Student Application for:

UPWARD BOUND PROGRAM

A Program
An Attitude
A Way of Life

University of Hawai‘i
HILO

Upward Bound is a federally funded TRIO program sponsored by UHH since 1979
Upward Bound Program
University of Hawaii at Hilo

APPLICATION CHECKLIST

You need to have…

Fully completed your application and obtained all necessary signatures and required supplemental documentation:

☐ Completed Student Application-Part I
☐ Completed Student Application-Part II (typed, doubled spaced using a 12-point font)
☐ Completed Parent Application
☐ Completed School Record Consent form
☐ Completed English Recommendation form
☐ Completed Math Recommendation form
☐ Completed Science Recommendation form
☐ Completed Counselor Recommendation form
☐ Copy of your latest school transcript
☐ Copy of your current report card
☐ If applicable, a copy of your IEP
☐ Copy of your Social Security card
☐ Copy of your medical card
☐ Copy of your Immunization Record
☐ If applicable, a copy of both sides of your Alien Registration card
☐ Signed copy front and back page of your parent(s) most recent federal 1040, 1040A, 1040EZ tax form, or
  • If your parent(s) do not file taxes, provide a signed, notarized statement of the family’s monthly income, or
  • 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.)

INSTRUCTIONS FOR PROVIDING VERIFICATION OF INCOME

Foster Children or Wards of the Court: no income verification is required – provide a signed letter from foster parent or guardian detailing foster child/ward of the court status. Include caseworker’s name, address and telephone number.

If taxes have not been completed for 2010, attach a copy of pages 1 & 2 of your parent’s 2009 Federal 2009 1040, 1040A, 1040EZ. This will help us estimate eligibility; however 2010 taxes are still required. The earlier you can submit a final copy of your parent’s 2010 taxes to the Upward Bound office the sooner we will be able to determine your eligibility. PLEASE NOTE: In order to receive services and participate in Upward Bound, final 2010 Federal Income Taxes or a document form the government agency that provides your parent’s income (public assistance, etc.) must be submitted to the Upward Bound office no later than
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:__________

Social Security Number: ________-________-________   Date of Birth: _____ / _____ / _____  □ Female  □ Male

Mailing Address: __________________________________ City: _________________ State: __________Zip: __________

Home Address:    __________________________________ City: _________________ State: __________Zip: __________

Home Phone: (______)-_______-_______ Cell Phone: (______)-_______-_______  Alternate: (______)-_______-_______

Email Address: ______________________________________________________________________________________

High School: ___________________________________________________  □ 9th  □ 10th  □ 11th (first semester)

Place of Birth: City: ____________________ State:  ___________  □ US citizen?  □ Permanent Alien Resident

(If you are not a US citizen, please attach a copy of your alien registration card [front & back])

How long have you lived in the U.S.? ____(yr) ____(mo)      How long have you lived on the Big Island? ____(yr) ____(mo)

Ethnicity (check all that apply): □ Hispanic   □ Hawaiian  □ Asian  □ White  □ African American

□ American Indian/Alaskan □ Pacific Islander □ other: _________

What language is spoken most often at home? □ English  □ English and Other _____________________________

Do you currently participate in any of these programs?  □ West Hawaii Talent Search  □ Gear Up

What are your post high school educational plans?  □ 2 year  □ 4 year  □ Work  □ Military

Where would you like to go to college? ___________________  Why? ___________________________________________

____________________________________________________________________________________________________

What kind of job would you like to have when you become an adult? ___________________ Why? ___________________

____________________________________________________________________________________________________

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

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

□ Lack finances  □ Lack knowledge of process to apply  □ Grades are not good

□ Poor study habits  □ Physical or learning disability  □ Unstable family life

□ Lack confidence  □ Unsure of a career choice  □ Don’t know what I want to do with my life

□ Lack motivation  □ Language  □ Extra curricular activities, clubs

I testify that the information provided in this application is true. (If selected as a participant of the University of Hawaii at Hilo Upward Bound Program, I agree to conduct myself in a manner that will bring credit to myself, my family, school, community and the Upward Bound Program.) I understand that I will be released if I do not obey program rules, policy and make earnest effort to meet standards.

Student Signature: ______________________________________________________________________    Date: _____ / _____ / _____

01/2011
PERSONAL STATEMENT

Each student applying to Upward Bound is unique in her/his own way. Your personal statement is your opportunity to tell us who you are. Your statement will be used to help us identify academic, personal growth and career exploration opportunities that most likely will meet your needs and interests. Please create a 1-2 page personal statement that reflects an image of who you are academically and personally, provides insight into your career aspirations, and expresses how you believe Upward Bound can help you achieve your goals. Your statement must be typed and be 1-2 pages in length, 12-point Times New Roman font with 1” margins.

ESSAY

Choose only one of the following questions and create a well thought out essay. The essay must be 300 – 500 words, typed, double spaced using a 12-point Times New Roman font.

