



"The future belongs to those who believe in the beauty of their dreams."

--Eleanor Roosevelt

FOX VALLEY COLLABORATIVE UPWARD BOUND STUDENT APPLICATION

WHAT IS UPWARD BOUND?

Upward Bound (UB) is a TRiO program funded by a grant from the Department of Education. Our program works with 60 students from 5 target high schools in the cities of Appleton, Neenah, and Menasha. The Fox Valley Collaborative Upward Bound Program (FV-CUB) is housed in the Fox Cities Rotary Multicultural Center (FCRMC), and is supported by Fox Valley Technical College (FVTC), Lawrence University, local schools, and many other organizations and members of the community. Participants are students who are interested in sharpening their academic skills and pursuing higher education after they graduate from high school. FV-CUB provides students with the support and resources that are necessary to attain their post-secondary educational goals. **All Upward Bound activities are free of charge to participants—there is absolutely no cost involved.**

SCHOOL YEAR PROGRAMMING

During the school year, FV-CUB provides academic tutoring at each high school once a week after school. Students receive assistance with schoolwork, study skills, career exploration, college admissions, and financial aid/scholarships. One Saturday per month students and staff meet at Fox Valley Technical College for academic and cultural enrichment activities, ranging from ACT test prep, online career planning, campus visits, guest speakers, and other field trips.

SUMMER PROGRAM

FV-CUB's summer program is held from mid-June to the end of July (6 weeks). The first 4 weeks are spent taking classes at Fox Valley Tech, which include core classes of foreign language, science, English, and math, and electives such as art and graphic design. Students take classes Monday-Friday, with classes ending at noon on Friday. Students will receive one elective credit on their high school transcripts for successfully completing the summer program. The fifth week is spent living on a college campus while still taking the same classes. Students experience campus life firsthand, in addition to evening activities and field trips. Our final week is an all-expenses paid trip to a major U.S. city, such as Chicago.

WHO CAN APPLY?

Current freshmen and sophomores in the Appleton, Neenah, and Menasha school districts are eligible to apply. Eighth graders may apply for admission, but will not be accepted until they are in the first semester of their freshman year.

HOW TO APPLY

Students interested in joining Upward Bound should complete the following application and return it to Craig Baker or Myra Gilreath at our offices in the Multicultural Center. Applications can be mailed, faxed, or dropped off. Please contact us with any questions or for more information.

Myra Gilreath, Academic Coordinator

Office: (920) 955-3655 Cell: (920) 475-9106

mgilreath@fvcupwardbound.com

Craig Baker, Project Director

Office: (920) 955-3655 Cell: (414) 378-2917

craigbaker@fvcupwardbound.com



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To Be Completed By the Student

Date: _____

Personal Information:

Name: _____ Gender: _____ Date of birth: _____
First Middle Last M/F mm/dd/yyyy

Address: _____ Zip code: _____ Phone no.: _____

E-mail: _____ Social Security No.: _____

Ethnicity (check all that apply): American Indian Asian African-American Hispanic/Latino
 Caucasian Native Hawaiian/Pacific Islander Hmong Other

Are you a U.S. citizen? Yes No If not, list your alien number here: A _____
and attach a two-sided copy of your I94 or green card.

Educational Information:

Your current school: _____ Grade: _____ Cum. GPA: _____

High school you will be attending: _____

Your strongest subject(s): _____

Your weakest subject(s): _____

Do you have any special academic needs? Yes No

If yes, please specify: _____

Employment Information:

If you are currently working, who is your employer? _____ Phone: _____

If not, do you plan to work during high school? Yes No If yes, during which grades? _____

128 N. Oneida Street, Appleton, WI 54911 Phone: (920) 955-3655 www.fvcupwardbound.com



Teacher Recommendation Forms

TO THE APPLICANT: Fill out the top portion of this form. Then give it to a teacher, counselor or school staff to fill out. **Each student must submit a minimum of 2 recommendation forms. DO NOT GIVE IT TO A RELATIVE.**

Student Name _____

High School _____ Grade _____

UPWARD BOUND is an educational program designed to assist students who have academic potential but. The goal is to have participants graduate from high school and enter some type of post-secondary education or training.

The information will be kept confidential, but must be on file before an applicant can be considered for selection. Your cooperation in completing and returning this form is appreciated.

1. What qualities does the student possess that will help him or her achieve success? _____

2. What weaknesses, both academic and social should Upward Bound be aware of with this student? _____

3. Do you feel the student is committed to improving himself/herself? Why? _____

4. Does the student have any problems with attendance or tardiness? _____

5. Does the applicant have any post-secondary plans that you are aware of? Yes ___ No ___

If Yes, please elaborate: _____

6. Other comments or observations that might help us to serve this student better:

Please Check All That Apply:

| | Excellent | Good | Average | Below Average | Does Not Apply |
|-------------------------|------------------|-------------|----------------|----------------------|-----------------------|
| Attendance | | | | | |
| Basic academic skills | | | | | |
| Reading skills | | | | | |
| Comprehension skills | | | | | |
| Math/Computation skills | | | | | |
| Classroom participation | | | | | |
| Self-Confidence | | | | | |
| Self-Responsibility | | | | | |
| Self-Discipline | | | | | |
| Motivation | | | | | |
| Maturity | | | | | |
| Positive attitude | | | | | |
| Dependability | | | | | |
| Creativity | | | | | |
| Leadership ability | | | | | |
| Rapport with peers | | | | | |
| Rapport with teachers | | | | | |
| Rapport with adults | | | | | |
| Assertiveness | | | | | |

