

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 November 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](mailto: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"> <li>▪ Are you a permanent resident of the United States?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>▪ If applicable:                             <ul style="list-style-type: none"> <li>○ Permanent Resident #: _____</li> <li>○ Date Issued _____</li> </ul> </li> <li>▪ 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</li> </ul>	
<b><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></b>	

**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>(line 6d on Income Tax Form 1040 and 1040A)</i>	
Family annual taxable income (for last tax year): <i>(Line 43 on Income Tax form 1040, line 27 on Form 1040A)</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.

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**V. Parent/Guardian Information**

First Name		Middle Initial		Last Name	
Address			City	State	Zip Code
Email Address		Home Phone		Cell Phone	
Relationship to Student:		<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____			
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 Student:		<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____			
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 Student:				
<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 <b>all</b> 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                       1     2     3     4     5     N/S
- 2. Motivation to learn                 1     2     3     4     5     N/S
- 3. Self-discipline                       1     2     3     4     5     N/S
- 4. Timely assignment completion     1     2     3     4     5     N/S
- 5. College Readiness                  1     2     3     4     5     N/S
- 6. Performance on tests               1     2     3     4     5     N/S
- 7. Behavior concerns                  1     2     3     4     5     N/S
- 8. Overall attendance                  1     2     3     4     5     N/S

Please provide specific comments regarding the applicant's need for academic and personal support and development:

\_\_\_\_\_  
\_\_\_\_\_

Please provide specific comments regarding the applicant's potential for post-secondary success:

\_\_\_\_\_  
\_\_\_\_\_

In specific detail, please comment on the applicant's behavior in the school/classroom environment:

\_\_\_\_\_  
\_\_\_\_\_

Do you recommend this applicant for the TRIO Upward Bound Program?     Yes                       No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
*Name of Reference (Please print)*

\_\_\_\_\_  
*Signature of Reference*

\_\_\_\_\_  
*Date*

**PARENT/GUARDIAN INCOME VERIFICATION FORM**

\_\_\_\_\_  
Name of Student Applicant

\_\_\_\_\_  
Name of Parent/Guardian

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 Program Current-Year Low Income Levels** (*if the applicant's actual taxable income is less than the TRIO Program 2018 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
<b>1</b>	\$18,210	\$22,770	\$20,940
<b>2</b>	\$24,690	\$30,870	\$28,395
<b>3</b>	\$31,170	\$38,970	\$35,850
<b>4</b>	\$37,650	\$47,070	\$43,305
<b>5</b>	\$44,130	\$55,170	\$50,760
<b>6</b>	\$50,610	\$63,270	\$58,215
<b>7</b>	\$57,090	\$71,370	\$65,670
<b>8</b>	\$63,570	\$79,470	\$73,125

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*



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**Release of Information Authorization**

Student's Name	Birthdate
High School	Current Grade

I hereby authorize the release of my student's high school and postsecondary academic records, including test data, report cards, and transcripts, to the Upward Bound Program at the University of Illinois at Urbana-Champaign for the duration of his/her academic career. This information will be used solely for the purpose of assessment, academic planning, and/or reporting.

\_\_\_\_\_  
*Name of Parent/Guardian (please print)*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*