

# STUDENT APPLICATION CHECKLIST

DEADLINE: APRIL 7, 2017

Please complete all the forms included in the application packet and return them to program staff. You must include all of the following documents with your application to be considered for the program. If you have any questions call our office at (805) 756-2301

	UPWARD BOUND APPLICATION
	SIGNED STATEMENT OF FAMILY INCOME
	PARENT CONSENT FORM
	MEDICAL IMMUNIZATION (SHOT RECORD)
	MEDICAL INFORMATION FORM
	RECENT PROGRESS REPORT/REPORT CARD
	LETTER OF RECOMMENDATION (TEACHER)
	SHORT ESSAY

## STATEMENT OF FAMILY INCOME

	ANNUAL FAMILY INCOME
	SIZE OF FAMILY (# OF PEOPLE)

I ATTEST THAT THE ABOVE AMOUNTS ARE TRUE AND CORRECT.  
ANY CHANGE MUST BE REPORTED TO THE CAL POLY UPWARD  
BOUND PROGRAM IMMEDIATELY

PARENT SIGNATURE

# UPWARD BOUND APPLICATION

Please answer all questions completely.

Student Name: \_\_\_\_\_

Gender:      Male      Female

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_

High School (attending or will attend): \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Student Cell Phone: (      ) \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_

Mailing Address (if different than above):  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_

Parent #1 Phone Number: \_\_\_\_\_

Parent #1 Email Address: \_\_\_\_\_

Parent #1 Employment: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Parent #2 Phone Number: \_\_\_\_\_

Parent #2 Email Address: \_\_\_\_\_

Parent #2 Employment: \_\_\_\_\_

What language(s) are primarily spoken in your home?

English     Spanish     Other

## Race and Ethnicity

Are you Hispanic/Latino?       Yes     No

Please select one **or** more of the following that apply to you:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

**Disconnected Youth**—Please select any that apply to you

- Foster Care Youth
- Homeless
- Parents are incarcerated (in jail)

## Other College Preparatory Programs

Please indicate if you currently participate in any other college preparatory programs.

- Educational Talent Search (ETS)
- AVID
- Other: \_\_\_\_\_

## Residency

- U.S. citizen
- Permanent resident of United States  
#: \_\_\_\_\_
- Residing in United States with intention of becoming a citizen or permanent resident
- Other: \_\_\_\_\_

## Education

Please indicate the highest education level **completed** by the parent (s) you live with.

Mother

- Less than high school
- High school
- Some college
- 4-year degree or beyond

Father

- Less than high school
- High school
- Some college
- 4-year degree or beyond

## Extra Curricular Activities

Sports, clubs, community service and other activities:

\_\_\_\_\_  
\_\_\_\_\_

# UPWARD BOUND

## PRE-COLLEGE PROGRAM

Upward Bound (UB) is a federally-funded college-prep program that serves as a support system for high school students who want to go to college. It is one of the federal TRiO programs designed to provide services to youth from disadvantaged backgrounds. One hundred percent of the Upward Bound Program is funded by the U.S. Department of Education. For the 2015-16 project year \$387,522.00 was awarded to this program. Through the program services, students receive fundamental support and guidance to succeed in high school and prepare them to continue their education at a four year university. All services within Upward Bound are free to the student participants. The Upward Bound program staff is available to provide guidance, advice, and assistance.

## SERVICES OFFERED

Upward Bound's mission is to support and assist students to meet their goals by offering the following services:

- Mentoring
- College and Career Advising
- Financial Aid Advising
- Leadership Development
- Parent Meetings
- Field Trips
- Summer Residential Program

## ELIGIBILITY

Student must be a U.S. citizen or legal resident.

Student must be in or entering one of the following schools:

Ernest Righetti High School  
Nipomo High School  
Pioneer Valley High School  
Santa Maria High School

All students must meet federal income guidelines and/or be from a family where neither parent has earned a bachelor's degree.

Students should display a sincere desire to graduate from college.

