

Office of Minority Students Affairs
Upward Bound College Prep Program
130 Turner Student Services; Suite 130
610 E John St; Champaign, IL 61820



Dear Applicant:

Thank you for your interest in joining the Upward Bound Program at the University of Illinois at Urbana-Champaign! Upward Bound is a federally funded program, which prepares high school students for a college education through a variety of **free** services to Upward Bound participants. Since 1966, our Program has provided the tools, resources and training needed to help students succeed.

You may apply as early as the Spring Semester of 8th grade. All applicants should meet the required minimum Grade Point Average (GPA) of 2.5 on a 4.0 scale. Please see our website for additional eligibility requirements. Applications are accepted on a rolling basis. This means applications are reviewed and decided upon once the application is complete. It is important that you complete your application as soon as possible, as there are a limited number of seats in the Program. When space is not available, an applicant will be referred to our waitlist for later consideration. **Priority deadline for applications is March 1st.**

Please download the application to your computer and print a copy. Be sure to write legibly to avoid errors in processing. Prior to submission, please ensure the following **required** application materials are included to ensure prompt review.

- Signed copy of parent's 1040, 1040A, or 1040EZ Income Tax Return for the most recent year
- Signed Certification (page 4)
- Signed Release of Information Authorization Form
- Recommendation form from an Academic Teacher or School Counselor
- Signed Income Verification Form (page 7)
- Copy of your most recent transcript/report card

Upon completion, please return your application to the TRIO Upward Bound Program as a scanned document via email to trioupwardbound@illinois.edu, via fax at 217-244-0349, or via mail to:

Office of Minority Student Affairs
TRIO Upward Bound
610 E John St, Suite 130
Champaign, Illinois 61820

Once your application is received, you will be notified of your application status. If you have any questions and/or do not receive an email within a week of submission, please contact our Office at 217-333-1889. We look forward to hearing from you!

Sincerely,
Ms. Sabrina Donegan
Assistant Director, Upward Bound

Privacy Statement: All information on this application will be held in strict confidence. This information is necessary to ensure that the applicant meets the criteria for admission to Upward Bound as established by the U.S. Department of Education. Information will only be shared with Upward Bound staff for reporting purposes to the U.S. Department of Education.

I. Student Information

First Name		Middle Name		Last Name	
Permanent/Home Address			City	State	Zip
Current/Local Address			City	State	Zip
Email Address					
<p><i>*You will receive confirmation of your application at this email address. This will be the primary address for contacting you during the application process. Emails to school accounts may not be received.</i></p>					
Home Phone		Cell Phone		Work Phone	
Date of Birth (MM/DD/YYYY)			Gender		
Race/Ethnicity (select all that apply):					
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Hispanic or Latino			
<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian or Pacific Islander			
<input type="checkbox"/> Black or African American		<input type="checkbox"/> White or Caucasian			
<input type="checkbox"/> Other					

II. Academic Information

Please note that, due to the nature of our programming, priority is given to applicants in grades 8,9, and 10; however, applications are accepted for grades 11 as space permits.

Current Year in School:	Name of Current/Future High School
<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> Centennial High School <input type="checkbox"/> Central High School <input type="checkbox"/> Urbana High School
Expected Month/Year of Graduation (MM/YYYY)	
High School Guidance Counselor	
Have you been suspended or had other disciplinary issues? If yes, please explain	

III. Citizenship

Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered No to the above question, please answer the following:
<ul style="list-style-type: none"> ▪ Are you a permanent resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ If applicable: <ul style="list-style-type: none"> ○ Permanent Resident #: _____ ○ Date Issued _____ ▪ If you are not a permanent resident, are you in the U.S. for other than a temporary purpose with the intent of becoming a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you are in the process of becoming a permanent resident, please provide evidence from Immigration and Naturalization Service of your Intent to become a permanent resident.</i>

IV. Family Background

Did your parent/guardian file taxes in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Do you currently receive or eligible to receive free/reduced lunch through your school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
How many people, including yourself, are currently living in your household? <i>(must coincide with information listed on Tax Form 1040)</i>	
Family annual taxable income (for last tax year): <i>(Line 10 on Income Tax form 1040)</i>	\$ _____
Has your mother, father or guardian earned a Bachelor's Degree?	
Father <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/NA	Mother <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/NA
Guardian/Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/NA	
With whom have you regularly resided and for how long?	
<input type="checkbox"/> Mother How long? _____	<input type="checkbox"/> Father How long? _____
<input type="checkbox"/> Guardian/Other How long? _____	

Briefly provide any additional information, if necessary, regarding your family/living situation (ie. Homelessness, foster care, recent adoption). If you indicated guardianship above, please note whether this is a court-approved guardianship.

V. Parent/Guardian Information

First Name		Middle Initial		Last Name	
Address			City	State	Zip Code
Email Address		Home Phone		Cell Phone	
Relationship to You:					
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____		<input type="checkbox"/> Lives with you <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Unknown			
Education Level					
<input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Advanced Degree (Master's, PhD. Etc.)					
Name of College(s), if any:			Degree(s), if any:		
Employer			Work Phone		
<input type="checkbox"/> Please check here if you would like this individual to be listed as your emergency contact					

First Name		Middle Initial		Last Name	
Address			City	State	Zip Code
Email Address		Home Phone		Cell Phone	
Relationship to You:					
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____		<input type="checkbox"/> Lives with you <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Unknown			
Education Level					
<input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Advanced Degree (Master's, PhD. Etc.)					
Name of College(s), if any:			Degree(s), if any:		
Employer			Work Phone		
<input type="checkbox"/> Please check here if you would like this individual to be listed as your emergency contact					

