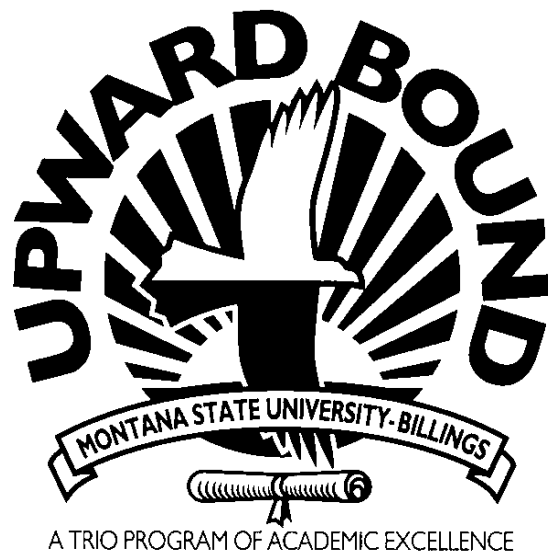


Upward Bound Student Application



MONTANA STATE UNIVERSITY – BILLINGS
(406) 657-2180

TRiO
UPWARD BOUND

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 and activities, high school involvement, behavior, and attitude.

**For further information, please contact the
Upward Bound Staff at MSU-Billings at (406) 657-2180.**

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.

The program is funded by a grant from the U.S. Department of Education.
Grant Number PO47A030707

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.

In the upper right hand corner of all pages in this application package you will find who is responsible for completing each of the pages. This will ensure that all information is completed properly.



UPWARD BOUND STAFF

Dan Benge, Ph.D., Director.....406-657-2179.....dbenge@msubillings.edu
Aaron Murrish, Office Manager.....406-657-2180.....aaron.murrish@msubillings.edu
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Michelle Watson, Outreach Advisor..... 406-657-2314.....mwatson@msubillings.edu

ADMISSION CHECKLIST

Please read and follow all instructions carefully. Use ink or type the following information. Be sure that all forms have the required signatures and that you have completed each section thoroughly. The following list is for your use to ensure that all proper paperwork has been completed before an interview can occur with the staff. **The interview process can not occur until all the paperwork is completed.**

Completed	Item	Student Name: _____
_____	Student Admission Application (page 5)	
_____	Family Information (page 6)	
_____	Income Verification Form (page 7)	
_____	Signed Tax Return from Previous Year (page 7)	
_____	Consent for Release of Academic Records (page 8)	
_____	Student Program Contract (page 9)	
_____	Participant Release Form (page 10)	
_____	Medical Release Form (page 11-12)	
_____	Student Self-Profile/Written Statement (page 13-14)	
_____	Recommendation Form (page 15)	
_____	Recommendation Form (page 16)	
_____	School Counselor Evaluation (page 17)	

These completed forms are required before a prospective student can be interviewed.

Please submit this completed application to your school counselor or mail directly to Upward Bound/Educational Talent Search at 1500 University Drive, Billings, MT 59101.

Once all of your forms, including a copy of the tax return and the evaluations, have been received we will be contacting you to arrange a time to meet with you to discuss your participation. **It is your responsibility to ensure that the application package is completed.**

Office Use Only – Please Do Not Write Below This Line

DATE RCVD _____	ETH: NA/AM ASI BLK HSP CAU OTH
INCOME VERIFICATIONS:	SEX: Male Female
_____ Affidavit	Current GR: 6 7 8 9 10 11 12
_____ 1040/1040A	1/G Y N L/I Y N B Y N OTH Y N
NO# DEPENDENTS _____	DATE ACKLDG _____
TAX INC _____	ACCEPTED _____
QUALIFIES? YES NO	ALTERNATE YES NO
U.S. CITIZEN YES NO	DENIED YES NO
INTERVIEW DATE _____	DIRECTOR'S INITIALS _____ DATE BEGAN _____

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** _____ **Cell Phone** _____

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 so, please explain: _____

Are you currently in foster care? Yes No

Are you currently homeless? Yes No

What grade are you in? 8 9 10 11 12

What school do you currently attend? _____

What high school do you plan on attending? _____

Are you currently in an ETS program? Yes No

If you are in an ETS program other than the one at MSU-Billings, you must obtain a release from the Director of the Educational Talent Search Program to be eligible for consideration in the Upward Bound Program. Please contact your ETS Director.

