# Join Upward Bound @ Mineral Area College FREE for qualified students!

Do you want to go to college?

Do you want to make new friends?

Do you want to explore new places?

Would you like tutoring to improve your grades?

Do you want to learn more about scholarship, grants, and how to pay for college?

Are you unsure of your career goals and want job shadowing experience?









## **Upward Bound Application**

oday's Date:		Data of Divide			
		Date of Birth:			
rade:					
Yho do you live with	9				
Tho do you nve with	Name	Cell Number	Home Number	Work Number	
Natural Father					
Natural Mother					
Stepfather					
Stepmother					
Male Guardian					
Female Guardian					
Other	•				
Other					
11					
ity:					
p:					
	_				
tudent Cell Phone N	lumber:				
econd Contact Infor	mation				
Name	Address	Phone	Number	Relationship	

For Office	ee Use Only:
JICS#:	
MOSIS#:	

## **Upward Bound Eligibility – 5 steps**

Student Legal Name:	Date:
Address:	
Phone number:	
1. Citizenship	
Are you a U.S. citizen? ☐ Yes ☐ No If no, list sta	tus
2. Education	
Does the student's natural or adoptive parent have a Bac If yes, list person with degree, type of degree, and name	
3. Income - Information from 2022 federal income tax for List amount from Line 15 of your 2022 taxes here	•
Check this box if you did not or will not file a 2022 feder	
List everyone who lives in your household and how the	y are related to the student.
The student should be listed first.	
NAME	RELATION TO APPLICANT
	Student name
Are you an orphan? ☐ Yes ☐ No	
Are you a ward of the court? ☐ Yes ☐ No If yes,	what circuit or county?

4. Academic support	
Check at least one of these boxes to show that you need academic support.	
☐ Low educational aspirations	
☐ Lack of opportunity, support, and/or guidance to take challenging college	preparation courses
☐ Lack of career goals and/or need for accurate information on careers	
☐ Lack of confidence, self-esteem, and/or social skills	
☐ Predominately low-income community	
☐ Rural isolation	
☐ Interest in careers in math and science	
☐ Diagnosed learning disability	
□ Other	
5. Sign and date	
I certify that the income, education and household information are true and co	orrect and understand that
deliberate misrepresentation of the information may result in prosecution und	er applicable state and federal
laws.	
Parent/Guardian Signature	Date
8	
Student Signature	 Date
Student Signature	Date
	Date
For Office Use Only:	Date
	Date
For Office Use Only:  This student qualifies for participation in Upward Bound. He/She is:	Date
For Office Use Only:  This student qualifies for participation in Upward Bound. He/She is:  Low Income	Date
For Office Use Only:  This student qualifies for participation in Upward Bound. He/She is:  Low Income First Generation	
For Office Use Only:  This student qualifies for participation in Upward Bound. He/She is:  Low Income First Generation High Risk (check at least one)	
For Office Use Only:  This student qualifies for participation in Upward Bound. He/She is:  Low Income  First Generation  High Risk (check at least one)  Student did not achieve at the proficient level on state assessments in read	ing/language arts and/or math
For Office Use Only:  This student qualifies for participation in Upward Bound. He/She is:  Low Income  First Generation  High Risk (check at least one)  Student did not achieve at the proficient level on state assessments in read  GPA for the most recent school year was 2.5 or less	ing/language arts and/or math
For Office Use Only:  This student qualifies for participation in Upward Bound. He/She is:  Low Income  First Generation  High Risk (check at least one)  Student did not achieve at the proficient level on state assessments in read  GPA for the most recent school year was 2.5 or less	ing/language arts and/or math

