Upward Bound
Student Application

Upward Bound
1500 University Dr.
Billings, MT 59101

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WHAT IS UPWARD BOUND?

Upward Bound is one of the federal TRiO programs funded by the U.S. Department of Education. The purpose of Upward Bound is to identify, recruit, and select high school students with academic potential who meet federal eligibility guidelines. The Upward Bound Program will enhance academic achievement in high school and prepare participants to enter post-secondary education (Universities, Colleges, Vocational/Technical Schools).

Upward Bound participants attend academic enrichment workshops, educational field trips, cultural activities, tour various colleges and universities, and receive academic support through tutors, faculty, and staff.

Upward Bound students must successfully complete at least two six-week summer residential academic enrichment programs on the MSU-Billings campus to be eligible for the Bridge program. The summer program simulates a college environment, at no cost to the student. The summer includes hands-on interactive enrichment classes that include math, science, English, foreign language, and other exciting elective courses. Students also participate in social and cultural enrichment activities, field trips, wellness and fitness activities, and a host of other exciting activities.

What may a student expect to gain from being in the Upward Bound Program?

- The opportunity to make friends with others from area high schools.
- Preparation for college, including information on how to obtain financial aid, how to be admitted to college, tips on test taking, and preparation for standardized and college entrance tests.
- Improvement in grades
- Academic and career counseling
- Cultural and social enrichment
- Guidance in making decisions on educational goals
- Students receive semester stipends based on academic performance, participation in program workshops

Applicants will be selected for program participation in compliance with the provisions of Section 427 of the U.S. Department of Education’s General Education Provisions Act (GEPA). Accordingly, access and participation will not be denied to applicants based on gender, race, national origin, color, or disability.

CONFIDENTIALITY OF INFORMATION

The personal information you give Upward Bound is required by the United States Department of Education. The information is protected by the Federal Education Right to Privacy Act (FERPA). No one may see the information unless she/he is employed by the Upward Bound Program or is specifically authorized to determine your eligibility to participate in the program. The information required by the U.S. Department of Education is used for evaluation purposes and to verify student eligibility.

Great care is taken to make sure that the personal information collected concerning Upward Bound students remains confidential. Information or records relating to individual Upward Bound students or group(s) of students who are participating or have participated in Upward Bound projects will not be disclosed to any person, group, agency, or organization without further written permission from each student, parent, or legal guardian.

In order to ensure compliance with the confidentiality guidelines previously explained, please sign and date in all the appropriate places on the Authorization of Information and Picture Release forms.
STUDENT ADMISSION APPLICATION

Completed by PARENT/GUARDIAN AND STUDENT

Legal Name

Last First Middle Initial

Address

Number / Street / Apt / Box #

City State Zip

Social Security Number _______ - _______ - _______ Male Female

Birth Date ___/___/______ Home Phone ___________________ Student Cell ___________________

Do you authorize Educational Talent Search or Upward Bound to send you text message reminders? Yes No

If yes, which cell phone carrier (Verizon, AT&T) do you use? ___________________

Email Address ____________________________________________

Are you a U.S. Citizen? YES NO

If no, resident alien card number: ____________________________________________

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: (Mark all that Apply)

American Indian or Alaskan Native White

Asian Native Hawaiian or Other Pacific Islander

Black or African American

Do you have a disability of any kind? YES NO

If yes, please explain: ____________________________________________

Are you currently in foster care? YES No

Are you currently homeless? YES No

What grade are you in? (circle) 6 7 8 9 10 11 12

What school do you currently attend? ____________________________________________

FAMILY INFORMATION

Completed by PARENT/GUARDIAN AND STUDENT

Father:

Last Name First MI

Occupation Employer Work Phone Cell Phone

U.S. Citizen? YES No

Email ____________________________________________

Mother:

Last Name First MI

Occupation Employer Work Phone Cell Phone

U.S. Citizen? YES No

Email ____________________________________________

Parent’s Marital Status

Married Divorced Living Apart Separated

Father Remarried Father Deceased Mother Remarried Mother Deceased
With whom does the student live?

