DUE DATE: _____________________________________

TURN IN AT: ____________________________________

PARENT APPLICATION

40 Education Sciences Building
56 E. River Road
Minneapolis, MN 55455
(612) 625-3021
ubtrio@umn.edu

Find us at:

www.facebook.com/upwardboundumntc
www.cehd.umn.edu/students/Trio/ub

COLLEGE OF EDUCATION
+ HUMAN DEVELOPMENT

University of Minnesota
TRIO UPWARD BOUND (TRIO UB) 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). Students selected to participate in Upward Bound (UB) must meet eligibility guidelines: low-income (as defined by the U.S. Department of Education), and/or 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.

TRIO UB assists high ability students to successfully develop the skills and motivation necessary to pursue a college education. We serve students in our target Minneapolis high schools. We are funded by the United States Department of Education and sponsored by the University of Minnesota | CEHD.

TRIO UB and the University of Minnesota are equal opportunity educators and employers. They are committed to the policy that all persons shall have equal access to 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.

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.

THE COMPLETE APPLICATION PROCESS

Step 1: Submit a student application. (If you are reading this…you have one!) Upward Bound recruits students from our target Minneapolis high schools. The recruiting season is from mid-September through mid-December. UB provides applications during information sessions held in the schools.

Step 2: Submit a parent application. After a student’s application is reviewed for eligibility, Upward Bound contacts the parent(s) to request a completed parent application.

Step 3: Family Information meeting. Parent(s) and student meet with Upward Bound staff to discuss their applications and goals, as well as Upward Bound benefits, expectations, and requirements.

Step 4: Student and parent(s) are notified of admission decision. Upward Bound makes admission decisions in December. Newly admitted students begin UB participation in January.

Step 5: New Student Orientation. If students are notified that they are accepted into our program, parent(s) and student meet with staff to discuss responsibilities and benefits of participation in January.

Any questions: please contact Upward Bound at 612-625-3021 or ubtrio@umn.edu

PARENT/GUARDIAN APPLICATION CHECKLIST

To make sure your parent/guardian application is complete, check below to ensure you have all of the required components:

- Parent/Guardian Application question sections (parent/guardian information, household, family, and income information). Answer ALL questions completely. Use “N/A” to indicate that a question does not apply to your situation.
- A form of income verification must be submitted with this application. This includes either your 2013 taxes or the MFIP public assistance information request form, which can be found in this packet (if your family is on public assistance).
- Student Health History form, which can be found in this application packet.
- Permission to Participate form, which can be found in this application packet.
- A copy of the student’s medical insurance card, both sides.
GUIDE TO FINANCIAL ELIGIBILITY OF APPLICANTS

The following is a guide to the maximum amounts of income that a student’s family can earn and be eligible for TRIO Upward Bound. The guide is based upon taxable income from the federal income tax forms. It only serves as a guide for your family and does not need to be turned in.

However, do note that before a student can be considered for our program, their family must provide verification of parent / guardian income, as mentioned in the checklist on the previous page. This includes either:

1) A copy of the 2013 parent Federal tax form (1040 or 1040A); or
2) The form requesting information about public assistance from your county case worker, included on the last page of this application.

INCOME GUIDELINES

The following is a guide showing the maximum amounts families can earn to be eligible for Upward Bound services. The term “low-income individual” means an individual whose family’s taxable income for the preceding year did not exceed 150% of the poverty level.

The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register, Vol. 78, No. 16, January 24, 2013, pp. 5182-5183.

