Upward Bound-
Rural
Program Application:
A Federal TRiO Program

1951 E. Valley Parkway
Escondido, Ca 92027
Phone: (760) 744-1150 ext. 8118
Fax: (760) 432-8407
www.palomar.edu/upwardbound
Palomar College Upward Bound

(DUE DATE March 18th-21st)

Upward Bound is a year-round program designed to serve high-potential students who are interested in attending college after graduating from a high school.

You are encouraged to apply if:

1. You are from an income eligible family
2. Neither of your parents/guardians possesses a bachelor’s degree (also known as a “four-year degree”)
3. You will be attending one of the target high schools: El Camino High School, Escondido High School, Fallbrook High School, or Rancho Buena Vista High School
4. You are currently a rising 9th, 10th, 11th, or 12th grade student
5. You have a valid U.S. Social Security number

All cost for the Upward Bound program are paid by the U.S. Department of Education. There are no charges of any kind to participating students and their families.

During the academic year Upward Bound will offer the following services:

- Assistance in preparing for college admissions forms
- SAT/PSAT test preparation
- Assistance in preparing financial aid forms
- College and career advising
- Academic advising
- Tutoring services
- SAT fee waivers
- Monthly parent workshop
- Enjoy academic enrichment activities, community events, and field trips

During the Summer Residential Component, SRC, Upward Bound will offer the following services:

- Participate in challenging Upward Bound classes for high school credit
- Receive help in formulating an educational plan
- Learn study skills and time management techniques
- Work with college student mentors
- Enjoy academic enrichment activities, community events, and field trips
Dear Applicant,

You have received information about the Upward Bound Program at Palomar College and are ready to begin the application process. Attached you will find the UB application packet and requested forms for completion. You are responsible for making sure that we receive all parts of the application. **WE WILL NOT REVIEW YOUR APPLICATION UNTIL WE HAVE RECEIVED A COMPLETED APPLICATION PACKET.** When filling out your application, please type or print clearly in black ink.

- Student application
- Parent Guardian information
- Autobiography
- Transcript waiver form
- Mathematics and English waiver form
- Copy of Social Security Card or U.S. Residency information
- Copy of current parent/guardian Federal Income Tax Return or copy of Public Assistance Eligibility and Benefits
- All middle school or high school transcripts

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED!**

All required documents must be submitted, mailed, or faxed to the following address/fax number:

Upward Bound Program
Palomar College
1951 E. Valley Pkwy
Escondido, CA 92027

Phone: (760) 744-1150 ext. 8118
Fax: (760) 432-8407

In compliance with all applicable federal and state laws, Palomar College offers equal educational and employment opportunities regardless of sex, race, color, religion, ancestry, marital status, sexual orientation, national origin, or disability. It is the policy of the College that unless exempted by statute, every course offered and maintained by the District shall be fully open to enrollment and participation by any person who has been admitted to the College, and who meets the stated prerequisites for the course.
Please answer the following questions about yourself.

1. Name: ____________________________________________
   First                                                   Last

2. Social Security #:______-____-___________

3. Mailing Address: __________________________________________________________
   Street                                     Apt#                         City                       State                     Zip

4. Cell Phone #:________________________

5. Home Phone #:________________________

6. Parent Cell Phone #:____________________

7. E-mail Address: _______________________

8. Date of Birth: ____-____-_______

9. Gender: ☐ Female ☐ Male

10. Name of middle school or high school currently attending: ______________________________________

11. Current grade: __________

12. Name of high School attending in the fall? ___________________________

13. What is ethnicity do you identify with? (Please check all the boxes that best describe you)

   ☐ American Indian or Alaskan Native
   ☐ Native Hawaiian/Pacific Islander
   ☐ Asian American or Asian
   ☐ Native African or African American
   ☐ Latino or Hispanic
   ☐ Caucasian (white)
   ☐ Middle Eastern
   ☐ Multi-racial
   ☐ Other: __________________________

What is your primary language? ____________________________

Are parents bilingual? ____________________________

STEP 3: Residency Verification/Verificación de Residencia

Please answer the following questions about yourself. (If answer yes to question 1, skip question 2)

1. Are you a U.S. Citizen? ☐ YES ☐ NO

2. Are you a Permanent Resident? ☐ YES ☐ NO

   Alien Registration #________________________

STEP 4: Program Verification/Verificación de Programa

Please indicate which Educational Programs you have participated in (Check all that apply, write participant years. If you did not participate in the following programs mark N/A).

