



PARENT APPLICATION

IMPORTANT INFORMATION ABOUT UPWARD BOUND

UPWARD BOUND is a college preparatory program designed to assist high school students from low-income families and/or from families whose parents have not yet completed four-year college degree(s).

UPWARD BOUND assists high ability students to successfully develop the skills and motivation necessary to pursue a college education.

UPWARD BOUND at the University of Minnesota, CEHD, serves 103 students in grades 9 through 12 in three Minneapolis public high schools: Edison, South, and North.

UPWARD BOUND is funded by the United States Department of Education and sponsored by the University of Minnesota, CEHD.

The University of Minnesota is an equal opportunity educator and employer. It is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, creed, color, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation.

U of M Upward Bound-CEHD
2 Appleby Hall
128 Pleasant St. SE
Minneapolis, MN 55455

(612) 625-3021

<http://cehd.umn.edu/students/Trio/ub/>

Eligibility At-a-Glance

You can use the following checklist to determine potential eligibility for Upward Bound. Keep in mind that answering “yes” to one of the following items does not guarantee eligibility or acceptance. Also, if none of the below describes you or your family, you may still apply to our program. This is only a guideline.

Will you be the first person in your family to attain a college/technical school education? (Exclude brothers and sisters)

Yes No

Does your family live in federally supported low-income housing?

Yes No

Does anyone in your family receive food stamps or other state/federal assistance?

Yes No

Do you receive free or reduced lunch at your school?

Yes No

Are you a foster child, or is the State your legal guardian?

Yes No

Was your total household income low enough that your parents were NOT required to file taxes last year?

Yes No

Taxable Federal Table

The following is a guide showing the maximum amounts families can earn to be eligible for Upward Bound services.

Number of Exemptions Claimed:	Taxable Income 2006 Federal Tax
Form 1040A, Box 6d	Form 1040EZ, Line 6
Form 1040, box 6d	Form 1040A, Line 27
1	Form 1040, Line 43
2	\$14,700
3	\$19,800
4	\$24,900
5	\$30,000
6	\$35,100
7	\$40,200
8	\$45,300
8	\$50,400

*Families with more than 8, add 5,100 for each additional member.

The Upward Bound Parent Application Checklist

_____ I have filled out the parent application COMPLETELY—all questions are answered thoroughly and accurately.

_____ I have included a signed copy of my 2006 federal income tax form (1040, 1040A, or 1040EZ, including all W-2's and schedules).

_____ If my family receives public assistance, I have completed and signed the attached letter to my case worker.

_____ My student and I have provided our signatures in all the required areas.

_____ Mail your completed application in the enclosed postage-paid envelope to

Upward Bound
University of Minnesota-CEHD
2 Appleby Hall
128 Pleasant St. SE
Minneapolis, MN 55455

UPWARD BOUND PARENT/GUARDIAN APPLICATION

DIRECTIONS

1. Read over the forms. Answer ALL questions completely.
2. Use "N/A" to indicate that a question does not apply to your situation.
3. Note that a signature is required on pages 3, 4, 5, and 6.
4. **Income verification must be submitted with this application.** If you complete the letter to your public assistance case worker, please verify with UB that you submitted it to your case worker.
5. **Contact Information:** **Upward Bound, University of Minnesota - CEHD**
2 Appleby Hall, 128 Pleasant St SE, Minneapolis, MN 55455
Phone: (612) 625-3021 Fax: (612) 626-2050

Students selected to participate in Upward Bound must meet eligibility guidelines: low-income (as defined by the U.S. Department of Education), and first generation (parents have not completed a four year college degree). These are conditions of the federal law that provides funds for the Upward Bound Program.

Upward Bound must have this parental application filled out **COMPLETELY** before we can consider your child for admission. In addition, we need the *Permission to Release Information* and *Medical Consent* forms signed in order to obtain school records and authorize emergency medical care.

CONFIDENTIALITY OF INFORMATION

Student files are subject to audit by the U.S. Department of Education. Student performance data is sent to the U.S. Department of Education annually. The Privacy Act protects all information. No one may see the information unless they work for the Upward Bound program or are specifically authorized to see the information. The information is necessary to determine if your child is eligible to participate in the program and helps the government to measure their success. The Department of Education has the authority to gather information to help make Upward Bound a better program.

UPWARD BOUND is a college preparatory program. It is designed to meet the academic and motivational needs of individuals who are from low-income families and/or who are first generation college-bound students. **UPWARD BOUND** is committed to the policy that all persons shall have equal access to its programs and facilities without regard to race, creed, color, sex, age, national origin, or handicap.

Important Recruitment Information for Perspective Students & Parents:

Upward Bound (UB) at the University of Minnesota-College of Education and Human Development (U of MN-CEHD) has been selected to participate in a U.S. Department of Education program evaluation. The purpose of this evaluation is to study the effectiveness of Upward Bound programs.

