



True North Upward Bound and Upward Bound Math/Science Program Application

Please check one of the following:

I am applying for True North Upward Bound

I am applying for True North Upward Bound Math/Science

A collaboration between Mesabi Range Community and
Technical College, Vermilion Community College
and the US Department of Education



*Mesabi Range Community & Technical College, Vermilion Community College, and True North Upward Bound are equal opportunity employers/educators. **This document is available in multiple formats.

STUDENT APPLICATION CHECKLIST

- _____Part I Student Information Application**
- _____Part II Student Statement**
- _____Part III Confidentiality Statement**
- _____Part IV Income Information (May be presented
prior to or at the time of the interview)**
- _____Part V High School Counselor Recommendation
(Including High School Transcripts & State
Standards Test Scores)**
- _____Part VI High School Teacher Recommendation**

Please return all completed parts to:

True North Upward Bound
MRCTC – Virginia Campus
1001 West Chestnut Street
Virginia, MN 55792
Phone: (218)749-7763
Fax: (218)749-0318

This information is protected in the Privacy Act of 1974. No person may see the information unless they are specifically connected to the Program.

**True North Upward Bound &
True North Upward Bound Math/Science Student Application
Student Information**

Please Type or Print in Black Ink

Part I

Student Information

Name _____ Nickname/Name Preferred _____

Mailing Address _____

City, State, Zip Code _____ E-Mail _____

Phone Number _____ Student Cell Number _____

Social Security Number* _____ Parent Cell Number _____

* If you do not have a Social Security Number, please provide a copy of your green card.

Birthdate _____ Age _____ Male _____ Female _____
MM/DD/YY

How would you describe yourself?

_____ Native American/Alaskan Native	_____ Hispanic
_____ Asian/Pacific Islander	_____ White (non-Hispanic)
_____ Black (non-Hispanic)	_____ Other (multi-racial background)

Do you have any disabilities?

_____ Learning Other (please specify) _____
_____ Physical _____

Do you have a court appointed guardian? Yes _____ No _____

Please provide name(s) of parent(s)
or guardian(s) with whom you live _____

Student place of employment (if employed) _____ Phone _____

Educational Information (to be completed by student)

High School _____ Grade _____

Name of High School Counselor _____

Do you work with a Special Education teacher? Yes _____ No _____

If yes, teacher's name _____

Parent /Family Information

Father's Name _____ Occupation _____

Place of Employment _____ Phone _____

Highest Grade Completed (please circle): 9 10 11 12 College: 1 2 3 4 Degree: Y N

Mother's Name _____ Occupation _____

Place of Employment _____ Phone _____

Highest Grade Completed (please circle): 9 10 11 12 College: 1 2 3 4 Degree: Y N

Parent's current marital status: _____ Single _____ Married _____ Separated
 _____ Divorced _____ One parent deceased _____ Both parents deceased

Annual Family Income _____ (Documentation may be presented prior
Use taxable income to or at the time of the interview— see
(1040 use line 43; 1040a use line 27) Part IV)

Dependents (i.e. brothers, sisters, grandparents) living at home or away at school:

Name	Age	Relationship	Grade (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

One of the major goals of the Upward Bound program is to encourage parental support and participation in the student's development. Occasionally, parents are asked to participate in family oriented events, help transport other students to the Saturday Get-Togethers, etc.

Are you willing to be involved in the Upward Bound Parental Activities? Yes _____ No _____

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

OFFICE USE ONLY

<u>Received</u>	<u>Rating</u>
_____ Interviewed, Date _____, Initials _____	_____ Academic Need I _____
_____ GPA _____	_____ Academic Need II _____
_____ Counselor Recommendation _____	_____ Type of Assessment Test Used _____
_____ Teacher Recommendation _____	_____ Met 8 th Grade State Standard/Reading (Y, N, N/A) _____
_____ Income Verified \$ _____	_____ Met 8 th Grade State Standard/Math (Y, N, N/A) _____
_____ Special Ed/LD/EBD _____	_____ Entry Grade Level _____
_____ Federal Reporting Year _____	_____ Middle School GPA Scale _____
_____ Cohort Group _____	_____ Middle School Cum. GPA _____
_____ Ethnicity Code _____	_____ H.S. GPA Scale at Entry _____
_____ Target School _____	_____ H.S. GPA at Entry _____
_____ Project First Entry Date _____	
_____ Expected H.S. Graduation Date _____	
_____ Eligibility: (1)=Low Income and First Generation (2)=Low Income (3)=First Generation (0)=Unknown	

**True North Upward Bound &
True North Upward Bound Math/Science
STUDENT STATEMENT
PART II**

Name _____ High School _____

Present Grade _____

Date _____

Please print or type responses. Please feel free to add another sheet if you need more space or use a computer to answer the questions.

1. How did you hear about Upward Bound or Upward Bound Math/Science?

2. What do you think the purpose is for the Upward Bound or Upward Bound Math/Science program?

3. In what ways do you think the program can help you?

4. List your educational and career goals.

5. How do you plan to achieve these goals?

6. What can Upward Bound or Upward Bound Math/Science expect of you as a participant?

**True North Upward Bound &
True North Upward Bound Math/Science
STUDENT STATEMENT (CONTINUED)
PART II**

Name _____ High School _____

Present Grade _____

Date _____

(Only complete the following 3 questions if applying for True North UB Math/Science.)

