

Student Application for:

# UPWARD BOUND PROGRAM

*A Program, An Attitude, A Way of Life*

Upward Bound is a federally funded COLLEGE PREPARATORY program sponsored by UH Hilo since 1979.

Use this Application Checklist to make certain you have provided all documents necessary to complete your application. Please be certain both you and your parent have signed and dated the back page of the Application. Your parent must also sign and date the prior year 1040 Federal Tax form or other source of income documents. **ALL INFORMATION (Birthdate, Social Security, and Taxes) WILL BE KEPT CONFIDENTIAL AND SECURED.**

- Completed Student Application
- Completed Parent Information
- Copy of a current photo (head & shoulders only) of yourself
- Completed School Record Consent Form
- Copy of your latest School Transcript
- Copy of your current Report Card
- Copy of your Smarter Balance Assessment Consortium (SBAC) Test Scores
- If applicable, a copy of your Individualized Education Program (IEP)
- If applicable, a copy of both sides of your Alien Registration Card
- Household Income:
  - a. Copy of your parent(s) prior year Federal 1040, 1040A, 1040EZ tax form, **OR**
  - b. If your parent(s) do not file taxes, provide a signed, notarized statement of the family's monthly income, **OR**
  - c. If your family receives public assistance please submit a copy of documents showing monthly amounts received from various sources (i.e. DHS, Social Security, etc.) **OR**
  - d. If you are in foster care, please submit a copy of the court document stating you are a ward of the state **OR**
  - e. If you reside with someone other than your parent(s) who has legal guardianship, please submit a copy of the appropriate legal guardian documents identified in a, b, c or d above



UNIVERSITY  
of HAWAII®  
**HILO**

*Upward Bound Program*  
*Division of Student Affairs*  
*200 W. Kawili Street*  
*Hilo, Hawaii 96720-4091*  
*Phone: (808) 932-7517 Fax: (808) 932-7515*

Upward Bound Program  
**PLACE  
PHOTO  
HERE**  
University of Hawaii Hilo

# STUDENT APPLICATION

Upward Bound Program  
University of Hawaii at Hilo

It is essential that the entire application be completed before it is returned to Upward Bound. Type or print clearly (in black ink) and do not hesitate to add information you feel is important.

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Alternate: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_  Female  Male

High School: \_\_\_\_\_ Current Grade:  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup> (first semester)  
(currently attending or will attend in the fall semester)

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_  US citizen  Permanent Resident  
(If you are not a US citizen, please attach a copy of your alien registration card [front & back])

1. How long have you lived in the U.S.? \_\_\_\_ (yr) \_\_\_\_ (mo)

2. How long have you lived on the Big Island? \_\_\_\_ (yr) \_\_\_\_ (mo)

3. Ethnicity (check all that apply):  Hispanic  Hawaiian  Asian  White  African American  
 American Indian/Alaskan  Pacific Islander  other: \_\_\_\_\_

4. What language is spoken most often at home?  English  If other language, please identify \_\_\_\_\_

5. Do you currently participate in any of these programs?  Talent Search  Gear Up  AVID

6. What are your post high school educational plans?  2 year College  4 year College

7. Do you have an IEP?  YES  NO **If yes, you must include a copy of your IEP with your application packet.**

8. Why do you want to participate in Upward Bound? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What kind of job or career would you like to have when you become an adult? \_\_\_\_\_  
Why this job or career? \_\_\_\_\_