How Does This UB Study Affect YOU—the student: All students interested in participating in the U of MN-CEHD UB program will be selected for participation via a lottery system, as required by the study. In addition, all students interested in participating in this U of MN-CEHD UB program will be asked to participate in the study. **You are not required to participate in the study—it is optional and saying “NO” will not hurt your chances of getting into the UB program.**

You will learn more about UB and the study at a Family Meeting **required** of all students and parent(s)/guardian(s) interested in the UB program and who have submitted complete applications.

UPWARD BOUND PARENT/GUARDIAN APPLICATION

(Please read carefully, **PRINT** clearly and answer **ALL** questions)

Student's Name: _____

first

middle

last

Parental Status of Student's Home (CHECK ALL THAT APPLY)

two parents

foster home

lives with father

guardian: _____

single parent

other: _____

divorced parents

group home

separated parents

lives with mother

Parent/Guardian(s) Information:

Information for both parents is required, regardless of custody.

Name _____

Name _____

Address _____

Address _____

City _____ Zip Code _____

City _____ Zip Code _____

Home Phone _____

Home Phone _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Email _____

Email _____

Can we contact you at work? Yes No

Can we contact you at work? Yes No

Highest grade complete in school: _____

Highest grade complete in school: _____

Did you receive a Bachelor's Degree? Yes No

Did you receive a Bachelor's Degree? Yes No

Relation to student: _____

Relation to student: _____

If a student does not live with a parent, please explain who has custody or is legally responsible for the student:

Name: _____ Relation to Student: _____

Household, Family and Income Information:

The U of MN Upward Bound program is sponsored by a grant from the U.S. Department of Education. Federal regulations require that Upward Bound participants meet certain family income guidelines. The income information required will be held in the strictest of confidence and is available to no one except the Department of Education representatives for audit purposes. All requested income documentation is required to complete the application.

Household Information: List Brothers and Sisters (Oldest first, including applicant. Please add a page if necessary.):

NAME	SEX	AGE	PRESENT RESIDENCE	EDUCATIONAL LEVEL	OCCUPATION

Other Persons Living in the Home (Please add a page if necessary.):

Name	Age	Relationship to Student

Did you file a federal income tax return last year?

___ YES (Important: You must attach a complete copy of your 2006 federal income tax form (1040, 1040A, or 1040EZ including All W-2's and schedules)

___ NO

Are you currently receiving public assistance? ___ YES ___ NO

MFIP Case #: _____ Caseworker Phone #: _____

Applicant's MFIP Caseworker's name: _____

If yes, please fill out the attached public assistance letter completely and send it to your caseworker.

Please check here _____ to confirm that you sent the letter to your caseworker.

Please indicate which of the following were sources of income for your household last year.

___ Public Welfare (Food Stamps, WIC, etc.) Monthly Amount \$ _____

___ Social Security Monthly Amount \$ _____

___ Veterans benefits Monthly Amount \$ _____

___ Child Support Monthly Amount \$ _____

___ Other: _____ Monthly Amount \$ _____

If you **currently** receive public assistance, check here _____ and attach **ALL of the following:**

-- A signed statement from your MFIP, GA or Public assistance worker indicating **current** benefits and last year's total benefits received.

If you **DO NOT RECEIVE** public assistance, check here: _____.

If you **currently** receive unemployment, check here _____ and attach **ALL of the following:**

-- A Xerox copy of your most current Unemployment check.

If you **DO NOT RECEIVE** unemployment, check here: _____.

Eligibility for Upward Bound is usually based on your taxable income from last year, but in special cases it can be based on this year's income. Has your family's financial situation changed recently for the worse because of serious illness, death, separation, divorce or loss of a job or benefits? ___ Yes ___ No

Explain: _____

Does your family live in federally supported low-income housing? _____

Does your family qualify for free or reduced lunch program in school? _____

I verify that the above parent/guardian information is true and accurate to the best of my knowledge, and that nothing is concealed or omitted.

Parent/Guardian Signature

Date

STUDENT HEALTH HISTORY

Please PRINT clearly, answer ALL questions, and attach a copy of both sides of your medical insurance card.

Student Name: _____ Date of Birth: _____

Parent / Guardian: _____ Phone: _____

Address: _____

Name of Emergency Contact (someone other than the parent / guardian): _____

Emergency Contact Relationship to Student: _____ Phone: _____

HEALTH INFORMATION

Allergies: _____

Date of Last Tetanus: _____ Chronic Illness: _____

Dietary or Activity Restrictions: _____

Medications: _____

Medical Insurance Company: _____ Policy #: _____

*** Should your child require medical treatment of any kind, does your medical insurance company require pre-authorization?** _____ YES _____ NO

If YES, please provide the pre-authorization information: NAME: _____

PHONE: _____

PARENT OR GUARDIAN MEDICAL CONSENT AND RELEASE:

Part 1. Occasionally, the Upward Bound Program has the opportunity to provide its students free health care services at the University of Minnesota's Boynton Student Health Service. Examples of this service are blood pressure and/or blood sugar reading, eye exam, hearing exam, etc. I consent to my student receiving health care at this facility.