Please check all that apply, give their names and check highest education level completed.

<table>
<thead>
<tr>
<th>NAME</th>
<th>Did not complete High School / GED</th>
<th>Completed High School / GED</th>
<th>Completed Associates Degree</th>
<th>Completed Bachelor Degree or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Mother</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Natural Father</td>
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<tr>
<td>Step Mother</td>
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<tr>
<td>Step Father</td>
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<tr>
<td>Guardian(s)</td>
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<td>☐</td>
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<tr>
<td>Other</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>

List the names, grades and ages of any siblings living at home or supported by the parents:

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>Age</th>
<th>Name</th>
<th>Grade</th>
<th>Age</th>
</tr>
</thead>
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</tbody>
</table>

Total number of family members in household? ________________

Do you have any siblings that have been or are currently involved in Upward Bound or Educational Talent Search?

Name _____________________________  ____ UB ____ ETS

Name _____________________________  ____ UB ____ ETS

INCOME VERIFICATION

Completed by PARENT/GUARDIAN AND STUDENT

CONFIDENTIAL – All information will be held in strict confidence.

Federal regulations require that verification of family income must be submitted as part of the application/admission process.

In order to verify family income, applicants have two options:

1. **Attach the most recent copy of the Federal Tax Form 1040 or 1040 SR**
   (If you attach a copy of a signed tax form it is not necessary to complete the rest of this page).

   OR

2. **Complete the following family verification information.**

   If a federal income tax was filed during the last calendar year please indicate your taxable income amount on the following line and **SIGN AT THE BOTTOM OF THE PAGE.**

   **Family Taxable Income: Last Year $_____________________** (after deductions).

   2019 1040 Form Line 11b
   or
   2019 1040 SR Form Line 11b
If you were not required to file an income tax return for the last calendar year, you must complete the following section and SIGN.

I/We declare that no federal income tax return was filed by the undersigned for the last tax period and all income received during the year was as follows:

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL SECURITY</td>
<td>$___________________________</td>
</tr>
<tr>
<td>VETERAN'S BENEFITS</td>
<td>$___________________________</td>
</tr>
<tr>
<td>CHILD SUPPORT</td>
<td>$___________________________</td>
</tr>
<tr>
<td>WELFARE/SOCIAL SERVICES</td>
<td>$___________________________</td>
</tr>
<tr>
<td>UNEMPLOYMENT</td>
<td>$___________________________</td>
</tr>
<tr>
<td>RETIREMENT</td>
<td>$___________________________</td>
</tr>
<tr>
<td>OTHER</td>
<td>$___________________________</td>
</tr>
</tbody>
</table>

TOTAL: $___________________________

I certify that all the above information is correct and complete to the best of my knowledge.

_________________________________ _____________________________ _______________
PARENT'S/GUARDIAN'S SIGNATURE  SOCIAL SECURITY NUMBER Date

_________________________________ _____________________________ _______________
PARENT'S/GUARDIAN'S SIGNATURE  SOCIAL SECURITY NUMBER Date

PARTICIPANT RELEASE

Completed by PARENT/GUARDIAN AND STUDENT

I hereby request permission for my son/daughter to participate in the Montana State University-Billings Upward Bound Program, which may include the following:

- Field Trips (may include day or overnight, in-state or out-of-state trips)
- Tutorial sessions
- Physical activities
- Transportation by bus, van, private car, train or airplane
- Student Leadership Conferences
- Saturday or evening workshops/sessions during the academic year
- Summer Workshops

In consideration of activities provided to my son/daughter, I hereby release the Upward Bound Program, its employees, instructors, volunteer participants, and Montana State University-Billings employees from any claims for injury or damages arising out of my son/daughter’s participation. I accept responsibility for my son/daughter’s conduct while participating in the UB Program. I hereby release the UB Program and any individuals associated with the Program for injuries or damages resulting from my son/daughter not following and adhering to the rules and regulations of Upward Bound.

