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, Vermillion 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

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

____ Motivation/effort ____ Writing skills
____ Improved study habits ____ Critical thinking
____ Communication skills ____ Improved self-esteem
____ Improved basic academic skills related to this course area
____ Other ______________________

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