Part 2. I consent to my child receiving nonprescription medication to relieve personal discomfort upon his/her request.

Part 3. Throughout the year, Upward Bound provides activities and trips for its students. Illnesses or accidents, although not anticipated, can occur even under the most careful supervision. I understand that minors can be medically treated only if parental consent is given. Therefore, I consent to the emergency treatment of my child, by the staff of an accredited hospital or clinic, if this is deemed necessary by the Upward Bound staff. I understand that Upward Bound does not provide medical insurance coverage for my child and thus, all costs for medical care are my responsibility. I understand that I will be notified of serious illness or injury as soon as possible.

Parent/Guardian Signature for Medical Consent

Date

**PERMISSION TO PARTICIPATE
IN UPWARD BOUND INITIATIVES, FIELD TRIPS AND ACTIVITIES**

Student's Name: _____ has my permission to accompany the University of Minnesota, College of Education and Human Development, Upward Bound staff on supervised field trips for the duration that my child is enrolled in the Upward Bound program. I understand that these field trips may occur during the Academic School Year or during the Upward Bound Summer Academic and Residential Program. These field trips will include but are not limited to educational, social/cultural, and recreational enrichment activities and seminars. My child has permission to travel by charter bus or University vehicle to and from all Upward Bound scheduled field trips.

By signing below, I agree to hold harmless and indemnify The Board of Regents of the University of Minnesota, the College of Education and Human Development, their officers, employees and agents, and the Upward Bound program from any and all liability, loss, damages or expenses which are sustained or required during the course of these events.

I understand that Upward Bound may take photographs of my child. I agree that the University of Minnesota, College of Education and Human Development, Upward Bound program has ownership and may use such photographs for promotion of programs and activities. I relinquish all rights that I may claim in relation to the use of said photographs.

IF ADMITTED TO THE UPWARD BOUND PROGRAM, YOUR STUDENT AGREES TO:

1. Earn a minimum of a "C+" in all high school courses.
2. Complete the minimum course requirements each school year to be on track for high school graduation.
3. Attend the Upward Bound annual summer academic program and complete the assigned work.
4. Abide by all University of Minnesota and Upward Bound program policies.
5. Participate in the Upward Bound Bridge Program during the senior year and the summer following high school graduation.
6. Remain in Good Standing with the Upward Bound Program by;
 - a.) Meeting regularly with Upward Bound staff during school visits.
 - b.) Attending scheduled Upward Bound meetings, classes and workshops.
 - c.) Notifying Upward Bound of changes in address and phone number.
7. Complete any other requirements as requested by the Upward Bound program.

My child and I understand the goals, objectives, and requirements of the UB Program at the University of Minnesota-CEHD and we agree to comply fully with all requirements. We also understand that if my son/daughter does not meet the required goals and objectives, he/she will be terminated from the program.

Parent/Guardian Signature

Date

Student Signature

Date

For UB Use Only

Date Received:		Eligibility			Date Interviewed:		
___ Complete	___ Incomplete	___ IE	___ FG	___ Both	___ ACC	___ DEN	___ WAI
Need: ___ 1 ___ 2 ___ 3 ___ 4 ___ 5		___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 11			___ 12 ___ 13 ___ 14		

UPWARD BOUND INFORMATION RELEASE

All Upward Bound family and student information is kept confidential, and will not be released without student and parent/guardian permission.

Upward Bound would like your permission to release family and student information for the following reasons:

1. Upward Bound must report student progress information to the US Department of Education to demonstrate program effectiveness when requesting renewed funding.
2. Upon request Upward Bound will report student progress information to the Minneapolis Public Schools to help counselors and teachers better serve Upward Bound students.
3. Scholarship agencies, youth leadership, employment and education programs contact Upward Bound to offer opportunities to Upward Bound students for whom Upward Bound can release student information (addresses, grades, ethnic background, economic status, etc.).
4. College admission and financial aid offices will waive application fees for students from certain economic backgrounds, and will discuss admission and financial aid opportunities with Upward Bound staff, if we have permission to release student information.
5. Permission to participate in research projects that can help Upward Bound services or identifies areas to Upward Bound where students need assistance.

I give Upward Bound permission to release program information, including education and income information, to the following agencies:

United States Department of Education
Minneapolis Public Schools
University of Minnesota
Minnesota Minority Education Partnership
Minnesota Academic Excellence Foundation
College Admission and Financial Aid Offices
Scholarship Agencies offering opportunities to Upward Bound students
Educational Programs offering opportunities to Upward Bound students
TRiO Professional Associations collecting data to support the continued work of Upward Bound

Parent/Guardian Signature for permission to release information

Date

Student Signature for permission to release information

Date

COLLEGE OF EDUCATION
+ HUMAN DEVELOPMENT

UNIVERSITY OF MINNESOTA