PARENT/GUARDIAN AND STUDENT

FAMILY INFORMATION

Completed by PARENT/GUARDIAN AND STUDENT

MOTHER: _____
Last Name First MI

Occupation Employer Work Phone Cell Phone

U.S. Citizen? ___ Yes ___ No Email: _____

FATHER: _____
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.

		Did <u>not</u> complete High School / GED	Completed High School / GED	Completed Associates Degree	Completed Bachelor Degree or Higher
<input type="checkbox"/> Natural Mother	NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Natural Father		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Step Mother		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Step Father		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guardian(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Name	Grade	Age
Name	Grade	Age
Name	Grade	Age
Name	Grade	Age

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

PARENT/GUARDIAN/STUDENT

INCOME VERIFICATION FORM

Completed by PARENT/GUARDIAN

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, 1040A, or 1040EZ.**
(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).
Line 43 from 1040 form; Line 27 from 1040A form; Line 6 from 1040EZ form

If you were not required to file an income tax return for the last calendar year, you must complete the rest of the form and SIGN AT THE BOTTOM OF THE PAGE.

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:

SOURCE	AMOUNT
___ SOCIAL SECURITY	\$ _____
___ VETERAN'S BENEFITS	\$ _____
___ CHILD SUPPORT	\$ _____
___ WELFARE/SOCIAL SERVICES	\$ _____
___ UNEMPLOYMENT	\$ _____
___ RETIREMENT	\$ _____
___ OTHER	\$ _____
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

PARENT'S/GUARDIAN'S SIGNATURE

SOCIAL SECURITY NUMBER

DATE _____

PARENT/GUARDIAN

CONSENT FOR RELEASE OF ACADEMIC RECORDS

Completed by PARENT/GUARDIAN AND STUDENT

I, _____(student), hereby give permission to the Montana State University-Billings Upward Bound or Educational Talent Search 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

**UPWARD BOUND and EDUCATIONAL TALENT SEARCH PROGRAMS
(U.S. Department of Education TRIO Programs)**



**Upward Bound or Educational Talent Search
Montana State University-Billings
1500 University Drive, Billings MT 59101
(406) 657-2180**

PARENT/GUARDIAN/STUDENT

STUDENT PROGRAM CONTRACT

Completed by PARENT/GUARDIAN AND STUDENT

I, _____ (student), agree that if I am accepted that I will:

- Strive to continuously improve my grades through good attendance, punctuality, class participation, homework completion, and all other requirements.
- Follow instructions and complete documentation while participating in activities and approved trips. Complete required assessments.
- Abide by all rules and policies of the program.
- Attend sessions and activities the high school.
- Attend workshops and other scheduled activities.
- Attend tutoring sessions. This is **strongly encouraged** if a student receives less than a C in a class.
- Attend two six-week Summer Institutes. This is mandatory to participate in the Summer Bridge Program. (Upward Bound Students Only)
- Strive to continually improve my high school academic performance.
- Make every effort to pass all high school course work.
- Cooperate with faculty, staff and other students in the program.
- Maintain active participation through my high school graduation.
- Enter a college, university, or vocational/technical program upon completion of high school diploma and the Upward Bound or Educational Talent Search programs.
- Provide follow-up information to the program concerning my success in obtaining a post-secondary degree.

Student's Signature

Date

Parent's/Guardian's Signature

Date

PARENT/GUARDIAN AND STUDENT

PARTICIPANT RELEASE FORM

Completed by PARENT/GUARDIAN AND STUDENT

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

- Field Trips (may include day or overnight, in-state or out-of-state trips)
- Overnight Camping
- Tutorial sessions
- Summer Institute (Six weeks during the summer)
- Living in MSU-B residence halls during the Summer Institute
- Physical activities
- Transportation by bus, van, private car, train, or airplane
- Student Leadership Conferences
- Saturday sessions during the academic year

In consideration of activities provided to my son/daughter, I hereby release the Upward Bound and Educational Talent Search programs, 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 and hereby release UB or ETS, and any individuals associated with the either program, for injuries or damages resulting from my son/daughter not following and adhering to the rules and regulations.

I understand that participation 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 Program, 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 Program.