10. What are the obstacles which may prevent you from going to college? Check all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Low GPA                     | <input type="checkbox"/> Predominantly Low Income Community        | <input type="checkbox"/> Rural Isolation      |
| <input type="checkbox"/> Low Achievement Test Scores | <input type="checkbox"/> Lack knowledge of Financial Aid process   | <input type="checkbox"/> Unstable Family Life |
| <input type="checkbox"/> Low Educational Aspirations | <input type="checkbox"/> Interest in career in Math & Science      | <input type="checkbox"/> Poor Study Habits    |
| <input type="checkbox"/> Grades need improvement     | <input type="checkbox"/> Diagnosed Learning Disability             |   |
| <input type="checkbox"/> Lack of Motivation          | <input type="checkbox"/> Limited English Proficiency               |   |
| <input type="checkbox"/> Lack of Opportunity         | <input type="checkbox"/> Extra Curricular Activities, Clubs        |   |
| <input type="checkbox"/> Lack of Career Goals        | <input type="checkbox"/> Lack of knowledge of process to apply     |   |
| <input type="checkbox"/> Lack of Confidence          | <input type="checkbox"/> Don't know what I want to do with my life |   |

# PARENT INFORMATION

Upward Bound Program  
University of Hawaii at Hilo

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## Parent 1 / Legal Guardian

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

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## Parent 2 / Legal Guardian

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

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### 1. Who does the applicant (your child) live with?

- |                                     |  |   |                                       |
|-------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Mother     | <input type="checkbox"/> Grandmother   | <input type="checkbox"/> Uncle          | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandfather   | <input type="checkbox"/> Aunt           | define relationship                   |
| <input type="checkbox"/> Father     | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Legal Guardian |                                       |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Hanai Parents | <input type="checkbox"/> Family Friend  |                                       |

### 2. Check the highest level of education attained.

Parent 1 / Legal Guardian

Parent 2 / Legal Guardian

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Professional Degree (ie. Doctor, Lawyer, PhD) | <input type="checkbox"/> | <input type="checkbox"/> |
| Master's Degree                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Bachelor's Degree                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Associate Degree/2yr. Certificate             | <input type="checkbox"/> | <input type="checkbox"/> |
| Some College Experience                       | <input type="checkbox"/> | <input type="checkbox"/> |
| High School Diploma/GED                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Did not complete High School/GED              | <input type="checkbox"/> | <input type="checkbox"/> |

OVER →

3. If either parent has a college bachelor's degree or higher please answer the following, otherwise leave blank.

From what college did you receive your degree/certificate?

Parent 1: \_\_\_\_\_

Parent 2: \_\_\_\_\_

What was your course of study?

Parent 1: \_\_\_\_\_

Parent 2: \_\_\_\_\_

4. Do you (parent/guardian) receive any of the following: Check all that apply.

Social Security     Welfare     Disability     Veterans Benefits     General Assistance     None

5. How many family members live in your household?     1     2     3     4     5     6     7     8     9     10

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- I understand the information the applicant and parent provide will be used to determine if the applicant is eligible for college preparatory services funded by the U.S. Government
  - I understand that information provided will be kept secure and confidential
  - I understand that I may need to provide information updates as necessary
  - I understand the applicant will be released from Upward Bound if he/she does not make earnest effort to meet Program academic and behavior standards, and abide by Program rules, University of Hawaii policies and, state and federal laws
  - I understand that the applicant will be denied admission or released from Upward Bound if information provided is not true and accurate to the best of the applicants and parent's knowledge
  - I understand that deliberate misrepresented information is prosecutable under federal law

Student Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent /Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# SCHOOL RECORD CONSENT

Upward Bound Program  
University of Hawaii at Hilo  
200 W. Kawili Street  
Hilo, HI 96720-4091  
Ph: (808) 932-7517 Fax: (808) 932-7515

Please read and initial each statement:

- \_\_\_\_\_ I understand that as part of the Upward Bound application process my child's school records including grades and test scores (and IEP, if applicable) will be provided.
- \_\_\_\_\_ I understand counselor and teacher recommendations and evaluations of my child must be provided.
- \_\_\_\_\_ I understand that if my child is selected for the program, the program will continue to require the information mentioned above throughout my child's participation in the Upward Bound program or as required by the U.S. Department of Education.

Please print clearly and provide signature:

Student's Name: \_\_\_\_\_, \_\_\_\_\_  
*Last* *First* *MI*

Student's Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_, \_\_\_\_\_  
*Last* *First*

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