

2088 North Beale Road, Building 100B ■ Marysville, CA 95901 ■ Phone (530) 749-3858 ■ Fax (530) 749-3817

Student's full name _____ High School _____
 Counselor _____ (Circle) Present Grade Level 8 9 10 GPA _____



The Upward Bound (UB) Program at Yuba College is a federally funded pre-collegiate program for high school students, from designated schools. The program is designed to motivate and prepare students, with academic potential, for success in education beyond high school. Students must meet the income criteria and/or being a potential first generation college student.

Program participants will benefit from the following services: academic counseling, college and financial aid application assistance, essential skills workshops, tutoring, college visits and cultural activities. All program services are FREE, but a serious commitment from the student and family is expected. Mandatory weekly tutoring attendance is required. UB activities are scheduled throughout the school year and include a six-week Academic Summer Program so that students can earn college credits while still in high school.

If accepted to the Upward Bound Program, I, the student, agree to:

- Attend UB advising, tutoring, workshops and conferences.
- Communicate with my UB Advisor about my educational and personal goals.
- Participate in the Summer Enrichment Program and take the needed placement exams to participate in the program.
- Enroll in courses that are required for college admissions, achieve and maintain at least a 2.5 GPA, and graduate from high school.
- Apply for college and financial aid during my senior year and enroll in the college of my choice the semester after I graduate from high school.
- Be committed to my education and the UB program.
- Grant access to my college enrollment, retention, and completion information.
- Grant access to my financial aid information from colleges and the federal government.

If accepted to the Upward Bound Program, I, the parent, agree to:

- Encourage my son/daughter in their education and to support the UB goals for my son/daughter.
- **Support my son/daughter to attend weekly Upward Bound tutoring.**

Parent/Guardian Signature: _____ Student Signature: _____

For official use -

Academic Record: Transcript Student Schedule **Tax Return Forms:** Yes No **Autobiographical Essay:** Yes No



Yuba College

Upward Bound Application



Please complete in blue or black

Student Information

Last Name: _____ First Name: _____ Middle Name: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Home #: () _____ - _____ Student's Cell #: () _____ - _____ Parent/Guardian's cell #: () _____ - _____
 Student's Email Address: _____ Parent/Guardian's Email Address: _____
 Date of Birth: ____ / ____ / _____ *Social Security # ____ - ____ - _____
**SSN is required for your application, and kept confidential.*
 Mailing address (if different) _____ City _____ State: ____ Zip _____
 Ethnicity _____ Sex: Male Female U.S. Citizen U.S. Resident
Alien Registration # _____

Please list everyone who lives in your household below (include yourself) *(Please provide a copy of your residency card)*

Full Name (Last, First)	Age	How are they related to you?	Grade*	School
		Student		

***or highest grade/year in school/college completed. Please attach another piece of paper if necessary.**

Number of family members: Adults (18+) _____ **Children (0-17)** _____ = **Total** _____

Are languages (s) other than English spoken in the home? Yes No

If yes, what languages(s) _____

Have you or any of your siblings been enrolled in an Upward Bound Program? Yes No

If yes, who? _____ at what college/university? _____

Are you or any of your siblings in another outreach program such as UB, MESA, Cal-SOAP or AVID?

Yes No If yes, who? _____ Which program(s)? _____

Do you have a job? Yes No If yes, where? _____

Position _____ Days and times you work _____

Which subject(s) are your strongest? Why? _____

With which subject(s) do you have difficulty? Why? _____

Parent and Family Financial Information

To Parent or legal guardian: The personal information, including financial status and education levels, given to the Yuba College Upward Bound Program is used for reporting purposes with the United States Department of Education. The information is held in strict confidentiality and is required to determine if your child meets the federal eligibility guidelines established by regulations of the United States Department of Education.

Please answer Parent/Guardian section COMPLETELY.

Parent Information: (To be completed by the parent or guardian with whom applicant lives)

Student resides with: Both Birth Parents Birth Parent and Step Parent Single Parent Adoptive Parents

Foster Parents or ward of court (Please provide documentation) Other _____

Name of Father/Legal Guardian _____ Occupation _____

Highest Grade Completed: Don't know Elem. (K-6) Middle School (7-8) HS Diploma 2-yr degree 4-yr degree

Name of Mother/Legal Guardian _____ Occupation _____

Highest Grade Completed: Don't know Elem. (K-6) Middle School (7-8) HS Diploma 2-yr degree 4-yr degree

Please indicate your family's income

Taxable Income: Please check one appropriate box. *(See line 43 of your 1040 or line 27 of your 1040A tax return)*

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 – 17,505 | <input type="checkbox"/> \$29,686 - \$35,775 | <input type="checkbox"/> \$47,956 - \$54,045 |
| <input type="checkbox"/> \$17,506 - \$23,595 | <input type="checkbox"/> \$35,776 - \$41,865 | <input type="checkbox"/> \$54,046 - \$60,135 |
| <input type="checkbox"/> \$23,596 - \$29,685 | <input type="checkbox"/> \$41,866 - \$47,955 | <input type="checkbox"/> \$60,136 or above |

I have attached a signed copy of last year's tax return, which shows the Taxable Income.