## INCOME LEVELS

SIZE OF FAMILY	YEARLY INCOME LIMIT
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
5	\$43,170
6	\$49,440
7	\$55,710
8	\$61,980

## SUMMER ACADEMY

A six week, intensive academic program in which participants live on the Cal Poly campus during the week, returning home on weekends. Participants will experience dorm-living while engaging in a heavily STEM based and college prep curriculum.

## CONTACT

PHONE 805-756-2301  
FAX 805-756-5122  
EMAIL UPWARDBOUND@CALPOLY.EDU  
WEBSITE sas.calpoly.edu/ub  
ADDRESS Cal Poly State University  
Upward Bound Program  
San Luis Obispo, CA 93407-0852

# CAL POLY

# SIGNATURE PAGE

## Participant

The Cal Poly Upward Bound Pre-College Program is an intensive academic program that holds their participants to high standards of behavior, academic persistence and commitment to the program and their personal goals. Participants are expected to maintain at least a 2.0 GPA or higher (according to the most recent progress report, quarter, or semester grades.) Participants must take courses which will prepare them for college while also completing all Upward Bound College Prep Program curriculum. In order to gain maximum benefits from Upward Bound, all scheduled activities are mandatory for program participants. Eligibility for field trips and the Summer Academy is based on your participation and attendance at all UB activities.

To best stay on the path towards reaching each participants goals, participants are responsible for the following:

- Complete academic advising with UB staff, quarterly.
- Turn in monthly grade checks.
- Turn in all required paperwork, within required deadlines.
- Attend all meetings/workshops and events.
- If a participant falls below a 2.0 GPA, they must commit to an action plan that includes bi-weekly advising with UB staff.
- Complete grade level College Prep Program workbooks.

**Student:** I am applying for services and wish to participate in the Upward Bound Program. I realize that if I do not meet expectations, fulfill program requirements, and fully participate in the program, my position within the program may be rescinded. I understand all information on my application will remain confidential.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

## Parent

My child is applying for services and wishes to participate in the Upward Bound Program. I realize that the Upward Bound program is an intensive academic program which requires serious commitment. I will support my child in meeting expectations, fulfill program requirements, and fully participate in the program.

I give permission to the Upward Bound program at Cal Poly to obtain any school or financial records for my son/daughter to determine eligibility for the program. Upward Bound will monitor their status and progress in middle, secondary, post-secondary education, and their eligibility for financial aid. In addition, I hereby give my permission for my child's name, photograph, academic work and/or statements to be used by the Upward Bound program for promotional, publicity, and/or instructional purposes.

My son/daughter has my permission to participate in field trips planned for and supervised by the Upward Bound program. Further, should my son/daughter require medical attention and/or care while participating in the Upward Bound program, I give my consent for medical examination and necessary treatment, including administration of drugs, x-rays and surgery as may be deemed necessary by the attending physician. This consent shall remain effective as long as my son/daughter is a participant in the Upward Bound program. Should an emergency arise, staff will attempt to reach me and be guided by my wishes. In the event that I cannot be contacted, the attending physician has my consent to act on his/her medical judgment as it may dictate.

All information provided is accurate to the best of my knowledge.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

## Permission to access ARIES HOMELINK account

I give permission to the Upward Bound Program at Cal Poly to access my AERIES HOMELINK account to review my academic data; including, but not limited to grades and attendance records. This information will assist the Upward Bound staff in determining my academic eligibility and/or need for academic intervention and assistance.

Student's School District issued permanent ID number:

Telephone number connected to HOMELINK account:

HOMELINK verification passcode:

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

# Medical/Emergency Information Form

**(Print clearly)**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Check One: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Name of Parents/Guardians: \_\_\_\_\_

Throughout the year, we take our students on a variety of field trips. It is necessary that we have an accurate medical history in the event that emergency treatment is required. All information is confidential. Any student without a completed and signed form will not be allowed to participate on field trips.

