: ____/____/____

Last Name: _____ First Name: _____ MI: ____

Current High School: (circle one) Florin Monterey Trail Valley Student ID #: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (____) _____ Student Cell #: (____) _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: Male Female

STUDENT ETHNIC BACKGROUND

- African-American
 Asian/Asian American
 Alaskan Native
 Hispanic/Latino
 Native-American
 Native Hawaiian/Pacific Islander
 White/Caucasian
 Other: _____

STUDENT CITIZENSHIP/RESIDENCY

Are you a U.S. Citizen/Permanent Resident? Yes No

Permanent Resident #: _____

NOTE: You must be a US citizen or legal resident of the United States in order to participate in and receive services from Upward Bound. We cannot enroll a student if their Social Security Number is not provided. All information will remain strictly confidential.

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Cell Phone #: (____) _____ Home Phone #: (____) _____

Relationship to Student: _____ Work Phone #: (____) _____

FAMILY INFORMATION

Parent/Guardian 1

Name: _____

Relationship: _____

Highest Education Level Attained (please check one):

Elementary (K-6) Middle School (7-8)

High School (9-12) Associate Degree

Bachelor's Degree or Beyond Don't know

Received Bachelor's Degree in the U.S.? Yes No

Parent/Guardian Signature: _____

Parent/Guardian 2

Name: _____

Relationship: _____

Highest Education Level Attained (please check one):

Elementary (K-6) Middle School (7-8)

High School (9-12) Associate Degree

Bachelor's Degree or Beyond Don't know

Received Bachelor's Degree in the U.S.? Yes No

Parent/Guardian Signature: _____

- Student resides with:**
 Both Birth Parents
 Birth Parent and Step Parent
 Single Parent
 Adoptive Parents
 Foster Parents or Ward of the Court (Please provide documentation)
 Other _____



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OTHER INFORMATION ABOUT STUDENT

- Do you participate in other pre-college programs: TRIO ETS GEAR UP EAOP AVID
- Do you participate in your school's free or reduced lunch program? Yes No
- Are you taking or have taken an English as Second Language (ESL/LES/ELL/ELD) class? Yes No
- Are you an emancipated minor or do you have a court-appointed legal guardian? Yes No
- Are you 18 years of age and an orphan with no legal guardian? Yes No
- Has a school representative or other agency determined you to be an unaccompanied youth who is homeless? Yes No
- Are you involved with the juvenile justice system? Yes No

STUDENT POST-SECONDARY PLANS

What are your plans after high school graduation? (Check ONLY one below)

- 4 Year University/College Community College Vocational/Trade School Undecided

What do you want to study as a student (college major)? _____ What is your career goal? _____

STUDENT ASSESSMENT

This survey contains a number of statements about student needs. Please give your honest opinion about how the Upward Bound Program can meet your needs. **Please CHECK all that may interest you/benefit you or that you need assistance with.**

- I want tutorial resources to improve my class grades.
- I would like advice on time management, test taking strategies, and study skills.
- I need guidance on courses (A–G) required for college admissions.
- I need help choosing college and career options that best fit me.
- I need help completing college admission (UC, CSU, Private, and CC) and financial aid (FAFSA) application forms.
- I need information about and help preparing for college entrance exams (SAT/ACT).
- I need advice on financial aid (e.g. scholarship, Grants, FAFSA) and other resources to pay for college.
- My parents and I need more information about financial aid.
- I would like to learn about financial literacy: how to use credit cards, how to open a checking account, how to manage college expenses, etc
- I need help in choosing a college major
- I want information about math and science college degrees.
- I want TRIO Upward Bound to help me with: _____

STUDENT POST-SECONDARY PLANS

Spend some time with this section. We are interested in getting to know who you are. **Please submit a neatly hand-written or typed autobiography (250 words minimum).** Attach this statement with your application. Make sure to address the following:

- Introduce yourself(your family, background, educational, and career goals).
- Reasons why you would like to join TRIO Upward Bound and what do you expect to gain by joining the program.
- How will being a part of TRIO Upward Bound help you reach your personal and academic goals?
- Anything else that may be helpful in giving us a more complete picture of you (participation in extracurricular activities, community service, working, etc.).



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INCOME VERIFICATION INFORMATION

Please answer Question 1 (Q1) or Question 2 (Q2) NOT BOTH
This portion must be completed by the student's parent or legal guardian.

Q1: Did you file a Federal Income Tax Form (1040/1040A/1040EZ) last year or this year?

