Please complete the enclosed materials and return to your high school Upward Bound advisor or mail to:

UPWARD BOUND
College of Saint Benedict
Mary Commons
37 South College Avenue
St. Joseph, MN 56374

Your application will not be considered complete until all the items in the list below have been returned to the UPWARD BOUND office. An entrance interview will be scheduled when your application packet is complete.

_____ Student Information

_____ Parent/Guardian Information

_____ Income and Education Verification

_____ Release of Records

_____ Copy of your Federal Tax Return

_____ Teacher Recommendation Form
STUDENT INFORMATION

Student Name: ___________________________________________  Last  First  Middle

Address: ___________________________________________  Street/Apt.  City  State  Zip

Home Phone: ___________________________  Cell Phone: ___________________________

E-mail: ___________________________________________

Date of Birth: ___________________________  Age: _____  T-Shirt Size: ___________

Social Security Number: ___________________________

High School (circle one): Apollo  Tech  Sauk Rapids-Rice  Willmar

Present Grade in School (circle one): Rising 9th  9th  10th  11th  Graduation Year: ___________________

Gender: ___________________________

Citizen (circle one): United States Citizen  United States National  Permanent Resident

* HEOA 645.3 - Students must be a US Citizen, National or Permanent Resident to qualify for Upward Bound.

Race: African American  American Indian  Asian/Pacific Islander  Hispanic/Non-Black  White

Other: ___________________________

Which language did the student learn first? ___________________________

Which language is most often spoken in your home? ___________________________

Which language does the student usually speak? ___________________________

Admission into the CSB|SJU Upward Bound Program is open to those who meet the eligibility criteria, regardless of gender, race, national origin, color, age, religion, or disability. No person shall be subjected to any discrimination prohibited by the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1972, the Americans with Disabilities Act, and any other applicable laws.
PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 – □ Please check if address and home phone are the same as the student.

Name: ____________________________________________________________________________________

Last First

Address: ________________________________________________________________

Street/Apt. City State Zip

Home Phone: ________________________________          Cell Phone: ________________________________

Work Phone: ________________________________

E-mail: __________________________________________________________________________________

Parent/Guardian #2 – □ Please check if address and home phone are the same as the student.

Name: _______________________________________

Last First

Address: ________________________________________________________________

Street/Apt. City State Zip

Home Phone: ________________________________          Cell Phone: ________________________________

Work Phone: ________________________________

E-mail: __________________________________________________________________________________

With whom does the student currently live? (Check all that apply)

□ Biological parent(s)          □ Foster(s) parent
□ Adopted parent(s)           □ Foster home
□ Step parent(s)             □ Group home
□ Relative other than parent (specify): _________________ □ Guardian, not relative (specify): _______________

Who are the student’s legal guardians? (Check all that apply)

□ Both parents                  □ Ward of the court
□ Mother only                   □ Other (specify): _________________________________
□ Father only
Total Number of Family Living at Home: __________

Please list the names ages of all people living in your household (Use additional page if needed)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to student</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>5.</td>
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<td>6.</td>
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</tbody>
</table>

A LITTLE ABOUT YOU . . .

I need information or help on the following (Please check those items that apply to you):

- Stress Management
- Communication with Teachers
- Study Skills
- Colleges
- Course planning for college admissions
- Career Planning
- Tutoring
- Self Esteem
- Financial Aid & Scholarships
- Other ___________________________

What grades do you usually earn (Check all that apply)?
- A’s
- B’s
- C’s
- Below C’s

Current GPA: __________

Do you have an Individual Education Plan (IEP) or 504 Plan?  □ Yes □ No

If yes, who is your case manager?  Name_________________________________________________ Phone #

After I graduate from high school, I plan to:

- Attend college (2 or 4 Year College or University)
- Enter military
- Work full-time
- Work part-time and go to college
- Attend technical/vocational college
- Other (specify): __________________________________________________________
INCOME and EDUCATION VERIFICATION

Two of the basic eligibility requirements for participation in the Upward Bound program are:

1) that family taxable income falls within a certain range (variable depending on the size of the family); and/or

2) that parents do not have a four-year college degree.

Students do not necessarily have to meet both criteria to participate in the program. Please complete the following section that enables us to verify a student's eligibility for Upward Bound.

FAMILY INCOME INFORMATION

My total taxable income for the last tax year was: ___________________________________________________

(Note – See line 43 on your 1040 federal tax form.)

Please attach a copy of your Federal Income Tax Return from the last tax year.

A copy of your Federal Income Tax Return is helpful for verification. Only the basic 1040 form is needed. Additional schedules for deductions and etc. are not required. We must have a copy to verify the students family income and social security number.

________________ _______________________
Parent/Guardian Signature Verifying Income Tax Information Date

‘DID NOT FILE’ CERTIFICATION

1) _____ I did not file a Federal Income Tax Return last year.