**First Parent or Guardian to Contact Immediately in Case of Emergency:**

Name: \_\_\_\_\_ Relationship: Mother / Father / Guardian Language Preferred: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Alternate Person to Contact in Case First Parent or Guardian Cannot be Reached:**

Name: \_\_\_\_\_ Relationship: Mother / Father / Guardian Language Preferred: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Insurance Information:**

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical History of Student:**

Mark all items "yes" or "no." Provide details when answer is "yes"

\_\_\_\_\_ Diabetes \_\_\_\_\_ Drug Allergy \_\_\_\_\_ Heart Defects \_\_\_\_\_ Convulsions/Epilepsy  
\_\_\_\_\_ Food Allergy \_\_\_\_\_ Insect Bite Allergy \_\_\_\_\_ Asthma \_\_\_\_\_ Currently taking medication  
\_\_\_\_\_ Currently under doctor's care \_\_\_\_\_ Physical restrictions \_\_\_\_\_  
\_\_\_\_\_ OTHER: \_\_\_\_\_

Please list details to items marked "yes"; indicate medications that student is taking, and any other current or past medical conditions that may require treatment. List/describe any physical restrictions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization for Medical Treatment**

I hereby authorize the staff members of the Upward Bound Program to seek and authorize medical treatment for my son/daughter in the event of an emergency. If an emergency arises requiring a major surgical procedure, the University will attempt to reach me and be guided by my wishes, but if I cannot be reached I authorize the attending physician to proceed as deemed advisable.

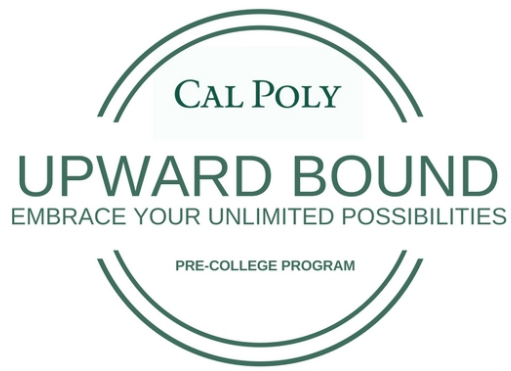
Parent (Guardian) signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Liability Waiver**

I agree to waive all claims against the Upward Bound Program, California State University, Cal Poly Corporation, and the Foundation that may result from my child's participation in Upward Bound, either on a field trip, during the summer residential program, during a Saturday session, or in any other capacity.

Parent (Guardian) signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit a copy of your Immunization Record Card.**



## APPLICANT ESSAY QUESTIONS

***Instructions:***

*Write a minimum of one paragraph for each of the five questions.*

1) How will your participation in Upward Bound help you reach your academic goals?

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2) What are your career goals?

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3) Write about the importance of a college education and explain why you want to attend college.

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4) Where do you see yourself in 5-10 years?

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5) What challenges (academic and/or personal) have you and/or your family had to overcome?

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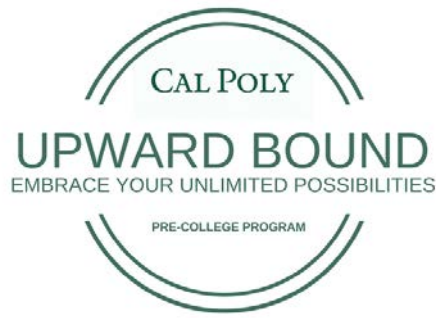
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## SUMMER ACADEMY

Each summer, Upward Bound offers their students the unique opportunity to have a six-week “college experience” at the Cal Poly San Luis Obispo campus. The entire Summer Program is funded by a federal grant and is at no cost to Upward Bound participants. Students will participate in residential life, campus dining, course work to prepare them for their up-coming year of high school, and extra-curricular activities.

### **Residential Life and Campus Dining:**

Students will live in the Cal Poly dorms with a residential staff consisting of one Resident Director and four Resident Advisors to help students navigate the experience of residence hall living. Students will also get a taste of Campus Dining where they will be provided three meals per day during their stay.