I understand that participation in the UB Program involves certain risks, including but not limited to, travel to and from the site of certain activities. I further understand that some activities may be conducted at sites that are remote from available medical assistance; and nonetheless agree for my son/daughter to proceed.

I hereby give permission for my son/daughter’s picture to be taken in connection with the activities of the Upward Bound Program of Montana State University-Billings and its agencies to be used in newspapers, television and magazine articles, and video productions. I also give permission for my son/daughter to speak publicly regarding the Upward Bound Program.

_________________________________________________            __________________
Signature of Student’s Parent/Guardian     Date
MEDICAL RELEASE
Completed by PARENT/GUARDIAN AND STUDENT

TO THE PARENT(S)/GUARDIANS
The law requires that before medical services can be performed, permission of the parent(s)/guardian(s) must be obtained. In the event of serious illness or accident, every effort will be made to contact you. However, in the event that a delay in medical or surgical treatment might be detrimental to the health of the student, authorization for consultation and treatment by physicians is requested. This form will authorize the Director of the Upward Bound Program or any staff member of Upward Bound designated by the director to carry out the following actions regarding the medical care of your son/daughter. This authorization will be in effect any time your son/daughter is participating in an Upward Bound sponsored activity.

MEDICAL HISTORY AND INFORMATION
Do you have any conditions that would interfere with your schoolwork, sports, or physical education? Explain:
____________________________________________________________________________________________
____________________________________________________________________________________________

Are you under a doctor’s care or taking any prescription medication? Explain: _______________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Do you have any allergies, especially to food or medication? __________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

HEALTH INSURANCE INFORMATION
Health Insurance Company_______________________________________
Policy Number: ______________________Group Number:________________________
Doctor/Clinic Preferred: _______________________________ Phone _______________

AUTHORIZATION
I, (parent's/guardian's name) _________________________________, certify that I am the parent and/or guardian of (son/daughter name) ________________________________, and that I sign this release and authorization on the (today’s date) ____ / ____ / _______ in the presence of the witness signing below. This release will be in effect for the duration of my son's/daughter's participation in the Upward Bound Program.

I authorize the Upward Bound staff to obtain the services of a qualified physician and/or to use local hospitals and clinics for the treatment of emergency illness or accident and to sign, as a competent adult, forms permitting examination and possible treatment. I understand that the physicians and hospitals are reluctant and sometimes unwilling to examine and treat patients without such authorized signatures. I understand that in the event of accident or illness all actions of the Upward Bound staff will be guided in the best interest of my son/daughter and that Upward Bound will seek only emergency procedures. Any major or prolonged treatment will be undertaken only with my specific permission. I hereby release whatever medical and dental information is deemed necessary and appropriate in providing the proper health care for my son/daughter. Such information will be regarded as confidential and shared with medical practitioners for emergency care only. I further understand that I am responsible for all medical and hospital expenses incurred by my son/daughter and have adequate insurance or a means to cover such expenses.

Parent's or Guardian's Signature _____________________________ Date __________
CONSENT FOR RELEASE OF ACADEMIC RECORDS

Completed by PARENT/GUARDIAN AND STUDENT

I, (student’s name) ________________________________, hereby give permission to the Montana State University-Billings Upward Bound TRIO Program to obtain any/all of my academic records including school transcripts, test scores and records, and teacher evaluations. This includes future college transcripts, admission applications, class schedules and financial aid documents (such as the FAFSA, student aid reports and scholarship award letters).

I understand that these records are confidential and will only be used internally for the program participation selection and evaluation. I also understand that compiled records on a group basis may include any/all of these records. Compiled information will be used to meet U.S. department of Education regulations and program evaluation.

None of my identified, individual records will be released to any person, corporation, organization, or present or future employer without further written consent.

______________________________________________         _______________________
STUDENT’S SIGNATURE      DATE

_____________________________________________        ______ /_____ /____________
STUDENT’S SOCIAL SECURITY NUMBER    DATE OF BIRTH

_____________________________________________         ______________________
PARENT’S/GUARDIAN’S SIGNATURE    DATE
Please answer the following questions completely. Considerable thought and effort should be given to your responses, as they will affect your selection.

