STUDENT APPLICATION
2018-2019

Federal TRIO Program
Funded by the U.S. Department of Education

DO NOT SEPARATE PAGES
COMPLETE IN BLUE OR BLACK INK ONLY
### What is the Upward Bound Project?

Upward Bound, which emerged out of the Economic Opportunity Act of 1964 in response to the administration’s War on Poverty, is sponsored by the U.S. Department of Education under the category of Federal TRiO Programs. TRiO Programs are educational opportunity outreach programs designed to motivate and support students from disadvantaged backgrounds. TRiO programs are part of the Higher Education Act of 1965.

### Who is Eligible for the Upward Bound Project at BMCC?

Students who attend one of our target high schools or reside in our target area and meet the federal low-income guidelines and/or are potential first generation college students and/or have a high risk for academic failure. Applicants must also have a need for academic support, meet the citizenship requirements, and at the time of initial selection completed the eighth grade but not entered the twelfth grade and be at least 13 years old but not older than 19 years of age.

### Required Documentation

All candidates must submit:

- [ ] an official high school transcript,
- [ ] a copy of their most recent report card and transcript
- [ ] a copy of their 8th grade standardized test scores,
- [ ] a copy of their U.S. Social Security Card, and
- [ ] Citizenship documentation.
PART I: STUDENT APPLICATION

<table>
<thead>
<tr>
<th>GENERAL INFORMATION</th>
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<tbody>
<tr>
<td><strong>Name</strong> (Last, First, Middle Initial)</td>
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<tr>
<td><strong>Social Security Number:</strong></td>
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<tr>
<td><strong>Gender:</strong></td>
</tr>
<tr>
<td>□ Male</td>
</tr>
<tr>
<td><strong>Mailing Address (Street Address and Apartment Number):</strong></td>
</tr>
<tr>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>Email Address</strong></td>
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</tbody>
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<thead>
<tr>
<th>CITIZENSHIP:</th>
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<tbody>
<tr>
<td><strong>Are you a U.S. Citizen?</strong></td>
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<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
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</tbody>
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<table>
<thead>
<tr>
<th>HIGH SCHOOL INFORMATION</th>
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<tbody>
<tr>
<td><strong>Name of High School:</strong></td>
</tr>
<tr>
<td><strong>Guidance Counselor:</strong></td>
</tr>
</tbody>
</table>
### ETHNICITY/RACE

Please answer questions (1) and (2).

1. Are you Hispanic, Latino or of Spanish origin? (Select only one box that best describes your ethnicity).
   - □ Yes, Hispanic
   - □ No, not Hispanic

2. Select one or more races from the five racial groups (select all that apply; you must check at least one box).
   - □ American Indian or Alaskan Native
   - □ Asian
   - □ Black or African American
   - □ Native Hawaiian or other Pacific Islander
   - □ White or Caucasian
**PART II: PARENT APPLICATION**

<table>
<thead>
<tr>
<th><strong>PARENT APPLICATION</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>MOTHER’S NAME:</strong> ___________________ <strong>EMAIL:</strong> ______________</td>
</tr>
<tr>
<td><strong>WORK TELEPHONE:</strong> (<em><strong>) _____________ <strong>CELL:</strong> (</strong></em>) _____________</td>
</tr>
<tr>
<td><strong>HIGHEST EDUCATION LEVEL COMPLETED:</strong></td>
</tr>
<tr>
<td>□ Did not complete High School</td>
</tr>
<tr>
<td>□ High School Diploma/Equivalency</td>
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</tbody>
</table>

| **FATHER’S NAME:** ___________________ **EMAIL:** ______________ |
| **WORK TELEPHONE:** (___) _____________ **CELL:** (___) _____________ |
| **HIGHEST EDUCATION LEVEL COMPLETED:** |
| □ Did not complete High School | □ Associates Degree |
| □ High School Diploma/Equivalency | □ Bachelor’s Degree and Above |

**INCOME ELIGIBILITY INFORMATION**

**WHAT IS THE TOTAL NUMBER OF PEOPLE IN YOUR HOUSEHOLD YOU SUPPORT?**

_________ (INCLUDE YOURSELF)

**YEARLY FAMILY INCOME (PLEASE CHECK ONE):**

- □ $18,210 or Less
- □ $18,211 - $24,689
- □ $24,690 - $31,169
- □ $31,170 - $37,649
- □ $37,650 - $44,129
- □ $44,130 - $50,609
- □ $50,610 - $57,089
- □ $57,090 - $63,569
- □ $63,570 - $70,049
- □ $70,050 - $76,529
- □ $76,530 - $83,019
- □ $83,020 - $89,509
- □ $89,510 - $95,999
- □ $96,000 - $102,499
- □ $102,500 - $108,999
- □ $109,000 - $115,499
- □ $115,500 - $121,999
- □ $122,000 - $128,499
- □ $128,500 - $134,999
- □ $135,000 - $141,499
- □ $141,500 - $147,999
- □ $148,000 - $154,499
- □ $154,500 - $160,999
- □ $161,000 - $167,499
- □ $167,500 - $173,999
- □ $174,000 - $180,499
- □ $180,500 - $186,999
- □ $187,000 - $193,499
- □ $193,500 - $199,999
- □ $200,000 - $224,999
- □ $225,000 - $249,999
- □ $250,000 - $274,999
- □ $275,000 - $299,999
- □ $300,000 - $324,999
- □ $325,000 - $349,999
- □ $350,000 - $374,999
- □ $375,000 - $399,999
- □ $400,000 - $424,999
- □ $425,000 - $449,999
- □ $450,000 - $474,999
- □ $475,000 - $499,999
- □ $500,000 - $524,999
- □ $525,000 - $549,999
- □ $550,000 - $574,999
- □ $575,000 - $599,999
- □ $600,000 - $624,999
- □ $625,000 - $649,999
- □ $650,000 - $674,999
- □ $675,000 - $699,999
- □ $700,000 - $724,999
- □ $725,000 - $749,999
- □ $750,000 - $774,999
- □ $775,000 - $799,999
- □ $800,000 - $824,999
- □ $825,000 - $849,999
- □ $850,000 - $874,999
- □ $875,000 - $899,999
- □ $900,000 - $924,999
- □ $925,000 - $949,999
- □ $950,000 - $974,999
- □ $975,000 - $999,999
- □ $1,000,000 - $1,249,999
- □ $1,250,000 - $1,499,999
- □ $1,500,000 - $1,749,999
- □ $1,750,000 - $1,999,999
- □ $2,000,000 or More
### PART III: RELEASE FORMS

