

# TRIO Upward Bound

**TRIO**  
Upward Bound

## 2022-2023 Upward Bound Application

### Personal Information

*Application must be completed in black or blue ink*

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Current High School (circle one) Clarksdale Coahoma County Northside M.S. Palmer

GPA: \_\_\_\_\_ Have you taken the ACT, if so, what was your score: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

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

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

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_ Student Email: \_\_\_\_\_

What are your plans after high school graduation? (Check ONLY one below)

4 Year University/College  Community College  Vocational/Trade School  Undecided

What do you want to study as a student (college major)? \_\_\_\_\_

*Students who are already participating in another TRIO Program (Educational Talent Search) are ineligible for Upward Bound*

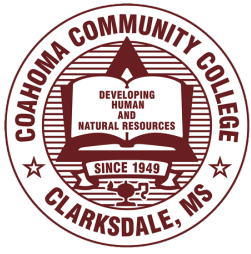
### Student Ethnic Background

African American  Asian/Asian American  Alaskan Native  Hispanic/Latino

Native American  Native Hawaiian/Pacific Islander  Caucasian  Other: \_\_\_\_\_

### Student Citizenship/Residency

Are you a U.S. Citizen/Permanent Resident  Yes  No



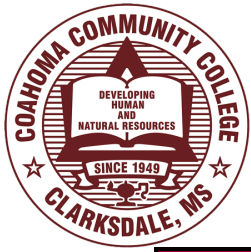
# TRIO Upward Bound



## Family Information

|   |   |
|---|---|
| <p><b>Parent/Guardian 1</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p><b>Highest Education Level Attained (please check one):</b></p> <p><input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle School (7-8)</p> <p><input type="checkbox"/> High School (9-12) <input type="checkbox"/> Associate Degree</p> <p><input type="checkbox"/> Bachelor's Degree or Beyond <input type="checkbox"/> Don't know</p> <p>Received Bachelor's Degree in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Parent/Guardian Signature: _____</p> | <p><b>Parent/Guardian 2</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p><b>Highest Education Level Attained (please check one):</b></p> <p><input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle School (7-8)</p> <p><input type="checkbox"/> High School (9-12) <input type="checkbox"/> Associate Degree</p> <p><input type="checkbox"/> Bachelor's Degree or Beyond <input type="checkbox"/> Don't know</p> <p>Received Bachelor's Degree in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Parent/Guardian Signature: _____</p> |
|---|---|

**Student resides with:**  Both Birth Parents  Birth Parent and Step-parent  Single Parent  Adoptive Parents  Foster Parents or Ward of the Court (Please provide documentation)  Other



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## Income Verification Information

Please answer Question 1 (Q1) or Question 2 (Q2). This portion must be completed by the student's parent or legal guardian.

**Q1: Did you file a Federal Income Tax Form (1040A/1040EZ) last year or this year?**

Please provide proof of income (check stub or signed copy of tax return)

Yes       No (if No, go to Question 2)

**1A. If YES, please write the amount of your TAXABLE INCOME\* \$** \_\_\_\_\_

\*The TAXABLE INCOME is on page 2 of Tax Form (1040-line 43 or 1040A-line 27 or 1040EZ-line 6)

**2A. Total number of EXEMPTIONS CLAIMED in your taxable income\*** \_\_\_\_\_

\*The EXEMPTIONS CLAIM is on page 1 of Tax Form (1040-line 6d or 1040A-line 6d or 1040EZ-page 1)

**Q2: If you or your family did not file an income tax return, please indicate the following:**

I attest that my family did not file a Federal Income Tax return during the last calendar year.

**Or**

I attest that my family was not required to file taxes but earned an annual income of: \$ \_\_\_\_\_

**My family receives assistance from the following source(s):**

Social Security (SSI)     TANF     Medicaid     SNAP     Unemployment     Other

Do you participate in your school's free or reduced lunch program?  Yes  No

## Certification

**IN ACCORDANCE WITH THE TRIO UPWARD BOUND ELIGIBILITY REQUIREMENTS SET FORTH BY THE UNITED STATES DEPARTMENT OF EDUCATION, I HEREBY CERTIFY AND ATTEST THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT AND I GIVE MY CHILD PERMISSION TO PARTICIPATE IN UPWARD BOUND.**

\_\_\_\_\_  
Print Student Name

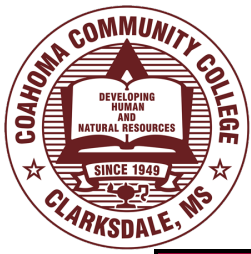
\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# TRIO Upward Bound



## Counselor Recommendation Form

**Applicant Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

The student noted above has applied to the TRIO Upward Bound College Prep Program at Coahoma Community College. Upward Bound is a federally funded college preparatory program designed to motivate and prepare a select group of high school students for the successful pursuit of a college education. Upward Bound challenges students to develop the skills, study habits, discipline, and attitude necessary to enroll in and graduate from college.

Please assess the student in the areas of overall academic potential and motivation. In making your assessment, compare the student with others of similar levels of experience and education. This program is for students with high academic potential and the motivation to pursue a college education.

**Applicant's GPA** \_\_\_\_\_

**Applicant's State Assessment Scores: Reading/Language Arts** \_\_\_\_\_ **Mathematics** \_\_\_\_\_

**Please rate the applicant on a scale of 1 to 5 with 5 being the highest according to the criteria below:**

|                              | 5<br>Excellent | 4<br>Good | 3<br>Average | 2<br>Below<br>average | 1<br>Poor | Unable to rate |
|------------------------------|----------------|-----------|--------------|-----------------------|-----------|----------------|
| Academic Potential           |                |           |              |                       |           |                |
| Verbal Communication Skills  |                |           |              |                       |           |                |
| Written Communication Skills |                |           |              |                       |           |                |
| Math Skills                  |                |           |              |                       |           |                |
| Reading Skills               |                |           |              |                       |           |                |
| Work Ethic                   |                |           |              |                       |           |                |
| Goal Orientation             |                |           |              |                       |           |                |
| Motivation                   |                |           |              |                       |           |                |
| Parental Support             |                |           |              |                       |           |                |
| Leadership                   |                |           |              |                       |           |                |
| Emotional Maturity           |                |           |              |                       |           |                |

\_\_\_\_\_

**Print Counselor Name**

\_\_\_\_\_

**Counselor Signature**

\_\_\_\_\_

**Date**