Yes No (if NO, go to Question 2 or Q2)

1A. If YES, please write the amount of your TAXABLE INCOME* \$ _____

*The TAXABLE INCOME is on page 2 of Tax Form (1040-line 43 or 1040A-line 27 or 1040EZ-line 6)

2A. Total number of EXEMPTIONS CLAIMED in your taxable income* _____

*The EXEMPTIONS CLAIM is on page 1 of Tax Form (1040-line 6d or 1040A-line 6d or 1040EZ-page 1)

Q2: If you or your family did not file an income tax return, please indicate the following:

I attest that my family did not file a Federal Income Tax return during the last calendar year

OR

I attest that my family was not required to file taxes but earned an annual income of: \$ _____

From the following source: _____

My family receives assistance from the following source(s):

General Assistance

Social Security (SSI)

CalWORKS (Welfare)

Medi-Cal

Food Stamps

Unemployment

Other _____

If you checked any of the above, documentation will be requested in order to verify income eligibility prior to selection

ATTACHMENTS

IF YOU FILED YOUR TAXES YOU MUST ATTACH A SIGNED COPY OF PAGE 1 & 2 OF YOUR INCOME TAX RETURN
IN ORDER TO VERIFY ELIGIBILITY FOR TRIO UPWARD BOUND PROGRAM

INCOME CERTIFICATION

IN ACCORDANCE WITH THE TRIO UPWARD BOUND ELIGIBILITY REQUIREMENTS SET FORTH BY THE UNITED STATES DEPARTMENT OF EDUCATION, I HEREBY CERTIFY AND ATTEST UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS INCOME VERIFICATION IS TRUE AND CORRECT

PRINT STUDENT NAME

STUDENT SIGNATURE

DATE

PRINT PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE



2017/2018 Upward Bound Application

PARENT/GUARDIAN CONTRACT

Please read carefully

If accepted to Cosumnes River College TRIO Upward Bound Program, I, the parent/guardian, agree to:

- Encourage my son/daughter/ward to successfully graduate from high school and pursue higher education.
- Support the Upward Bound goals set for my son/daughter/ward.
- Require my son/daughter/ward to attend all Upward Bound activities, that are identified to assist the participant in reaching their academic goals which may include tutoring, workshops, Saturday Academies, and more.
- Require my son/daughter to attend the MANDATORY six-week summer academy program.
- Attend and participate in Upward Bound event(s) that require my presence.
- Understand that there is a zero tolerance policy in regard to blatant or implied gang insignia, dress, hand signs, harassment or threatening behavior and/or use, furnishment, selling of weapons, alcohol, and drugs.
- Understand that if my son/daughter/ward does not meet the goals and expectations of the program or fully use the services provided, he or she may be dismissed from the programs.
- Understand that if my son/daughter/ward does not adhere to Elk Grove Unified District, Los Rios Community College District, state and federal policies, laws and expectations, he or she may be dismissed from the program.

Parent/Guardian Name

Parent/Guardian Signature

Date

STUDENT CONTRACT

I understand the purpose of the Cosumnes River College TRIO Upward Bound (UB) program, is to prepare participants to successfully complete a program of post-secondary education. As part of my personal effort in this preparation, I am signing this contract and commit to the following:

- Successfully graduate high school and enroll in a college of my choice the semester/quarter after high school.
- Make every attempt to complete a post-secondary educational program.
- Enroll in courses that are required for college admissions as well as achieve and maintain at least a 2.5 GPA
- Apply for college and financial aid during my senior year.
- Participate in Cosumnes River College Upward Bound through the completion of my high school education and/or Summer Bridge Program.
- Actively participate in all Upward Bound activities, which includes tutoring, workshops, Saturday Academy, field trips, educational and cultural activities, etc.
- Actively participate in the 6-week Summer Program while I am a part of the Upward Bound program.
- Communicate with Upward Bound Staff about educational and/or personal goals and attend all appointments arranged by Upward Bound Staff.
- Grant Upward Bound access to my college enrollment, retention, and completion information.
- Grant Upward Bound access to my financial aid information from colleges and the federal government.
- I will comply with all the rules and regulations of Cosumnes River College Upward Bound, and I am aware that my failure to comply could result in dismissal from the program.
- Understand that there is a zero tolerance policy in regard to blatant or implied gang insignia, dress, hand signs, harassing or threatening behavior, weapons, alcohol, and drugs.
- Understand that if I do not meet the goals and expectations of the program or fully use the services outlined for me, I may be dismissed from the program.
- Understand that if I do not adhere to Elk Grove Unified School District, Los Rios Community College District, state and federal policies, laws, and expectations, I may be dismissed from the program.

