

CSU-Pueblo Upward Bound Student Application Packet

Upward Bound is a free, highly successful pre-collegiate program that helps students develop the skills and motivation to graduate from high school and succeed on into a college degree plan.

STUDENT NAME

HIGH SCHOOL & GRADE

Documentation Required for Application:

- ⇒ Financial/Income Documentation
- ⇒ Current Grades and Test Scores

Student Eligibility

- **Low-income** (parent's income tax)
- **First-generation** (neither parent holds a four-year college degree)
- **Academic need**
- Minimum cumulative **GPA of 2.5**
- Potential to graduate high school and succeed in college
- Provide a strong self-recommendation



Academic Year Component

- After School Program Tutoring
- ACT and ACCUPLACER Preparation
- Core Class Instruction (English/Math/Science)
- One-on-One Academic & Skill Building
- Study Skills, Time Management, Career Exploration, Campus Life
- College Admission, Financial Aid, Scholarships, and Housing Applications
- College and University Tours
- Social and Cultural Events
- Community Service Opportunities
- Leadership Skill Building
- Resume and Cover Letter Assistance

Summer Pre-College Academy– 6 Week Program

Residential & Non-Residential Program

Residential provides rigorous academic instruction in Math, English/Literature, Science, and Enrichment courses, ACCUPLACER preparation, tutoring, group interaction, student housing experience, cultural activities, community service, and college preparation. Non-Residential provides monitored instruction through online academics specific to Math supplemental instruction, ACCUPLACER preparation, tutoring, activities, and community service.

Senior Leadership Academy

Provides student housing experience, leadership development, group engagement, networking, recreational activities, and college preparation through scholarship essay completion, FAFSA literacy, resume/cover letter writing, etc.

Summer Bridge Program

Summer Bridge is a program that offers high school graduates an opportunity to earn college credits, transferable to any college or university. It also prepares students to transition successfully into the full-time college experience.

Colorado State University-Pueblo Upward Bound Program

CONFIDENTIALITY OF INFORMATION AND PRIVACY ACT

The financial and educational information you provide to the Upward Bound Program is required by the U.S. Department of Education in order for your student to participate in TRiO Upward Bound and is protected by the Privacy Act. No one may see the information unless they are employed by the program or are specifically authorized by the U.S. Department of Education to evaluate the project.

STUDENT PERSONAL INFORMATION *(Please print clearly)*

Student Name: First: _____ Middle: _____ Last: _____
 Birth Date: ____/____/____ Social Security Number (**required**): ____-____-____ School SASID #: _____
 Mailing Address: _____ City: _____ State/Zip Code: _____
 Email Address: _____ Student Cell: (____) _____ Home Phone: (____) _____
 Middle School/High School: _____ Grade Level: _____

Citizenship:

- ☐ U.S. Citizen
☐ Permanent Resident (*Attach copy of residency card*)
☐ Other

Gender: ☐ Female ☐ Male

Ethnicity: Are you of Hispanic or Latino Origin? Yes ____ No ____

Race: (*Choose one or more from the list below*)

- ☐ African American/Black ☐ American Indian/Alaska Native
☐ Native Hawaiian/ Pacific Islander ☐ Asian ☐ White/Caucasian ☐ Other

T-shirt Size:

- ☐ Small
☐ Medium
☐ Large
☐ X-Large
☐ 2X-Large
☐ 3X-Large

PARENT OR LEGAL GUARDIAN INFORMATION *(To be completed by the parent or legal guardian)*

With whom does student primarily live? Please check: ☐ Both Parents ☐ Father ☐ Mother ☐ Legal Guardian(s)

Parent/Legal Guardian 1:

Name: _____ Relationship to Child: _____

Mailing Address: ☐ Same as student's above ☐ Other: _____

Phone #: _____ Email Address: _____

Has this person earned a college Bachelor's degree? YES ____ NO ____

Parent/Legal Guardian 2:

Name: _____ Relationship to Child: _____

Mailing Address: ☐ Same as student's above ☐ Other: _____

Phone #: _____ Email Address: _____

Has this person earned a college Bachelor's degree? YES ____ NO ____

You may be required to attend an Upward Bound freshmen seminar class at your high school.

ACADEMIC AND PERSONAL REFERENCES

Reference 1 (Teacher, Counselor): Name: _____ Phone: _____
Email: _____

Reference 2 (Non-Family Member): Name: _____ Phone: _____
Email: _____

TAXABLE INCOME STATEMENT (Must submit a copy of W-2 or tax benefits)

Number of people in household: _____

(Note: Include yourself, your spouse, your children, and any other individual who is receiving more than half of their support from you.)

Please check one of the boxes below and provide a copy of the requested information:

☐ **Filed a Tax Return for Last Year**

Our family's taxable income for last year was \$ _____
(See 1040 line 43, 1040A line 27, or 1040EZ line 6.)

OR

☐ **Did Not File Taxes or Tax Return is Not Available.***

**Please contact the Upward Bound Office (719-549-2750) for assistance in determining taxable income and completing the following income statement:*

Our family's taxable income for last year was \$ _____

Family income information is required by federal guidelines for participation in Upward Bound. Please contact the Upward Bound Office if you have any questions regarding the information required or about how to complete this form.