<table>
<thead>
<tr>
<th># OF EXEMPTIONS CLAIMED</th>
<th>TAXABLE INCOME FOR THE 2013 FEDERAL FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$17,505</td>
</tr>
<tr>
<td>2</td>
<td>$23,595</td>
</tr>
<tr>
<td>3</td>
<td>$29,685</td>
</tr>
<tr>
<td>4</td>
<td>$35,775</td>
</tr>
<tr>
<td>5</td>
<td>$41,865</td>
</tr>
<tr>
<td>6</td>
<td>$47,955</td>
</tr>
<tr>
<td>7</td>
<td>$54,045</td>
</tr>
<tr>
<td>8</td>
<td>$60,135</td>
</tr>
</tbody>
</table>

FAMILIES WITH MORE THAN 8 ADD $6,090 FOR EACH ADDITIONAL MEMBER

ELIGIBILITY FOR UPWARD BOUND AT-A-GLANCE

Your family can use the following checklist to determine the student’s potential eligibility for Upward Bound. Answering “Yes” to any of the questions may deem you financially eligible for our program, but 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 the student or their family, they may still apply to our program. This is only a guideline.

1. Will the student be the first person in their family to attain a college/technical school education (excluding siblings)? Yes No
2. Does your family live in federally supported low-income housing? Yes No
3. Does anyone in your family receive food stamps or other state/federal assistance? Yes No
4. Does the student receive free or reduced lunch at their school Yes No
5. Is the student a foster child, or is the state their legal guardian? Yes No
6. Was your total household income low enough that the parents were NOT required to file taxes last year? Yes No
(Please read carefully, **PRINT** clearly and answer **ALL** questions)

**Student’s Name:**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Parental Status of Student’s Home (CHECK ALL THAT APPLY):**

- Two parents
- Foster home
- Lives with father
- Single parent
- Single parent
- Lives with mother
- Divorced/separated parents (circle one)
- Group home
- Other: __________________

Answer the following about parent(s)/guardian(s) as completely as possible, even if the student does not have contact with a parent. If something does not apply to your situation, please put “n/a”.

### Parent/Guardian 1

<table>
<thead>
<tr>
<th>Relation to student:</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Street Address (including apt. #):</td>
</tr>
<tr>
<td>City, State, Zipcode:</td>
</tr>
<tr>
<td>Home Phone:</td>
</tr>
<tr>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Occupation:</td>
</tr>
<tr>
<td>Employer:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Did this parent receive a Bachelor’s Degree? (circle yes or no): Yes No</td>
</tr>
</tbody>
</table>

### Parent/Guardian 2

<table>
<thead>
<tr>
<th>Relation to student:</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Street Address (including apt. #):</td>
</tr>
<tr>
<td>City, State, Zipcode:</td>
</tr>
<tr>
<td>Home Phone:</td>
</tr>
<tr>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Occupation:</td>
</tr>
<tr>
<td>Employer:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Did this parent receive a Bachelor’s Degree? (circle yes or no): Yes No</td>
</tr>
</tbody>
</table>
## HOUSEHOLD, FAMILY, & INCOME INFORMATION

The U of MN Upward Bound (UB) program is sponsored by a grant from the U.S. Department of Education (DOE). Federal regulations require that UB 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 DOE representatives for audit purposes. All requested income documentation is required to complete the application.

## HOUSEHOLD AND FAMILY INFORMATION

List all siblings (oldest first, including applicant). Please add a page if necessary:

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Present Residence</th>
<th>Educational Level</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

List all other people living in your home (excluding parents listed on previous page). Please add a page if necessary:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to Student Applying</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

## INCOME INFORMATION

1) **Income Tax Return:** Did you file a federal income tax return for last year (2013 tax return)?
   - Yes
   - No

   If “yes”, you must attach a complete copy of your 2013 federal income tax forms (1040, 1040A, 1040EZ, including all W-2’s and schedules).

2) **Public Assistance:** Does your family currently receive public assistance?
   - Yes
   - No

   If “yes”, you must include one of the following with this application:
   - A signed statement from your records from your MFIP, GA, or public assistance worker indicating current benefits AND last year’s total benefits received
   - Fill out the included “Public Assistance Information Request” form and Upward Bound will send it to your case worker.