☐ Talent Search____________________

☐ GEAR UP____________________

☐ Upward Bound____________________

☐ AVID____________________

☐ Other____________________
This information is required by the U.S. Department of Education. It will be used to determine eligibility of your son/daughter. All information is kept confidential.

**Mother/Guardian Information:**

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

Mailing address: _________________________________________________________________________________________________________________

Street   Apt #   City   CA Zip

Home Phone Number: ( ) _______________________________ Work Phone Number: ( ) _______________________________

Cell Phone Number ( ) ________________ Occupation: ________________________________

**Father/Guardian Information:**

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

Mailing address: _____________________________________________________________________________________________________________

Street   Apt #   City   CA Zip

Home Phone Number: ( ) _______________________________ Work Phone Number: ( ) _______________________________

Cell Phone Number ( ) ________________ Occupation: ________________________________

**STEP 6: Family Information/Información Familiar**

To be eligible as a first generation student, neither of your parents/guardians can possess a bachelor's degree (also known as a “four-year degree”).

<table>
<thead>
<tr>
<th></th>
<th>Elementary</th>
<th>High School</th>
<th>Diploma</th>
<th>College</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>1 2 3 4 5 6 7 8</td>
<td>9 10 11 12</td>
<td>yes</td>
<td>no</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Mother</td>
<td>1 2 3 4 5 6 7 8</td>
<td>9 10 11 12</td>
<td>yes</td>
<td>no</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

Parental Consent:

- As the parent/legal guardian of this student, I give permission for my student to participate in the Upward Bound Program, which includes field trips and the summer residential program. I hereby consent for Upward Bound to access my student’s school records and to collaborate with school personnel on his/her behalf. I release the Upward Bound Program, its employees, and Palomar College and its employees from any claims arising from this student's participation in the Upward Bound Program.
- I certify that I have provided complete and accurate responses to the items on this application. I further certify that all official records submitted in support of this application are authentic and unaltered that pertain to my family.

Parent/Guardian Signature: __________________________________________ Date: __________________________
Step 7: Student Autobiography/Autobiografía del Estudiante

Name of Applicant: ___________________________________________ Date: _____________________

Student Personal Response: Please respond to the following prompt. You may type your response and attach additional pages if desired.

“How can the Upward Bound Program help you reach your academic and college goals? Why do you want to attend college after high school? How will your participation in the Upward Bound Program benefit you as person?”

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STEP 8: Income Verification/Verificación de Ingresos

Instructions for providing verification of income:
Please submit the following:

If parent(s), guardian(s), or student file a Federal 1040 Income Tax form: provide a signed copy of pages 1 & 2 of the most recent form showing the number of exemptions claimed and the taxable income. Caution – be sure to provide the form covering the most recent tax year. The USDE uses the size of the student’s family’s taxable income to determine income eligibility.

If parent(s) or guardian(s) receive welfare (TANF, AFDC, General Assistance, etc.) request verification of monthly benefits. Ask for a "Passport to Services Form" when contacting your local welfare office.

If parent(s) or guardian(s) receive Social Security payments (SSI, Disability, etc.) request verification of monthly benefits from your Social Security office.

Foster Children or Ward 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 you cannot provide any of the above sources of income verification, please attach a letter stating: the parents/guardians yearly income, the source of income, and current number in the household, along with a parent/guardian signature and date.

1. ___________________________   2. ___________________________
   Print Father’s name (Male Guardian)   Print Mother’s Name (Female Guardian)
3. Father’s (Male Guardian’s) occupation: ___________________________
4. Mother’s (Female Guardians) occupation: ___________________________
5. Total taxable family income reported on Federal Income Tax Return during the most recent tax year:
   $ ___________________________ Total number of people supported by this income __________.

Please attach a copy of your most recent income tax return.

If you did not file an income tax return for the most recent tax year, please indicate your source of income by placing a check in the appropriate box(es) below.

   _____ Disability   _____ Social Security   _____ Unemployment
   _____ Veterans Benefits   _____ other, specify __________________________

Federal TRiO Income Guidelines:

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>48 Contiguous States, D.C., and Outlying Jurisdictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$17,235</td>
</tr>
<tr>
<td>2</td>
<td>$23,265</td>
</tr>
<tr>
<td>3</td>
<td>$29,295</td>
</tr>
<tr>
<td>4</td>
<td>$35,325</td>
</tr>
<tr>
<td>5</td>
<td>$41,355</td>
</tr>
<tr>
<td>6</td>
<td>$47,385</td>
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<tr>
<td>7</td>
<td>$53,415</td>
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<tr>
<td>8</td>
<td>$59,445</td>
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</tbody>
</table>
ACADEMIC WAIVER