7. What math or science careers do you find interesting? What fascinates you about these careers?

8. In math and science do you feel you are at grade level, behind your classmates, or ahead of your classmates? Please explain why.

9. In what areas of math and science would you like more information?

CONFIDENTIALITY OF INFORMATION

Part III

Students and parents of any students less than 18 years of age have access to any and all educational information pertaining to them in the files of Upward Bound. Information provided to the Program, educational and personal (e.g. name, sex, age, ethnic origin, social security number, etc.) is recorded with the U.S. Department of Education. This information is protected in the Privacy Act of 1974. No person may see the information unless they are specifically connected to the Program. The information provided in this application is necessary to determine if you are eligible to participate in the program and helps the U.S. Department of Education measure your success. The U.S. Department of Education has the authority to gather this information for the purpose of bettering Upward Bound as a program (20 USC 1231a). If you choose not to volunteer this information to the Upward Bound Program and the U.S. Department of Education, you will not be eligible to receive any benefits from the Program.

Consent to Obtain and Release Private Information

The Upward Bound Office is asking your permission to receive and/or give information about you/your child to the agencies or person listed on this form. We cannot release and/or obtain the information without your permission.

Student's Name _____

Date of Birth ____/____/____

I authorize _____ High School/Middle School to release official transcripts, test scores, and other records on my child to the True North Upward Bound/ Upward Bound Math/Science staff for evaluation purposes. I also authorize True North Upward Bound/ Upward Bound Math/Science to further release these records to post-secondary institutions as they relate to the educational planning for my child.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

Signature of Staff _____ Date _____

**True North Upward Bound &
True North Upward Bound Math/Science
INCOME INFORMATION (May be presented prior to or at the time of the interview.)
PART IV**

Student's Name _____

Name of Person(s) providing financial information _____

Did you file a Federal Income Tax Return in the last year? Yes _____ No _____

If Yes:

Please attach a copy of the first 2 pages of your most recently filed income tax return to this form and send to the Upward Bound Office at the address listed at the bottom of this form.

If No:

If you did not file or if you do not have a copy of your most recently filed income tax return, it will be necessary to provide some other proof of income. Acceptable income information includes one of the following:

1. Copies of all W-2's for all wage earners in your home.
2. If you receive income from the Minnesota Family Investment Plan (formerly AFDC), please provide verification of your income (i.e. MFIP Income Statement).
3. If you receive Social Security as your primary means of support, provide verification of your income.
4. If there are other sources of income for your family, please explain and provide documentation:

PLEASE RETURN THIS FORM AND THE REQUIRED DOCUMENTATION TO:

True North Upward Bound
MRCTC – Virginia Campus
1001 West Chestnut Street
Virginia, MN 55792
Phone: (218)749-7763
Fax: (218)749-0318

If you have any questions about completing this form or providing documentation, please call the True North Upward Bound office at 218-749-7763.

THANK YOU.

**True North Upward Bound &
True North Upward Bound Math/Science
HIGH SCHOOL COUNSELOR RECOMMENDATION
PART V**

Name of Student _____

School _____

Counselor _____

Please complete the information on the above student and return this form along with his/her school transcripts (including state standards test info) to the applicant or:

True North Upward Bound
MRCTC – Virginia Campus
1001 West Chestnut Street
Virginia, MN 55792
Phone: (218)749-7763
Fax: (218)749-0318

Period of Attendance at Your School: From _____ To _____ Grade _____

Scholastic Record: Exceptional _____ Good _____ Average _____ Poor _____

Rank in Class _____ Number in Class _____

List any physical disabilities the student may have: _____

What comments and recommendations can you make regarding this applicant's ability to benefit from a program such as **Upward Bound or Upward Bound Math/Science?**

Signature _____ Date _____

Thank You!

**True North Upward Bound &
True North Upward Bound Math/Science
HIGH SCHOOL TEACHER RECOMMENDATION
PART VI**

Name of Student _____ Grade _____

Please complete the requested information based upon the following evaluation scale:
Exceptional (4), Good (3), Average (2), Poor (1)

Scholastic Record	4	3	2	1
Cognitive Ability	4	3	2	1
Initiative	4	3	2	1
Integrity	4	3	2	1
Emotional Stability	4	3	2	1
Influence and Leadership Ability	4	3	2	1
Concern for Others	4	3	2	1
Attitude Toward School Work	4	3	2	1

Comments and/or recommendations:

Name (please print) _____ Signature _____

Title/Course _____ Phone _____ Date _____

School _____

Please check those performance areas in which you feel the student needs assistance:

- | | |
|---|---|
| <input type="checkbox"/> Motivation/effort | <input type="checkbox"/> Writing skills |
| <input type="checkbox"/> Improved study habits | <input type="checkbox"/> Critical thinking |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Improved self-esteem |
| <input type="checkbox"/> Improved basic academic skills related to this course area | |
| <input type="checkbox"/> Other _____ | |

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