#### RELEASE OF SCHOOL RECORDS

<table>
<thead>
<tr>
<th>Student’s Name: _____________________________</th>
<th>Social Security #: __________________________</th>
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</thead>
</table>

Student’s School: ____________________________

I authorize the Medaille College **Upward Bound Program** to access and/or receive copies of my student’s academic transcripts, grade reports, report cards, NYS Regents Scores, post-secondary schedules and any other academic information and test results necessary for review and tracking of secondary and post-secondary academic standing. This authorization is approved by myself and my child as evidenced by signatures below.

___

<table>
<thead>
<tr>
<th>Parent/guardian’s signature date</th>
<th></th>
</tr>
</thead>
</table>

Student’s Signature Date

#### MEDIA RELEASE

I understand and agree that photographs/audio/video may be taken during program activities and events, and I hereby give permission to have my son/daughter’s photo taken, and authorize the use and reproduction of said photos/audio/video by the Upward Bound Program in publications and in social media. All negatives and prints shall become the sole property of the Upward Bound Program.

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<thead>
<tr>
<th>Parent/guardian’s signature date</th>
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</thead>
</table>

Student’s Signature Date

#### SURVEY CONSENT FORM

(To be completed by the parent/guardian and student.)

I authorize my child to participate in Medaille College Upward Bound approved surveys during my child’s participation in the Upward Bound program. I understand that the data retrieved from the survey will be used by the Medaille College Upward Bound program and its program partners to analyze and enhance program services. I understand that my child’s participation in the survey will be completely anonymous and I will receive a week’s notice before a survey is administered.

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<thead>
<tr>
<th>Parent/guardian’s signature date</th>
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Student’s Signature Date
FIELD TRIP/ EXPERIENCE RELEASE FORM

**Please Print All Information**

- Please complete this form in its entirety.
- Complete the student and emergency contact information.
- Review, complete and sign the Field Experience Acknowledgement and Release
- Return this form to the Upward Bound Staff immediately.

Student’s Name: _________________________________________________ Phone: _________________

Emergency Contact Person(s): _________________________________ Phone: _________________

Field Experience Acknowledgement and Release:
I hereby grant permission for my son/daughter to participate and attend the Field Trips provided by and for the Upward Bound Program for which he/she is registered. My child also has my permission to participate in swimming activities on field trips, including aquatic amusement park activities. I am in accord with the purposes of and procedures governing the trip.

I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless the Medaille College Upward Bound Program and its releases, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys’ fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located. In the event that a student must return from the trip independently for reasons of health, accident, failure to conform to rules established by the teacher/staff in charge, etc., the Upward Bound Program is not responsible for and will not pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher/staff.

Student Name: ____________________________ Signature: _________________ Date: ____________

Parent/ Name: ____________________________ Signature: _________________ Date: ____________
PART IV: STUDENT ESSAY

Please use the space provided to write a brief biography. Include information about your family history, the community you live in, the school you attend, your college and career goals, and why you would like to be admitted to Upward Bound. Also, recount an incident or time when you experienced failure. How did it affect you, how you overcame it, and what lessons you learned?

(Feel free to continue on the back of this page or attach a typed, signed and dated essay.)

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I certify that the information given by me on this application is true, complete and accurate.

SIGNATURE: ___________________________ DATE: _______________
PART V: TEACHER’S RECOMMENDATION

NAME OF STUDENT: ____________________________

LAST  FIRST  MIDDLE

NAME OF H.S. TEACHER: ____________________________________________

NAME OF HIGH SCHOOL: ____________________________________________

To be completed by the high school teacher.

Dear High School Teacher:

The student named above has applied to the UPWARD BOUND PROJECT at Medaille College. We would greatly appreciate a statement from you about this student.

How long have you known this student? What are the student’s strengths and weaknesses? Please comment on the student’s academic performance, potential, personal character and motivation.

If necessary, please feel free to attach a typed, signed, and dated letter.

________________________________________________________________________________________

________________________________________________________________________________________

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________________________________________________________________________________________

H.S. TEACHER’S SIGNATURE: ____________________________ DATE: _________

ACADEMIC DEPARTMENT AND POSITION: ____________________________

COURSE(S) TAUGHT TO APPLICANT: ____________________________