Student Name

Student Signature

Date



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RECORD AUTHORIZATION

Application must be completed in black or blue ink only.

Today's Date: ____/____/____

Last Name: _____ First Name: _____ MI: _____

High School: _____ Student ID # _____

The person(s) signing below gives consent for their daughter's/son's/ward's to be occasionally called out from class for academic and/or college advising, college application and enrollment, and FAFSA submission.

MEDICAL RELEASE FORM

In the event of an illness or accident, the person(s) signing below authorizes Cosumnes River College Upward Bound to take all necessary steps to provide first aid, medical, and psychological treatment to my son/daughter/ward. This includes authorization for hospital and medical facilities outside of the Cosumnes River College campus to administer medical care. I/We authorize the release of medical treatment and information to the Cosumnes River College Upward Bound Personnel. I/We further agree to use my son's/daughter's/ward's insurance coverage, including Medi-Cal, in paying medical bills which may be incurred. I/We understand that balance not covered by insurance will be my/our responsibility to pay. I/We agree to release Cosumnes River College Upward Bound from all legal claims and from any liability except those claims and rights that arise from gross negligence or willful misconduct on the part of Cosumnes River College personnel.

I/We have read the above information and agree to allow (Print name of Applicant) _____ to participate in the Cosumnes River College Upward Bound program as well as all excursions taking place as of this date, based on the conditions indicated above.

MEDIA RELEASE FORM

The person(s) signing below permit the Cosumnes River College Upward Bound representative and/or news media to photograph, videotape, audiotape, duplicate, and transfer to any present or future agents. Cosumnes River College Upward Bound and/or the news media may use the photographs, videotapes, and audiotapes that show program participants and/or their likeness, as appropriate to promote Cosumnes River College Upward Bound program as well as related objectives, and activities. I release the Cosumnes River College Upward Bound of any obligation to compensate my son/daughter/ward, myself and/or any party acting, on my behalf, for the use of the above mentioned media.

ACADEMIC RECORDS RELEASE STATEMENT

The person(s) signing below give consent and authorize Cosumnes River College Upward Bound staff and representatives

- To have access to, and make and receive copies of my son's/daughter's/ward's academic records such as report cards, school transcripts, State standardized test scores, disciplinary records, class schedule, and SAT/ACT or GED scores.
- I/We understand that these records will be kept in strict confidence and will be used solely to: a) assess need/eligibility for program services; b) monitor my son's/daughter's/ward's academic progress; c) evaluate the effectiveness of program activities; and d) fulfill program reporting.
- I/We consent to the disclosure of any personally identifiable (e.g. Social Security, Birthdate, etc.) information as defined by FERPA or my education records to the Cosumnes River College Upward Bound staff for the purpose of confirmation of the student's post-secondary enrollment status as reported on the National Clearinghouse Student Tracker.
- This authorization will remain in effect for six years following high school graduation.
- I/We authorize the release and exchange of student financial aid information from colleges/universities and the federal government to the Cosumnes River College Upward Bound.
- I/We authorized the Cosumnes River College TRIO Upward Bound program to share and discuss information with school personnel in support of my son's/daughter's/ward's academic success.

PLEASE READ AND SIGN BELOW

I/We hereby certify that the information reported in this application packet is true, complete and accurate to the best of my/our knowledge. I/We understand that a false statement or misrepresentation will make the applicant ineligible for Cosumnes River College TRIO Upward Bound.

PRINT STUDENT NAME

STUDENT SIGNATURE

DATE

PRINT PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE



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AGREEMENT TO PARTICIPATE AND WAIVER/ASSUMPTION OF RISK

NAME: _____ STUDENT ID NUMBER: _____

CLASS/ACTIVITY: Upward Bound INSTRUCTOR'S NAME: Upward Bound

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this form is necessary in order to participate in this class activity. I understand my decision to take this class or activity is optional and voluntary. This document cannot be altered or modified by any verbal or written statements.

I am aware that participating in this Los Rios Community College District (DISTRICT) class or activity can involve **MANY RISKS OF INJURY** including, but not limited to, property damage, bodily injury, personal injury and death.

In consideration of the DISTRICT permitting me to participate in the Upward Bound class/activity, I hereby voluntarily assume all risks associated with my participation and release the DISTRICT, its employees and volunteers, its colleges, campuses and centers, its governing board and the individual members thereof, and all other DISTRICT officers, agents and employees from all liability (whether based on negligence or otherwise) for injuries (including death) and damages arising out of or in any way related to the activity and/or class.