1. The biggest hurdle(s) I currently face in high school and changes I must make in myself to successfully prepare, enter and graduate from college are:

2. The most important issues/concerns the State of Hawaii must face over the next ten years are, and; as a responsible citizen of Hawaii, what should I be prepared to do to help solve these issues/concerns:

3. Describe your biggest dream, desire or goal. Why is it important to you? What would you be willing to do to attain it? What are some of the sacrifices you must make to achieve your goal?
Upward Bound Program
University of Hawaii at Hilo

PARENT APPLICATION

Name of Applicant: __________________________________________

Father/Male 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: ____________________________

Mother / Female 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: ____________________________

1. Who does the applicant (your child) live with? Check all that apply.

☐ Mother ☐ Stepmother ☐ Grandmother ☐ Father ☐ Stepfather ☐ Grandfather ☐ other: __________________________

☐ Uncle ☐ Foster ☐ Aunt ☐ Hanai Parents ☐ Female Guardian ☐ Male Guardian

2. Check the highest level of education attained. ☐ Professional Degree (ie. Doctor, Lawyer,PhD) ☐ Master’s Degree

☐ Bachelor’s Degree ☐ Associate Degree/2yr. Certificate ☐ Some College Experience

☐ High School Diploma/GED ☐ Did not complete High School/GED

Back
3. Do you (parent/guardian) receive: Check all that apply.

☐ Social Security  ☐ Welfare  ☐ Disability  ☐ Veterans Benefits  ☐ General Assistance

4. If either parent(s) has a college degree please answer the following, otherwise leave blank.

From what college did you receive your degree/certificate?

Mother: _________________________________________________________________________________________
Father: _________________________________________________________________________________________

What was your course of study?

Mother: _________________________________________________________________________________________
Father: _________________________________________________________________________________________

5. How many children do you have?  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7  ☐ 8  ☐ 9  ☐ 10

6. How many live in the same household with your child?  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7  ☐ 8  ☐ 9  ☐ 10

7. How many of your children have gone to college?  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7  ☐ 8  ☐ 9  ☐ 10

8. What college(s) did she/he/they attend?

___________________________________________________________________________________________

___________________________________________________________________________________________

9. In what language do you speak to your child in the home?

Mother: _________________________________________________________________________________________
Father: _________________________________________________________________________________________

10. Why do you want your child to participate in Upward Bound?

Mother: _________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Father: _________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

IMPORTANT!
- To complete your child's application you must provide Upward Bound with a SIGNED copy front and back page of your most recent federal 1040, 1040A, 1040EZ tax form, or
- If you do not file taxes, provide a signed, notarized statement of the family's monthly income, or
- If the family receives public assistance please submit a copy of documents showing monthly amounts received from various sources (i.e. DHS, Social Security, etc.)

I certify that the above information is true and accurate to the best of my knowledge. I also understand that this information is being given to access services provided by U.S. Government funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws. I understand that all information will be secure and kept confidential. I will provide information updates as necessary.

Father/Legal Guardian Signature: ____________________________ Date: _____ / _____ / _____

Mother/Legal Guardian Signature: ____________________________ Date: _____ / _____ / _____
I understand that as part of the Upward Bound selection process my child’s school records including grades and test scores (and IEP, if applicable) will be reviewed.

I understand counselor and teacher recommendations and evaluations of my child must be provided in order to help reach a decision regarding selection.

I understand that if my child is selected for the program, the program will continue to acquire the information mentioned above throughout my child’s participation in the Upward Bound program.

Please print clearly and provide signature:

Student’s Name: ______________________________, _____________________________

Last                                                                             First

Student’s Signature: __________________________________________________________

Parent/Guardian Name: ____________________________, _________________________

Last                                                                      First

Parent/Guardian Signature: _________________________________________________
COUNSELOR RECOMMENDATION FORM

STUDENT INSTRUCTIONS:
- Complete the information below.
- Give the recommendation form and envelope to your COUNSELOR to complete.

Applicant’s name: ____________________________________________, ______________________________________
School: __________________________________________________________________________ Grade: □ 9th □ 10th □ 11th

COUNSELOR INSTRUCTIONS:
- Please complete this form, providing the most specific as possible in your remarks.
- Enclose and seal the form in the envelope provided, sign over the seal, and return to the student, who will submit his/her completed application to Upward Bound. The assessment and remarks will be held in strict confidence.

1. How long have you known the applicant? ______ Years ______ Months
2. What qualities come to mind that best describe the applicant?
   __________________________________________________________________________________________
   __________________________________________________________________________________________
3. Based on your knowledge of the applicant, please evaluate this student:

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<th></th>
<th>Outstanding</th>
<th>Above Average</th>
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<th>Needs Improvement</th>
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<tr>
<td>Aptitude in subject</td>
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4. Are you aware of any current circumstances or problems which may affect the performance of the applicant in this rigorous college-prep program (i.e., financial background, family responsibilities, educational preparation, health)?
   □ YES □ NO
   If yes, explain: ______________________________________________________________
   __________________________________________________________________________

5. Based on my evaluation, the applicant is:
   □ Strongly Recommended □ Recommended with Reservation □ Recommended
   □ Recommended with Reservation □ Not Recommended

Teacher name: __________________________________________________ Last: ______, First: ______
Signature: __________________________________________ Date: ______ / ______ / ______

11/2010
SCIENCE RECOMMENDATION FORM

STUDENT INSTRUCTIONS:
• Complete the information below.
• Give the recommendation form and envelope to your SCIENCE teacher to complete.