Signature of Student's Parent(s)/Guardian(s) Date

Student's Name Date

PARENT/GUARDIAN/STUDENT

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 or any staff member 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 a sponsored activity.

MEDICAL HISTORY AND INFORMATION

Student's Name _____

Parent/Guardian Name _____

City/Town _____ Phone Number _____

Work Phone _____

Birth Date _____ Height _____ Weight _____

Date of last Physical Exam _____

Do you wear glasses _____, contact lenses, _____, or both _____?

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? Explain _____

Rate your general health: ___Excellent ___Good ___Fair ___Poor

Other medical information: _____

PARENT/GUARDIAN/STUDENT

MEDICAL RELEASE Continued

HEALTH INSURANCE INFORMATION

Health Insurance Company _____

Policy Number: _____ Group Number: _____

Doctor/Clinic Preferred: _____ Phone _____

AUTHORIZATION

I, _____, certify that I am the parent and/or guardian
(Parent/guardian Name)

of _____, and that I sign this release and authorization
(Son/Daughter's Name)

on the _____ in the presence of the witness signing below. This release
(Today's Date)

will be in effect for the duration of my son's/daughter's participation in the Program.

I authorize the Upward Bound or Educational Talent Search 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 staff will be guided in the best interest of my son/daughter and that UB or ETS staff 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 _____

Witness Signature _____ Date _____

PARENT/GUARDIAN

STUDENT SELF-PROFILE/WRITTEN STATEMENT

Completed by STUDENT

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. List all of your involvement in activities, in and out of school.
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?

STUDENT

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?

STUDENT

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.

- | | | |
|---|---|---|
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Willingness to Work | <input type="checkbox"/> Attitude toward school and learning |
| <input type="checkbox"/> Goal Oriented | <input type="checkbox"/> Maturity | <input type="checkbox"/> Interpersonal Skills |
| <input type="checkbox"/> Willingness to take risks | <input type="checkbox"/> Respect | <input type="checkbox"/> Self Esteem |
| <input type="checkbox"/> Accountable/Responsible | <input type="checkbox"/> Producer | <input type="checkbox"/> 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

- | | |
|---|---|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Study Skills Assistance |
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Peer Mentoring |
| <input type="checkbox"/> College Entrance Exam Preparation | <input type="checkbox"/> Self-esteem Activities |
| <input type="checkbox"/> Career Exploration | <input type="checkbox"/> 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 NUMBER _____

SIGNATURE _____

THANK YOU!

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.

- | | | |
|---|---|---|
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Willingness to Work | <input type="checkbox"/> Attitude toward school and learning |
| <input type="checkbox"/> Goal Oriented | <input type="checkbox"/> Maturity | <input type="checkbox"/> Interpersonal Skills |
| <input type="checkbox"/> Willingness to take risks | <input type="checkbox"/> Respect | <input type="checkbox"/> Self Esteem |
| <input type="checkbox"/> Accountable/Responsible | <input type="checkbox"/> Producer | <input type="checkbox"/> 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

- | | |
|---|---|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Study Skills Assistance |
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Peer Mentoring |
| <input type="checkbox"/> College Entrance Exam Preparation | <input type="checkbox"/> Self-esteem Activities |
| <input type="checkbox"/> Career Exploration | <input type="checkbox"/> 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 NUMBER _____

SIGNATURE _____

THANK YOU!

SCHOOL COUNSELOR EVALUATION

TO THE GUIDANCE COUNSELOR:

Student's Name: _____ School: _____

Year in School: ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th

This student has applied to become a participant in the Upward Bound or Educational Talent Search Program. Federal guidelines for our program require documentation of the student's potential to successfully 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 Academic 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:

- | | |
|---|---|
| <input type="checkbox"/> Relationship with Teachers | <input type="checkbox"/> Relationship with Peers |
| <input type="checkbox"/> Relationship with Parents/Guardians | <input type="checkbox"/> Goal Oriented |
| <input type="checkbox"/> Maturity | <input type="checkbox"/> Interpersonal Skills |
| <input type="checkbox"/> Respect | <input type="checkbox"/> Responsible/Accountable |
| <input type="checkbox"/> Academics | <input type="checkbox"/> Standardized Tests |

Other comments:

Counselor's Signature

Date

THANK YOU!