### **Course Work:**

Students will receive instruction from qualified teachers in the areas of math, science, English, and electives. Core classes will provide students a preview of the curriculum they will encounter in their fall high school courses. Enrichment, or elective, classes will expose students to other areas of interest that are designed to increase student preparation for post-secondary success. Evening tutoring hours are provided, with the help of Teaching Assistants specific to each course offered. Students will be assigned to English, math and science appropriate to their grade level and 2 electives according to their particular interests. Classes are held Monday – Friday from 8 am – 5 pm. At the end of the summer program, Upward Bound will host a Project Expo where students will have an opportunity to present classroom projects to their parents and peers.

### **Extra-Curricular Activities:**

During the last week of the summer program, students will participate in an off-campus field trip to visit colleges in the San Francisco Bay area.

### **Calendar:**

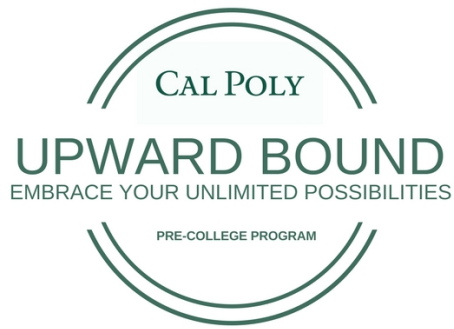
Students will attend the summer program from Monday morning through Friday evening and will go home on the weekends. *Sunday evening check-in is between 6-7 pm and Friday evening check-out is from 4 - 6 pm.*

### **Summer Academy Applications:**

Further details of the Summer Academy will be provided upon acceptance into the Upward Bound program and receipt of the Summer Academy Application.

**SUMMER ACADEMY DATES**  
Sunday, June 25<sup>th</sup> through Thursday, August 4<sup>th</sup>





## Summer Academy Application

Upward Bound will host their 6-week residential Summer Academy from Sunday, June 25<sup>th</sup> through Thursday, August 4<sup>th</sup>. Participants will engage in a 5-week rigorous academic program, with a 4-day College Visit trip during week 6. Students will arrive on Monday each week, and return home on Friday afternoons. This year, we are proud to announce that the Cal Poly STEM Department has partnered with Upward Bound in developing and presenting a unique curriculum for our incoming 9<sup>th</sup> and 10<sup>th</sup> graders! Our 11<sup>th</sup> and 12<sup>th</sup> graders will take part in a concentrated college preparatory series, designed to kick off their college experience. Due to the demanding nature of the curriculum being presented, participants must be able to commit to the entire 6-week experience, to apply. Applications for current Upward Bound participants are due 4/7/2017.

*Note: there are only 50 slots available. Students will be notified of their acceptance in May. Students not immediately accepted will have the opportunity to be placed on a waiting list.*

Participant Name: \_\_\_\_\_

Participant Phone #: \_\_\_\_\_

Participant Email: \_\_\_\_\_

Participant Current Grade: \_\_\_\_\_

I would like to apply for attendance in the 2017 Summer Academy. I understand that I must be admitted into the Upward Bound Pre-College Program and, also, commit to the entire 6-weeks to be eligible.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature



## Letter of Recommendation Form

Referrer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

School : \_\_\_\_\_

Student Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Under what circumstances? \_\_\_\_\_

**Applicant's Characteristics/Motivation** *(select one option for each characteristic listed):*

Demonstrates leadership capabilities:

Strongly Agree    Agree    Sometimes    Disagree    Strongly Disagree

Self-starter, has intellectual curiosity:

Strongly Agree    Agree    Sometimes    Disagree    Strongly Disagree

Is highly motivated:

Strongly Agree    Agree    Sometimes    Disagree    Strongly Disagree

Survives frustrating experiences, is tolerant of minor disappointments:

Strongly Agree    Agree    Sometimes    Disagree    Strongly Disagree

Has potential for growth:

Strongly Agree    Agree    Sometimes    Disagree    Strongly Disagree