Applicant’s name: ____________________________________________, ____________________________________________

School: ______________________________________________________
Grade: □ 9th □ 10th □ 11th

Subject: □ Physical Science □ Biology □ Chemistry □ Marine □ Other: ____________________

TEACHER INSTRUCTIONS:
• Please complete this form, providing the most specific as possible in your remarks.
• Enclose and seal the form in the envelope provided, sign over the seal, and return to the student, who
will submit his/her completed application to Upward Bound. The assessment and remarks will be
held in strict confidence.

1. How long have you known the applicant? ______ Years _____ Months

2. What qualities come to mind that best describe the applicant?
__________________________________________________________________________________________
__________________________________________________________________________________________

3. Based on your knowledge of the applicant, please evaluate this student:

Aptitude in subject
□ Outstanding □ Above Average □ Average □ Needs Improvement

Study skills/habits
□ Outstanding □ Above Average □ Average □ Needs Improvement

Communication skills
□ Outstanding □ Above Average □ Average □ Needs Improvement

Motivation and willingness to learn
□ Outstanding □ Above Average □ Average □ Needs Improvement

Behavior toward instructors, peers
□ Outstanding □ Above Average □ Average □ Needs Improvement

Attendance
□ Outstanding □ Above Average □ Average □ Needs Improvement

Critical Thinking
□ Outstanding □ Above Average □ Average □ Needs Improvement

Self Starter (seeks out help, resources)
□ Outstanding □ Above Average □ Average □ Needs Improvement

4. Are you aware of any current circumstances or problems which may affect the performance of the applicant in
this rigorous college-prep program (i.e., financial background, family responsibilities, educational preparation,
health)?
□ YES □ NO
If yes, explain: ________________________________________________________________
__________________________________________________________________________________________

5. Based on my evaluation, the applicant is: □ Strongly Recommended □ Recommended
□ Recommended with Reservation □ Not Recommended

Teacher name: ____________________________________________, ____________________________________________

Signature: ____________________________________________ Date: _______ / _______ / _______
STUDENT INSTRUCTIONS:
• Complete the information below.
• Give the recommendation form and envelope to your MATH teacher to complete.

Applicant’s name: __________________________________, ___________________________________                        Last                                      First                                                                M

School: ______________________________________________________    Grade: □ 9th □ 10th □ 11th

Subject: □ Pre-Algebra □ Algebra I □ Geometry □ Algebra II □ Trigonometry □ Pre-Calculus □ Calculus

TEACHER INSTRUCTIONS:
• Please complete this form, providing the most specific as possible in your remarks.
• Enclose and seal the form in the envelope provided, sign over the seal, and return to the student, who will submit his/her completed application to Upward Bound. The assessment and remarks will be held in strict confidence.

1. How long have you known the applicant? ______ Years ______ Months

2. What qualities come to mind that best describe the applicant?
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3. Based on your knowledge of the applicant, please evaluate this student:

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4. Are you aware of any current circumstances or problems which may affect the performance of the applicant in this rigorous college-prep program (i.e., financial background, family responsibilities, educational preparation, health)? □ YES □ NO If yes, explain: ______________________________________________________________
__________________________________________________________________________________________

5. Based on my evaluation, the applicant is: □ Strongly Recommended □ Recommended with Reservation □ Recommended □ Not Recommended

Teacher name: _____________________________________________________________ Last                                      First

Signature: ___________________________________________________________ Date: _______ / _______ / _______
ENGLISH RECOMMENDATION FORM

STUDENT INSTRUCTIONS:
• Complete the information below.
• Give the recommendation form and envelope to your ENGLISH teacher to complete.

Applicant’s name: ________________________________________________________________

School: ______________________________________________________    Grade: □ 9th □ 10th □ 11th

Subject: □ 9th English □ 10th English □ 11th English □ Honors □ A.P. □ Creative Writing

TEACHER INSTRUCTIONS:
• Please complete this form, providing the most specific as possible in your remarks.
• Enclose and seal the form in the envelope provided, sign over the seal, and return to the student, who will submit his/her completed application to Upward Bound. The assessment and remarks will be held in strict confidence.

1. How long have you known the applicant? ______ Years ______ Months

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   __________________________________________________________________________
   __________________________________________________________________________

5. Based on my evaluation, the applicant is: □ Strongly Recommended □ Recommended
   □ Recommended with Reservation □ Not Recommended

Teacher name: ________________________________________________________________

Signature: ____________________________ Date: _______ / _______ / _______