#### RECORDS RELEASE Student Name: (Print) High School Name: A. High School Records Release The above-named student is applying for acceptance into the Upward Bound program. I hereby authorize release of transcripts, test scores, attendance, discipline records, IEP, 504 and other pertinent reports since grade 7 pertaining to my child's academic progress in school to the Upward Bound project at Mineral Area College. Future Follow-Up Activities Release В. If the student named above is selected for participation in Upward Bound, I hereby authorize the school to release the same information annually to the Upward Bound project. I further authorize the release of each semester's class schedule, a final transcript verifying graduation, and other pertinent information. The school can continue to provide the requested information until I rescind this permission in writing or until one year after the student graduates. C. College Records Release The federal government requires Upward Bound to track participants through the completion of their post-secondary education. I give my permission to any college I attend or have attended to provide proof of attendance, transcripts, FAFSA information, and any degrees completed to the Upward Bound project at Mineral Area College.

Student Name – Print Name Student Signature Date

Parent/Guardian - Print Name Parent/Guardian Signature Date

These records may be sent directly to:
Upward Bound
Mineral Area College
P.O. Box 1000
Park Hills, MO 63601-1000

573-518-2156 Fax: 573-518-2168

#### **Other Information - Optional**

TO BE COMPLETED BY PARENT OR GUARDIAN. The information on the remainder of this page is optional. It is used for federal reports or to assist in accommodating students.

Is your ethnic group Hispanic/Latino? □Yes □No	
Are you  White Asian Black or African American American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander Race Unknown	
Is English the primary language you speak at home? □Yes □No If no, list primary language	
Do you have a physical handicap? □Yes □No If yes, please describe	
Are you homeless? □Yes □No	
Do you have an Individualized Educational Plan (IEP) or receive special services at your school? □Yes □ If yes, please describe	lNo
Have you been involved with the juvenile justice system? □Yes □No  If so, list date and incident	
Do you have a diagnosed learning disability? □Yes □No If yes, please describe	
Are you in foster care? □Yes □No	

The personal information you give to Upward Bound will be sent to the Department of Education. The information is protected by the Privacy Act. No one may see the information unless he or she works with or for the Upward Bound Program, or is specifically authorized to see the information. The information is necessary to determine if the applicant is eligible to participate in the program and helps the federal government to measure program success. The Department of Education has the authority to gather information to help make Upward Bound a better program (20 USC 1231a). If you do not give this information to the Upward Bound Program and the Department of Education, you cannot receive any benefits from this program.

Privacy Act Statement – In accordance with the *Privacy Act of 1974* (Public Law No. 93-579, 5 U.S.C. 552A), you are hereby notified that the Department of Education is authorized to collect information, including Social Security numbers (SSNs), to implement the Upward Bound program under Title IV of the *Higher Education Act of 1965*, as amended (Pub. Law 102-325, sec. 402A and 402C). In accordance with this authority, the Department receives and maintains personal information on participants in the Upward Bound Program. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participants' academic progress. Your SSN is collected only to serve as the unique identifier for matching participant records across years. Providing the information on this form, including the SSN, is voluntary; failure to disclose a SSN will not result in denial of any right, benefit, or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of official duties. The information will not be disclosed outside of the Department, except as allowed by the *Privacy Act of 1974*, pursuant to the routine uses identified in the System of Records Notice titled "TRIO Programs Annual Performance Report (APR) System (TRIO APR)."

The Mineral Area College Upward Bound programs are TRIO programs funded with a five year, \$2,942,385 grant from the U.S. Department of Education. This represents 100 percent of the program cost. Mineral Area College provides 25% of indirect funds annually in support of this program.

If you have special needs as addressed by the Americans with Disabilities Act and need this publication in an alternative format, notify us at the telephone number below. Reasonable efforts will be made to accommodate your special needs.

Mineral Area College does not discriminate on the basis of race, color, national origin, gender, disability, age, religion, creed, or marital or parental status. For more information, call the Title VI, Title IX, Section 504 and ADA Coordinator at 573-431-4593 or U.S. Department of Education, Office of Civil Rights.

Forms to be completed or furnished by the school:
☐ Current Transcript, Test Scores, EOC results, middle school achievement Test
☐ Attendance Information
□ Discipline Report