STUDENT NAME: ________________________________________________________________

SOCIAL SECURITY NUMBER: _____________________________________________________

MIDDLE SCHOOL: _______________________________________________________________

HIGH SCHOOL: __________________________________________________________________

PARENT/GUARDIAN SIGNATURE: _________________________________________________

PARENT/GUARDIAN SIGNATURE: _________________________________________________

The above named student has applied for and may receive acceptance into the Upward Bound Program at Palomar College. The student and parent(s)/guardian(s) have given permission for all grades, progress reports, transcripts, test scores, and communications with counselors and teachers regarding such matters as academic achievement, performance issues, and/or behavioral issues to be submitted to the UB program upon request. This approval shall commence with the date of the signatures below, and conclude upon written notification from the Upward Bound Program Supervisor/Outreach Coordinator.

__________________________________________     _________________________________________
Parent/Guardian Signature                                                      Parent/Guardian Signature

____________________________________________                                  _________________________________________
Date                                                                                                     Date
Please answer the following questions to best of your ability. The answers will help us determine your motivation and preparation for academic and college success.

What are your academic goals?
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

How did you hear about our program and please explain your reason(s) for wanting to be a member of the Upward Bound program.
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

Please explain the types of services that you hope to use in our program? Why?
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

Tell us about your greatest challenges in school and how you overcame these adversities?
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

Information provided to Upward Bound is confidential and will not be released without the student's permission. By signing below, you authorize Upward Bound to receive and release information to/from all applicable educational and career institutions to assist me in my educational planning, verify enrollment, and secure financial aid opportunities for program participants. In addition, my information may be released to the Department of Education to demonstrate program effectiveness when requesting renewed funding.

In addition, I verify that the information provided in this application is true and accurate.

Student Signature ___________________________ Parent Signature ___________________________
Date ___________________

Photo/Media Release
Much of our publication and marketing success is from the use of photos and videos taken of Upward Bound students during program events. By signing below, you give the irrevocable right to use your name, photo, or video in all forms and media and in all manners, including composite or distorted representations, for advertising, trade or any other lawful purposes, and you waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I verify that I am at least* 18 years of age, I have read this release and am fully familiar with the contents.

Student Signature_________________________ Parent Signature ___________________________
Date ___________________
ENGLISH TEACHER ASSESSMENT FORM

Student: Please type or print in ink the following information and give this form to your English teacher.

First Name          Last Name

*****************************************************************************

English Teacher: The above named student is applying to the Palomar College Upward Bound Program. The program is designed to prepare low income and first generation college-bound students for post-secondary education. Please provide the following information to the best of your knowledge. Your careful evaluation will assist us in determining placement.

How long have you known this student? ________________________________

How well do you know the student? ________________________________

What level of English have you taught this student? ________________________________

Please evaluate the following areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
<th>No Comment</th>
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<tbody>
<tr>
<td>Reading Comprehension</td>
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<td>Writing Skills</td>
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<tr>
<td>Grammar</td>
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<tr>
<td>Written Expression</td>
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<td></td>
<td>1. Oral Expression</td>
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<tr>
<td>Respect for Others</td>
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<tr>
<td>Responsibility</td>
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<td>Work Ethic</td>
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<td>Leadership</td>
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<td>Overall Evaluation</td>
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Print Teacher Name ________________________________  Teacher Signature __________________ Date ____________

UPWARD BOUND
PALOMAR COLLEGE

STEP 12: English Teacher Assessment Form/Evaluación del Maestro de Ingles
MATH TEACHER ASSESMENT FORM

Student: Please type or print in ink the following information and give this form to your Math teacher.

First Name   Last Name

Math Teacher: The above named student is applying to the Palomar College Upward Bound Program. The program is designed to prepare low income and first generation college-bound students for post-secondary education. Please provide the following information to the best of your knowledge. Your careful evaluation will assist us in determining placement.

How long have you known this student? .................................................................

How well do you know the student? ........................................................................

What level of Math have you taught this student? ....................................................

Please evaluate the student in the following areas:

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<tr>
<th></th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
<th>No Comment</th>
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<tbody>
<tr>
<td>Basic Computational Skills</td>
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<tr>
<td>Analytical/Problem Solving Skills</td>
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<tr>
<td>Word Problems</td>
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<tr>
<td>Addition/Subtraction/Mult./Division</td>
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<td>Class Participation</td>
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<td>Respect for Others</td>
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Print Teacher Name: ___________________________  Teacher Signature: ______________________  Date: __________