Please indicate the number of individuals in your household, dependent(s) and parent(s): _____

(see line 6d of your 1040 or 1040A tax form)

I will not file last year's Federal Income Tax return. (Please complete section below)

Please indicate the number of individuals in your household, dependent(s) and parent(s): _____

FATHER/STEPFATHER Information	
Name of Employer/Income Source	Amount Earned
	\$
	\$
	\$

MOTHER/STEPMOTHER Information	
Name of Employer/Income Source	Amount Earned
	\$
	\$
	\$

PLEASE USE AMOUNTS OR WRITE IN "ZERO". DO NOT WRITE N/A OR DASHES.

I certify that this information is true to the best of my knowledge. The personal information that you give to the Upward Bound Program is for the U.S. Dept. of Education. This 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 it. The information is necessary to determine if your child is eligible to participate in the Upward Bound Program and helps the U.S. Dept. of Education to measure his/her success. The U.S. Dept. of Education has the authority to gather such information (20 USC 1231a). Your child is not eligible for any services from the Upward Bound unless the information is provided.

Parent/Guardian Signature: _____ **Date** ____/____/____

This is to certify that all information provided is true and accurate to the best of my knowledge. I hereby give my permission for the Upward Bound Program at Yuba College to have access to any school or agency records of **(student's name)** _____ to determine eligibility for the program and to monitor the status and progress in secondary school. Further permission is granted to request information and records from any and all postsecondary institutions in order to track college progress. In addition, I give my permission for my child's name, photograph, work and/or statements to be used by Upward Bound for promotional, publicity (web pages, social media, brochures, newspaper, etc.) or instructional purposes. All personal records, documentation and information will be kept in strict confidence and in accord with the Privacy Act of 1974.

Parent/Guardian's Signature _____ **Student Signature** _____ **Date** ____/____/____

Yuba College Upward Bound Needs Assessment

This survey contains a number of statements about student needs. Please give your honest opinion of how the UPWARD BOUND Program can meet your needs. Your answers will be kept confidential.

Academic Needs

	Strong Need	Some Need	No Need
1. I need to learn how to complete and turn in my homework on time.	1	2	3
2. I need to get better grades in school.	1	2	3
3. I need to take tests better and with less anxiety	1	2	3
4. I need to organize my time, activities and responsibilities better.	1	2	3
5. I need to learn more about high school requirements for college.	1	2	3
6. I need to listen better in class and ask more questions.	1	2	3
7. I need to identify, set and evaluate goals for the future.	1	2	3
My academic goals are _____			

Personal Needs

	Strong Need	Some Need	No Need
1. I would like to learn how to better understand my parents and other adults.	1	2	3
2. I would like to learn how deal with conflict in a positive manner.	1	2	3
3. I would like to learn how to be more accepting of my physical appearance.	1	2	3
4. I would like to learn how my self-esteem affects my behavior.	1	2	3
5. I would like to learn how to embrace diversity.	1	2	3
My personal goals are _____			

Career and Postsecondary Needs

	Strong Need	Some Need	No Need
1.To explore a variety of career opportunities.	1	2	3
2.To learn more about job applications, resumes, and interviews.	1	2	3
3.To learn more about the postsecondary admissions process.	1	2	3
4.To prepare for exams like the PSAT, ACT or SAT.	1	2	3
5.To visit more colleges and technology centers.	1	2	3
6.To learn more about college costs and how to pay for college.	1	2	3

Colleges/universities I would like to visit: _____

Plans after high school to attend: **Community College** **California State University (CSU)**
 University of California (UC) **Private** **Out of State**

Major(s) of interest _____ **Career Goal** _____ **Undecided** _____

Autobiographical Essay: Please type a brief autobiography (200 words minimum). Include information about your family background, educational and career goals. Reason(s) you would like to join Upward Bound and what you expect to gain through your involvement with the program. Include anything else that may be helpful in giving us a more complete picture of you. Please attach this essay to your application.

INSTRUCTIONS TO STUDENT: Please give this form to your school counselor, teacher or principal.

UPWARD BOUND STUDENT REFERRAL/RECOMMENDATION FOR		
<i>Student Name</i> _____		
	<i>First</i>	<i>Last</i>
<i>Grade</i> _____	<i>School</i> _____	

Name of Person Providing Referral: _____ Student's GPA _____

Title/Relationship: _____ Contact Phone#: _____

How do you know this student? _____

Please state frankly your evaluation of this student's ability to benefit from the Upward Bound program. Keep in mind that the purpose of this program is to generate the academic skills and motivation essential for college success. Participants should possess the ability to pursue and achieve a four-year college degree, but may not be able to do so without the help of Upward Bound.

Please address reasons(s) why you think the student has a need for the services of the program:

To improve academically (identify specific subject areas of need): _____

To improve motivational level: _____

Social/personal problems (identify specific areas such as low self-esteem, interpersonal relationships, home improvement, etc.): _____

Please provide any additional information or comments to help us better serve this student's needs: _____

Referent's Signature _____

Date ___/___/___

Return to Student or mail to:
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Marysville, CA 95901

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