I understand that if this is/involves an excursion or field trip as defined by California Code of Regulations, Section 55220 that Section states in part:

“All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of minor students taking out-of state field trips or excursions shall sign a statement waiving such claims.”

By signing this Agreement, I hereby waive all such claims.

I understand and agree to accept all the rules and requirements of the activity and/or class, including safety rules and instructions given by the supervisory personnel. I understand, and agree, and grant to the DISTRICT the right to terminate my participation in the activity and/or class within the DISTRICT's or DISTRICT's employee's sole discretion. If applicable, I understand and agree that any costs associated with my return transportation shall be at my personal expense.

I consent to the DISTRICT providing emergency health assistance if it is determined necessary and further consent to the DISTRICT notifying the emergency contact (listed below) and agree that this liability release and assumption of risk agreement applies to any of the DISTRICT's actions in this regard.

This agreement shall inure to the benefit of and be binding upon my heirs, decedents, successors, executors, assignees, legal representatives, and all family members. The provisions of this agreement including, but not limited to, my waiver of liability and my assumption of risk shall survive this agreement.

The following person should be contacted in case of an emergency: (please print)

| Name | Address | Telephone No. |
|------|---------|---------------|
|------|---------|---------------|

I/WE, THE UNDERSIGNED, HAVE READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS AND THAT I/WE ARE VOLUNTARILY ASSUMING ALL RISKS AND WAIVING ANY AND ALL CLAIMS ARISING OUT OF OR IN ANY WAY RELATED TO THIS ACTIVITY AND/OR CLASS. I/WE AGREE THAT NO ORAL REPRESENTATIONS, PROMISES, OR INDUCEMENTS, NOT EXPRESSLY CONTAINED HEREIN HAVE BEEN MADE AND THAT THIS DOCUMENT CONSTITUTES THE ENTIRE AGREEMENT PERTAINING TO THE SUBJECT MATTER CONTAINED HEREIN.

Student Signature Date

If participant is under 18, parent or guardian must sign.

Parent/Guardian Signature Date



2017/2018 Upward Bound Application

TEACHER/COUNSELOR RECOMMENDATION FORM

Upward Bound is a federally funded program. The goal of Upward Bound is to academically prepare first-generation, low-income students to enroll and graduate from the 4-year college/university of their choice.

Student: Give this form to a school teacher or counselor to complete.

Teacher/Counselor: Cosumnes River College's Upward Bound program is designed to generate knowledge, skills and motivation for success in post-secondary school (college or university). Participants must have a need for academic support. Participants should also have the ability to pursue and achieve a 4-year degree even though they may not be demonstrating all of the characteristics of successful students. Please provide us with your evaluation of this student's ability to benefit from the Upward Bound program.

Student Name: _____

Please rate this student by circling the appropriate response to the statements.

1-Strongly Disagree 2-Disagree 3-Neither Disagree/Agree 4-Agree 5-Strongly Agree

- | | | | | | |
|--|---|---|---|---|---|
| 1. Would benefit from Upward Bound academic support/services | 1 | 2 | 3 | 4 | 5 |
| 2. Expresses interest to graduate high school and complete a 4-year degree | 1 | 2 | 3 | 4 | 5 |
| 3. Demonstrates responsible behavior | 1 | 2 | 3 | 4 | 5 |
| 4. Has strong social/interpersonal skills | 1 | 2 | 3 | 4 | 5 |
| 5. Is dependable and reliable | 1 | 2 | 3 | 4 | 5 |
| 6. Has strong study skills | 1 | 2 | 3 | 4 | 5 |
| 7. Would benefit from supplemental career guidance | 1 | 2 | 3 | 4 | 5 |
| 8. Has a good attendance/punctuality record | 1 | 2 | 3 | 4 | 5 |
| 9. Has the potential for post-secondary success | 1 | 2 | 3 | 4 | 5 |

What services/assistance from the Upward Bound program does the student need to help him/her succeed in high school (e.g. tutoring, college prep, etc)?

Are you aware of any current circumstance that may affect the student's performance or participation in this Upward Bound Program (e.g. family responsibility, extracurricular activities, financial circumstance, etc.)? If so, please explain.

Teacher/Counselor Name (Printed): _____ Title: _____

Signature: _____ Date: _____

High School: Florin Monterey Trail Valley

Return to student, or mail to: **CRC Upward Bound**
8401 Center Parkway
Sacramento, CA 95823

Questions?
Please call:
(916) 691-7006



2017/2018 Upward Bound Application

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- | | | | | | |
|--|---|---|---|---|---|
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