2) My monthly income from all employment is: ___________________________________________________

3) I receive the following non-taxable income:
   _____ AFDC
   _____ General Assistance
   _____ Financial Aid
   _____ Medical Assistance
   _____ Unemployment Compensation
   _____ V.A. Disability
   _____ Workman’s Compensation

Other (please explain): ___________________________________________________

I, the parent/guardian of the Upward Bound student applicant, verify that the information I have provided for the ‘Did Not File’ Certification is true and accurate.

________________ _______________________
Parent/Guardian Signature Date
EDUCATIONAL BACKGROUND

Highest Grade Completed by Father:

☐ Unknown  ☐ Elementary  ☐ High School  ☐ Some College  ☐ Received 4 yr degree

Highest Grade Completed by Mother

☐ Unknown  ☐ Elementary  ☐ High School  ☐ Some College  ☐ Received 4 yr degree

Please list 5 words that describe yourself.

1. 
2. 
3. 
4. 
5. 

What goals would you like to accomplish in the program?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
CERTIFICATION OF RELEASE OF RECORDS

The personal information you give to the Upward Bound Director is sent to the Federal Government (Department of Education). The information is protected by the Privacy Act. No one may see the information unless they work with or for the Upward Bound Program or are specifically authorized to see the information. The information is necessary to determine if you are eligible to participate in the program and helps the government to measure your success. The Department of Education has authority to gather information to help make Upward Bound a better program. If you do not give this information to the Upward Bound program and the Department of Education, you cannot receive any benefits from the program.

I hereby authorize the release of the following information to the Upward Bound Program at the College of Saint Benedict | Saint John’s University:

A) Transcript of grades from his/her school records
B) Standardized test scores
C) School counselor or psychologist information
D) School attendance records
E) Financial Aid award letters
F) AFDC and Social Security verification, JTPA family financial information
G) Free/reduced lunch verification

This information is to be used as part of the evaluation and follow-up related to the Upward Bound Program. All information is to be treated as confidential, in keeping to the Family Educational Rights and Privacy Act. This release is to be considered valid for the period of time that my son/daughter remains in the Upward Bound Program.

I fully understand the above provision and hereby give consent to have all pertinent data forwarded to the College of Saint Benedict | Saint John’s University Upward Bound Program for the duration of my son’s/daughter’s participation in the program.

__________________________________________________
Student Name (Please Print)

__________________________________________________
Student Signature ________________________ Date

__________________________________________________
Parent/Guardian Signature ________________________ Date

School Name and Phone Number

School Address
CONSENT TO PARTICIPATE

I hereby certify that I give my consent for my son/daughter to participate in the College of Saint Benedict|Saint John's University Upward Bound Program to be held on the college’s campus in St. Joseph, MN. I understand the program covers the entire academic year and my son/daughter will attend a Saturday Session once every other month. He/She will also take part in counseling and tutoring sessions with the Program Advisor(s) to support the student’s academic progress in high school.

I understand that my son/daughter may have the opportunity to attend the on-campus summer session of the Upward Bound Program for six weeks. Students will be on campus Sunday night through Friday afternoon, except for the July 4th holiday weekend, as determined each year.

I give permission for him/her to take part in any off-campus field trips that are sponsored and supervised by Upward Bound staff. I understand that the program is not held liable.

I understand that the personal information I give to the Upward Bound Director is sent to the United States Department of Education. The Department of Education has the authority to gather information to ensure students are receiving appropriate high quality services. The information is necessary to determine eligibility of applicants when they enter the program and to measure their progress while they are in the program.

The information I provide is protected by the Privacy Act. No one may see the information unless they work with or for the Upward Bound Program or are specifically authorized to see the information.

__________________________________________________________  ____________________________
Parent/Guardian Signature                                      Date
STUDENT-PARENT RESPONSIBILITIES

Students who are accepted into the College of Saint Benedict | Saint John’s University Upward Bound Program must take responsibility for their academic success during the academic year and the summer Upward Bound Program. Because the parental/guardian involvement support is critical, student’s participation in Upward Bound is really a family activity. The family needs to understand that Upward Bound is an academic, college preparatory program that operates year-round to provide ongoing personal and education assistance to students. Therefore, it is essential that students:

1) Attend school (scheduled classes, labs, and etc.) regularly.

2) Be enrolled in college preparatory courses each term that will make their eligible for admission to an institution of post-secondary education.

3) Demonstrate continuing academic progress in all classes and in their GPA.

4) Meet regularly with Upward Bound staff when they visit the student’s school throughout the school year.

5) Complete any monthly assignments, forms, or career inventories given by Upward Bound staff to assist in their preparation for entrance into a college or university.

6) Understand that their best performance is expected on all testing in the program.

7) Attend Upward Bound activities and meetings throughout the school year.

8) Attend the six-week summer residential component help on the College of Saint Benedict | Saint John’s University campus.