3) **Unemployment Benefits:** Does either parent(s)/guardian(s) receive unemployment benefits?
   - Yes
   - No

   If “yes”, you must attach a copy of your most current unemployment check.

4) **Sources of Income:** Which of the following were sources of income for your household last year?
   - Public Welfare/Assistance (food stamps, WIC, etc.)
   - Social Security
   - Veterans Benefits
   - Child Support
   - Other:

   Monthly Amount: $__________

5) **Other Eligibility:** Eligibility for Upward Bound is usually based on your taxable income from the previous 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/benefits?
   - Yes
   - No

   If “yes”, explain: ____________________________________________

6) **Does your family live in federally supported low-income housing?**
   - Yes
   - No

7) **Does your family qualify for the free or reduced lunch program in school?**
   - Yes
   - No

8) **Signature:** 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 and attach a copy of both sides of the 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

If the answer is none, use “None.” Do not use “NA or Not Applicable.” If the answer is unknown, use “unknown.”

Allergies: _____________________________

Date of Last Tetanus: _________________________ Chronic Illnesses: _____________________________

Dietary or Activity Restrictions: _____________________________

Medications: _____________________________

Medical Insurance Company: _____________________________ Policy #: ______________________

If your child should require medical treatment of any kind, does your medical insurance company require pre-authorization? No _______ Yes _______

If “yes”, please provide the pre-authorization information:

Name: _____________________________ Phone: ______________________

PARENT OR GUARDIAN MEDICAL CONSENT AND RELEASE

Part 1. Occasionally, the TRIO Upward Bound Program has the opportunity to provide its students free health care services at the University of Minnesota’s Boynton Student Health Service. Some 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, TRIO 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 TRIO Upward Bound staff. I understand that TRIO 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: _______________________________________

I give my student permission to accompany the University of Minnesota, College of Education and Human Development, TRIO Upward Bound staff on supervised field trips for the duration that my child is enrolled in the TRIO Upward Bound program. I understand that these field trips may occur during the Academic School Year or during the TRIO Upward Bound Summer Academic and Residence 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 TRIO 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 TRIO 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 and residential program and complete the assigned work.
4. Abide by all University of Minnesota and TRIO Upward Bound program policies.
5. Participate in the Upward Bound Bridge Program during the summer following high school graduation.
6. Remain in Good Standing with the Upward Bound Program by:
   a.) Meeting regularly with TRIO Upward Bound staff during school visits.
   b.) Attending scheduled TRIO Upward Bound meetings, classes and workshops.
   c.) Notifying TRIO Upward Bound of changes in address and phone number.
7. Complete any other requirements as requested by the TRIO Upward Bound program.

My child and I understand the goals, objectives, and requirements of the TRIO Upward Bound 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
Dear Public Assistance Case Worker:

My son/daughter __________________________ is an applicant to the Upward Bound college preparatory program at University of Minnesota College of Education and Human Development. Upward Bound is funded by the U.S. Department of Education and sponsored by the University of Minnesota | CEHD. Federal guidelines require that applicants provide income verification. Please send the University of Minnesota Upward Bound program all of the following documentation on your official letterhead:

1. A **signed** official document stating the total amount of public aid that I received between January 1 and December 31, 2013, including MIFP, GA, Food Stamps, SSI, etc.

   **AND**

2. A **signed** official document stating my **current** monthly benefit amount(s).

Please fax or send the above requested information to:

Recruitment Coordinator  
Upward Bound  
U of M CEHD  
40 Education Sciences Building  
56 E. River Road  
Minneapolis, MN  55455

Fax: (612) 625-0704  
Phone: (612) 625-3021

Thank you in advance for your prompt response. If you have further questions, please contact the Upward Bound Recruitment Coordinator at the phone number above.

Sincerely,

Parent’s Signature __________________________  
Date __________________________

Parent’s Name Printed __________________________  
Case Number __________________________

Street Address __________________________  
Case Worker’s Name or Team # __________________________

City, State, Zip Code __________________________