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

Parent/Legal Guardian Signature: _____ Date: _____

NEEDS AND ACADEMIC INFORMATION

Are you currently participating in any of the following programs? (Check all that apply)

<input type="checkbox"/> TRiO Talent Search (CSU-Pueblo)	<input type="checkbox"/> My Life
<input type="checkbox"/> GEAR UP	<input type="checkbox"/> AVID
<input type="checkbox"/> Upward Bound (PCC)	

- ☐ TRiO Talent Search (CSU-Pueblo)
 ☐ My Life
- ☐ GEAR UP
 ☐ AVID
- ☐ Upward Bound (PCC)

Please check all of the services you are interested in:

- | | |
|--|--|
| <input type="checkbox"/> Academic support/study skills | <input type="checkbox"/> Field trips to colleges |
| <input type="checkbox"/> Exploration of Careers and College Majors | <input type="checkbox"/> Assistance with course selection |
| <input type="checkbox"/> Course selection | <input type="checkbox"/> College admissions and applications |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Financial aid and scholarships |
| <input type="checkbox"/> College selection | <input type="checkbox"/> Mentoring |

Please list school activities (sports, clubs, band, etc.) you are involved in:

Please provide your cumulative GPA: _____

(Please attach copy of grades by submitting a School Transcript)

In your own words, tell us why you want to participate in the TRiO Upward Bound Program and how the program will help you become successful.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Colorado State University-Pueblo TRiO Upward Bound CONSENT AND RELEASE OF RECORDS SIGNATURES

Our signatures below indicate that to the best of our knowledge, the information given on this application is true, complete, and accurate. We authorize any public school, educational program, and/or postsecondary institution to release to the Colorado State University-Pueblo TRiO Upward Bound, upon their request, information pertaining to my academic, enrollment and financial assistance records.

With my signature below (parent, or student if 18 or over), I hereby grant permission to the staff of the Upward Bound Program at Colorado State University-Pueblo to access my (my child's) school records, including **grades, test scores, and free or reduced lunch eligibility**. These records will be used to assess student needs, monitor student progress, document eligibility for the program, and for reporting purposes.

I, (parent, or student if 18 years or older) hereby authorize post-secondary institutions to release to Upward Bound copies of **college academic, enrollment, and student aid award** at the college/university I will be attending after high school graduation.

As a parent or legal guardian signing this form, I give permission for my child to participate in all program-sponsored activities and for any Upward Bound staff member to transport my child to and from program-sponsored events. I waive liability, release, and forever discharge Colorado State University-Pueblo and the State Board of Governors of the Colorado State University System, all of its members, and anyone employed with community or educational organizations in partnership with Upward Bound from any and all demands, rights, and causes of action of whatever kind of nature arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my child's voluntary participation in Upward Bound. I authorize my child to be treated by qualified medical personnel if the need arises while engaged in official Upward Bound activities.

I give permission for the use of my (my child's) name and/or photograph for editorial, promotional, recruitment, or educational purposes.

If accepted into the program, I agree to attain personal, academic, and career goals that I and Educational Upward Bound set for myself. I also agree to treat myself, other Educational Upward Bound students, and staff with respect, and be a positive representative of the program.

Student's Full Name (print): _____

Student's Signature _____ Date _____

Parent's/Guardian's Name (print): _____

Parent's/Guardian's Signature _____ Date _____

Submit Completed Application to:

Colorado State University-Pueblo / Upward Bound

2200 Bonforte Blvd., LARC 376 Pueblo, CO 81001

Phone: (719)549-2750

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE COLORADO STATE UNIVERSITY-PUEBLO, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

PARTICIPANT'S FULL NAME: _____

DATE OF BIRTH (MO/DAY/YR): _____

ADDRESS: _____

LOCATION OF ACTIVITY(IES): VARIES

DATE(S) OF ACTIVITY (IES): START DATE: **06/01/2018** END DATE: **05/31/2019**

Check one: CSU-PUEBLO STUDENT OR NON-STUDENT (Upward Bound/Talent Search)

DESCRIPTION OF ACTIVITIES: VARIES (Tours/Fieldtrips/On-Campus Programs & Events)

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

INSURANCE INFORMATION (if applicable):

NAME OF INSURANCE CARRIER: _____ POLICY NUMBER: _____

I, the undersigned participant, exercising my own free choice to participate voluntarily in the activities described above, and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against the State of Colorado, The Board of Governors of the Colorado State University System, and Colorado State University-Pueblo, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that I may sustain through my participation in normal or unusual acts associated with the above-named activities, regardless of whose fault may be the cause of my injuries or damages, EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE, so long as the conduct which caused the injuries or damages was not grossly negligent, or willful and wanton.

Further, I hereby indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University-Pueblo, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, of any person who suffers any injury, disability, death or other harm, to person or property or both, as a result of my participation in and/or presence at the above listed activities.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Waiver.

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS THIS _____ DAY OF _____, 20__.

Signature of Participant whose printed name appears above:

Signature

Witness over 18 years of age (Participant must sign in the presence of the Witness)

If participant is under the age of 18, his or her parent or legal guardian must also sign:

I, (printed name) _____, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, and acting on behalf of the participant, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release From Responsibility, Assumption of Risk, and Waiver as authorized pursuant to C.R.S. section 13-22-107.

Signature of Parent or Legal Guardian (date)

Witness over 18 years of age (Parent or Guardian must sign in the presence of witness)