Faculty/Staff Name

Title

Date

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| Rapport with adults | | | | | |
| Assertiveness | | | | | |

Faculty/Staff Name

Title

Date

To Be Completed By the Parents/Guardians

Parent/Guardian Information:

Name: _____ Gender: _____

Address: _____

Phone: _____

Occupation: _____

Employer: _____ Phone: _____

Highest grade completed in school: _____

Did you receive a Bachelor's Degree? ___Yes ___No

What is your relationship to the student? _____

Does student live primarily with you? ___Yes ___No

Name: _____ Gender: _____

Address: _____

Phone: _____

Occupation: _____

Employer: _____ Phone: _____

Highest grade completed in school: _____

Did you receive a Bachelor's Degree? ___Yes ___No

What is your relationship to the student? _____

Does student live primarily with you? ___Yes ___No

What is the total number of persons (including the student applying) living in your household? _____

The Fox Valley Collaborative Upward Bound Program is sponsored by a grant from the U.S. Department of Education. Federal regulations require that a portion of the Upward Bound participants meet certain family income guidelines. The income information asked for below will be held in strictest confidence and will be released to no one except the Department of Education representatives for audit purposes. All requested income documentation is required to complete the application.

Household Income Information:

Did you file a federal income tax return for last year?

___Yes (**IMPORTANT:** Attach a copy of the prior year's federal income tax form (1040, 1040A or 1040EZ) in which the student was claimed as an exemption)

___No, I did not file a federal income tax return for last year

If yes, please list the number of exemptions you claimed on your federal income tax return (line 6d) _____

Indicate if any of the following were income sources for you last year. Check all that apply.

___ Public welfare (food stamps, etc.) Amount monthly \$ _____

___ Social Security Amount monthly \$ _____

___ Veteran's benefits Amount monthly \$ _____

___ Child support Amount monthly \$ _____

___ Other Amount monthly \$ _____

By signing below, I verify that all of the above information is true and correct to the best of my knowledge, and that nothing is concealed or omitted.

Signature: _____ Date: _____

To Be Completed By the Parents/Guardians

Information on the student:

1. What do you perceive to be your son or daughter's

Academic strengths: _____

Academic weaknesses, if any: _____

Personal strengths: _____

Personal weaknesses, if any: _____

2. What would you like your son or daughter to gain from joining Upward Bound? _____

3. Please let us know any other information about your student's qualifications that you would like the staff to consider.

Medical & Health Information

The Fox Valley Collaborative Upward Bound Program requests the information below in order to respond quickly and efficiently in the case of a medical emergency during program activities.

Student's Name: _____ Birth Date: _____

Parent/Guardian Name: _____ Home Phone: _____

Parent/Guardian Address: _____ Work Phone: _____

Is student covered by insurance? (this includes Medical Assistance) Yes No

If yes, please specify:

Insurance company's name: _____

Type: Health Accident Major Medical

Policy Number: _____ Expiration Date: _____

Does student have any physical condition or handicap that requires special medical treatment, diet, or other considerations (including allergies)? Yes No

If yes, please explain (list allergies if applicable):

I authorize the Fox Valley Collaborative Upward Bound Program to provide emergency medical treatment and other necessary medical services for my child during the entire period that he/she is enrolled in the Upward Bound Program.

Parent/guardian signature

Date

Permission To Travel/Release Form

_____ has my permission to travel with the Fox Valley
(Full Name of Student)

Collaborative Upward Bound Program by way of chartered vehicles for the purpose of fundraising events, educational, social/cultural and recreational enrichment, both during the academic year and summer school components of the program, for the duration that my child is enrolled in the program. I understand that travel will consist of in and out-of-state field trips such as a senior trip, college visits, attending museums, etc.

I understand that the Fox Valley Collaborative Upward Bound Program may take photographs of participants and activities. I agree FV-CUB shall be the owner of and may use such photographs relating to the promotion of future activities. I relinquish all rights that I may claim in relation the use of said photographs.

By signing below, I agree to hold harmless and indemnify the Fox Valley Collaborative Upward Bound Program, their officers, employees, and agents from any and all liability, loss, damages or expenses which are sustained or required during the course of these events.

**I give my permission to _____ to release their student
(name of high school / middle school)**

records (transcripts, progress reports, standardized test scores, attendance records, etc.) and other related information on my child to the Fox Valley Collaborative Upward Bound Program.

Parent/Guardian signature

Date

Student Contract

Student's Name: _____

Student's School: _____

I understand that participation in Upward Bound is a **privilege** and a **commitment**. If I am accepted into the Upward Bound program, I will:

- Attend weekly after-school tutoring sessions
- Attend Saturday programs once a month
- Adhere to all program rules and regulations
- Respect myself, Upward Bound staff, and other students
- Maintain a good attendance record at school
- Strive to improve my grades
- Enroll in a college-prep track of courses at my school (making it easier to apply and be accepted by a 4-year college or university)
- Complete the summer program component for my first three years of enrollment in Upward Bound
- Maintain enrollment in Upward Bound until I graduate from high school
- Provide postsecondary enrollment information to Upward Bound staff for up to 5 years for our Annual Performance Report (required by the Department of Education)

I have read and understand the requirements listed above and have discussed them with my parents/guardians. I want to be enrolled in the Fox Valley Collaborative Upward Bound Program and agree to the terms above.

Student's signature

Date