Students who fail to comply with Student Responsibilities or with the Goals and Objectives Contract on the reverse side of this contract may not earn their full stipends or may be dismissed from the College of Saint Benedict | Saint John’s University Upward Bound Program.

We have read the above stated student responsibilities and agree to work jointly toward the successful goals of completing high school and enrolling in college.

__________________________________________________  ____________________
Student Signature                                      Date

__________________________________________________  ____________________
Parent/Guardian Signature                              Date
STUDENT and PARENT CONTRACT with UPWARD BOUND

The Upward Bound staff is committed to providing educational support for participating students. Educational support shall include academic tutoring, individual advising, college campus visits, career field trips, cultural enrichment activities, and other incentives. A Program Advisor and/or Tutor Mentor will provide individual and small group support services for you throughout the program year.

Students participating in Upward Bound must agree to commit themselves to the goals and objectives of the program. Please read the expectations below. If you are willing to commit yourself to these expectations, sign on the line indicating student signature.

As an Upward Bound member, I commit myself to the following.

A) Participating in the Upward Bound Program until I graduate from high school.
B) Obeying the rules and regulations of the Upward Bound Program.
C) Not using alcohol, tobacco products, or other abusive substances.
D) Not bringing firearms or other weapons to school or program activities.
E) Actively participating in Upward Bound activities as scheduled – including after school tutoring sessions, Saturday Sessions, and activities and field trips scheduled throughout the year.
F) Participating in college preparation classes throughout high school.
G) Exhibiting positive, friendly, enthusiastic, wholesome attitudes and behaviors toward Upward Bound activities, staff, students, and guest speakers.
H) Enrolling in college after high school graduation.

I understand that I must honor ALL of these commitments. Failure to do so will result in my being removed from the Upward Bound Program.

__________________________________________________  ____________________
Student Signature                                      Date

I am the parent/legal guardian of __________________________. I approve and support this commitment to the Upward Bound Program. I will provide transportation when needed to and from home to school. I will participate in parent activities and I will encourage my child to fulfill his/her commitments.

__________________________________________________  ____________________
Parent/Guardian Signature                              Date
TEACHER RECOMMENDATION

College of Saint Benedict/Saint John’s University
UPWARD BOUND Program

__________________________ has applied for admission to the College of Saint Benedict/Saint John’s University UPWARD BOUND Program sponsored by the U.S. Department of Education. The program is designed to help students overcome the class, academic, social and economic barriers that can prevent low-income, first-generation college students from recognizing and accessing their academic and career options beyond high school.

UPWARD BOUND Programs have a thirty-year history of demonstrated success. UPWARD BOUND provides:

- After school tutoring in academic subjects and instruction in study skills and time management
- Academic, financial and personal counseling
- Exposure to academic programs and cultural events
- Mentoring programs with college students and the business community
- Information on post-secondary education opportunities
- Assistance in completing college entrance and financial aid applications
- Preparation for ACT and SAT college entrance exams

UPWARD BOUND Programs seek to motivate and prepare students to go to college and persist in a post-secondary program of study. The goal of UPWARD BOUND is to increase the rates at which participants complete high school, enroll in and graduate from institutions of post-secondary education.

This recommendation form is an important part of the student application process. We recognize that the completion of this form will require a valuable amount of your time, but the selection of participants to our program results in large measure on the information and personal evaluations sought on this form.

The form can be returned to the high school guidance office or mailed to:

UPWARD BOUND
College of Saint Benedict/Saint John’s University
College of Saint Benedict
37 South College Avenue
St. Joseph, MN  56374
Teacher Recommendation

Student’s Name: ______________________________ Date: ________________

Teacher’s Name: ___________________________ Signature: ____________________________

Subject you teach: ____________________________

1. What is the nature of this student’s class work and homework assignments?

<table>
<thead>
<tr>
<th>Quality</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very poor quality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No work turned in</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work is always late</td>
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<tr>
<td>Exceptional quality</td>
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<tr>
<td>All work turned in</td>
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<tr>
<td>All work is on time</td>
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</tr>
</tbody>
</table>

2. Please describe the student’s attendance record.

Excellent _____ Good _____ Fair _____ Poor _____

__________________________________________________________________________

__________________________________________________________________________

3. Please describe this student’s motivation and commitment to school.

Excellent _____ Good _____ Fair _____ Poor _____

__________________________________________________________________________

__________________________________________________________________________

4. Has the student given you any indication of his/her educational goals and/ or career goals?

No ______ Yes _____ if yes, what are they? _____________________________________

__________________________________________________________________________

5. Please rate the student on the following characteristics:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>(Poor)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (Excellent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest in learning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Oral Expression</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Written Expression</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tr>
</tbody>
</table>

6. Do you think this student is a good candidate for Upward Bound? (attach a separate sheet if needed)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Thank you for your cooperation