1. What do you want to do after you graduate from high school?

2. Describe the best way that you learn. What is your learning style?

3. Describe all of your involvement in activities, in and out of school and why you participate.

4. What do you do for enjoyment and what do you gain from it?

5. Describe your attitude towards learning. What purpose does learning have for you?
6. Careers change frequently. What skills do you feel are important to develop to allow you to be successful in any career choice? What career is of interest to you?

7. Who is your mentor/role-model and what have you learned from him/her?

8. What are some challenges that you will be/are facing as a student and how do you make them less stressful?

9. What do you hope to gain from this program?

10. Why should we select you to be a participant in this program?
Recommendation Upward Bound and Educational Talent Search  
Montana State University-Billings

The student, ________________________________, is seeking acceptance into Upward Bound or Educational Talent Search, U.S. Department of Education programs designed to improve the chances that eligible students will enter and complete post-secondary education. Please answer each of the following questions. Submit your completed form directly to UB or ETS (rather than returning it to the student). This can be accomplished either through mailing the recommendation to our office or submit it to your guidance office and they will forward the recommendation to us. Thank you for your help and cooperation.

Do you feel sufficiently aware of the student’s academic ability to assess it for UB or ETS? Yes ____ No ____

If your answer is “No,” please return this form without completing its remainder.

How long have you known the student? _______ In what capacity? ________________________________

Please check the performance(s) where you feel the student needs assistance and/or is not working up to potential.

- Motivation
- Willingness to Work
- Attitude toward school and learning
- Goal Oriented
- Maturity
- Interpersonal Skills
- Willingness to take risks
- Respect
- Self Esteem
- Accountable/Responsible
- Producer
- Problem solver

Please check all the services or activities that would assist the student to complete their high school education and prepare them for post-secondary education

- Tutoring
- Study Skills Assistance
- Academic Advising
- Peer Mentoring
- College Entrance Exam Preparation
- Self-esteem Activities
- Career Exploration
- Social Development

PLEASE ADD ADDITIONAL REMARKS, USING THE BACK OF THIS FORM, SUMMARIZING WHAT YOU KNOW OF THE INDIVIDUAL, ESPECIALLY IN TERMS OF ACADEMIC POTENTIAL AND CHANCES FOR POSTSECONDARY EDUCATION.

NAME ________________________________________ POSITION__________________________________

SCHOOL OR ORGANIZATION_________________________ DATE__________________

ADDRESS________________________________________ PHONE NUMER ________________

SIGNATURE ____________________________________________

THANK YOU!
TO THE GUIDANCE COUNSELOR:

Student’s Name: ______________________________________ School: ______________

State Student ID Number ________________________________

Year in School : ___6th ___7th ___8th ___9th ___10th ___11th ___12th

This student has applied to become a participant in the Upward Bound Program. Federal guidelines for our program require documentation of the student’s potential to pursue post-secondary education.

Therefore, we request that you complete this form and supply copies of the following:

♦ Most recent achievement scores
♦ Aptitude tests scores
♦ Updated transcript

Please make a copy of the Information Release Form of this application for your files to comply with the Privacy Act.

PLEASE ATTACH THE MOST RECENT GRADE REPORT/TRANSCRIPT TO THIS FORM BEFORE RETURNING.

Does this student receive any special services? ____Yes   ____No

If so, please describe. ______________________________________________________

Please check the performance(s) where you feel the student needs assistance and/or is not working up to potential:

☐ Tutoring       ☐ Study Skills Assistance
☐ Academic Advising       ☐ Peer Mentoring
☐ College Entrance Exam Preparation       ☐ Self-esteem Activities
☐ Career Exploration       ☐ Social Development

Other comments:

________________________________________

Counselor’s Signature       Date

THANK YOU!

Upward Bound
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Billings, MT 59101