VI. Emergency Contact Information

This is your next of kin or someone you feel comfortable making medical decisions on your behalf. If your Primary Emergency Contact is **not** someone listed above, please provide their contact information below:

First Name		Middle Initial		Last Name	
Address			City	State	Zip Code
Email Address		Home Phone		Cell Phone	
Relationship to You:					
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Sister <input type="checkbox"/> Other <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Brother				Does this individual live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

VII. Interest Information

How did you learn about Upward Bound:	
Have you ever applied to our program before	
Please select all Pre-College Access programs that you currently participate or have participated in:	
<input type="checkbox"/> AVID (Advancement Via Individual Determination) <input type="checkbox"/> Talent Search <input type="checkbox"/> Operation Hope <input type="checkbox"/> Principal Scholars <input type="checkbox"/> 4-H Extension	

VIII. Parent/Guardian Certification

I declare that the information provided in this application is complete and accurate to the best of my knowledge. I understand that, if selected, my child will be expected to regularly attend all Upward Bound Program activities including Study Center/Academic Tutoring, High School Visits, and summer programs and participate fully throughout high school until he/she graduates and enrolls in a college or university. I understand that failure to fulfill the required commitment, my child can be terminated from the Upward Bound Program.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date

TEACHER/COUNSELOR RECOMMENDATION FORM

Please complete this form and return to applicant in a sealed envelope marked “Teacher/Counselor Recommendation”. Thank you for your assistance in evaluating this applicant for the Upward Bound Program!

Teacher Counselor

STUDENT’S NAME _____

SCHOOL _____

Please rate the applicant on the following factors, from 1(low) to 5 (high), or mark N/S if you are not sure how to rate based on your interaction with the student.

- | | | | | | | |
|---------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| 1. Academic Skills | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |
| 2. Motivation to learn | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |
| 3. Self-discipline | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |
| 4. Timely assignment completion | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |
| 5. College Readiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |
| 6. Performance on tests | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |
| 7. Behavior concerns | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |
| 8. Overall attendance | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |

Please provide specific comments regarding the applicant’s academic and personal strengths:

Please provide specific comments regarding the areas in which the applicant needs to improve, or in which they are lacking support:

In specific detail, please comment on the student’s demonstrated need for academic support in preparation for college provided by Upward Bound:

Name of Reference (Please print)

Signature of Reference

Date

PARENT/GUARDIAN INCOME VERIFICATION FORM

One of the criteria for admission into the Upward Bound Program is meeting the income guidelines established by the Department of Education. Before we can determine your eligibility, please answer the following questions and attach a copy of your federal income tax return or appropriate documentation, which reflects your income.

1. Total number of exemptions claimed on the last federal income tax return or total number in the household.

2. Taxable income (*IRS form 1040, 1040A or 1040ez*)

Low-income eligible (*refer to the chart below*) yes No

Federal TRIO Programs Current-Year Low Income Levels (*If the applicant's actual taxable income is less than the TRIO Program 2019 Annual Low Income Level, then the applicant is considered a low income individual*).

Size of Family Unit	48 Contiguous States, D.C. and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,735	\$23,400	\$21,570
2	\$25,365	\$31,695	\$29,190
3	\$31,995	\$39,990	\$36,810
4	\$38,625	\$48,285	\$44,430
5	\$45,255	\$56,580	\$52,050
6	\$51,885	\$64,875	\$59,670
7	\$58,515	\$73,170	\$67,290
8	\$65,145	\$81,465	\$75,4910

This information is strictly confidential and will be maintained in the Upward Bound office ONLY. The General Education Provision Act (Private Rights of Parents and Students) or more generally known as the Buckley Amendment, offers parents the option of sending their financial information under a separate cover (*i.e. this page may be detached and sent separately from the student's application*) and such information shall be confidential and not available to the student.

Parent/Guardian Signature

Upward Bound Staff Signature

Releases of Student Information

Permission to Release Student Information to TRIO Upward Bound

I, _____, the parent/guardian of _____ do hereby permit the release of my son/daughter academic records including but not limited to courses, grades, individual education plans, standardized test scores, and proof of graduation to TRIO Upward Bound Program at the University of Illinois at Urbana Champaign for the purposes of tracking student progress, and compiling and reporting data to the United States Department of Education. I understand that the United States Department of Education requires TRIO Upward Bound at Illinois to report on my child’s academic progress through their graduation from college or for at least four years after my child’s high school graduation.

Signature of Parent/Guardian

Date

I, _____, do hereby permit the release of my academic records including but not limited to courses, grades, individual education plans, standardized test scores, and proof of graduation to TRIO Upward Bound at the University of Illinois at Urbana Champaign for the purposes of tracking student progress, and compiling and reporting data to the United States Department of Education. I understand that the United States Department of Education requires Upward Bound to report on my academic progress through either my graduation from college or for at least four years after my high school graduation.

Permission for Upward Bound to Release Student Information to External Partners

I, _____ the parent/ legal guardian of _____ do hereby permit TRIO Upward Bound at University of Illinois at Urbana Champaign to release the academic records about my son/daughter and their participation in Upward Bound to the respective high school (*Champaign Unit #4 or Urbana District #116*) currently enrolled and to the U.S. Department of Education for legitimate educational interests.

Signature of Parent/Guardian

Date

I, _____ the parent/ legal guardian of _____ do hereby permit TRIO Upward Bound at University of Illinois at Urbana Champaign to release the academic records about my son/daughter and their participation in Upward Bound to the respective high school (*Champaign Unit #4 or Urbana District #116*) currently enrolled and to the U.S. Department of Education for legitimate educational interests.

Signature of Student

Date