



UPWARD BOUND APPLICATION

(Application Form as of September 19, 2017)

We are required by the United States Department of Education to obtain income information from all students served by the UB program. This information is protected by the Privacy Act of 1974. No one may see the information unless employed by the UB program or specifically authorized to see it. The U.S. Dept. of Education has the authority to gather such information (20 USC 1231a.) Your child will not be accepted into the program unless and until verification of eligibility is determined. (All information provided is kept confidential)

DIRECTIONS: A parent or legal guardian of a student applying for enrollment into the UOG Upward Bound Program must complete this information. Please print or type all requested materials using **black or blue** ink. This application will be considered incomplete and will not be processed without the requested supporting documents listed on pg. 3 of this application.

FOR OFFICIAL USE:
Date Received: _____
By: _____
Eligibility Status

PART A - STUDENT INFORMATION

		M / D / Y			
Name: Last, First, M.I.		Gender	Date of Birth	Age	Social Security #
Print School Name			Grade Level	GPA (cumulative)	
Student Cell Phone, if any:		Student Email:			
Student Mailing address:					
P.O. Box		or Street Address (if home delivery available)		Village	State Zip Code
Are you currently a participant in any federally funded pre-college programs, such as *UOG ETS or *GCC College Access Challenge Grant (CACGP)?					
<input type="checkbox"/> NO / <input type="checkbox"/> *YES , if yes please specify: <input type="checkbox"/> UOG Educational Talent Search <input type="checkbox"/> GCC College Access Challenge Grant <input type="checkbox"/> Other: _____					
Have you applied to the Upward Bound Program before? <input type="checkbox"/> NO / <input type="checkbox"/> YES , if yes please specify what school year _____					
CITIZENSHIP:			LANGUAGE BACKGROUND:		
Please indicate your citizenship status by marking a box below:			Please provide answers to each question.		
<input type="checkbox"/> Citizen, national, or permanent resident of the United States <input type="checkbox"/> Citizen of the Republic of Palau Citizen of the Freely Associated States (✓Check island) <input type="checkbox"/> Chuuk <input type="checkbox"/> Pohnpei <input type="checkbox"/> Kosrae <input type="checkbox"/> Yap <input type="checkbox"/> Citizen of the Republic of the Marshall Islands <input type="checkbox"/> Other (please specify) _____			What is your ethnicity? (example: Chamorro, Filipino) _____ Is English your first language? <input type="checkbox"/> YES / <input type="checkbox"/> NO If English is NOT your first language, what is your first language? _____ Language spoken at home: _____ Language spoken by your parents/ guardians: _____		
CAREER FIELD			EDUCATIONAL and CAREER PLANS:		
I am interested in exploring the following careers (example: Doctor)			Immediately after high school I plan to:(please indicate by marking a box below)		
1. _____ 2. _____ 3. _____			<input type="checkbox"/> Attend college/ university <input type="checkbox"/> Work <input type="checkbox"/> Enlist in US Armed Forces / military <input type="checkbox"/> Undecided/ other: _____		
EDUCATIONAL NEEDS / SERVICES REQUESTED FROM UB:					
I need the following information or assistance (please indicate by marking a box below):					
UB Services & Assistance (Mark below all that apply)		<input type="checkbox"/> Academic Tutoring		<input type="checkbox"/> Other ACADEMIC services needed (please specify)	
<input type="checkbox"/> Academic Assistance for GPA Improvement <input type="checkbox"/> Career Exploration Activities <input type="checkbox"/> College Admission & Entrance Exam Preparation <input type="checkbox"/> Exposure to Academic Programs & Cultural Events <input type="checkbox"/> Financial Aid Assistance & Financial Literacy Info <input type="checkbox"/> Standardized Test Prep		Please list subjects below:		<input type="checkbox"/> Advice and Assistance in High School or College Course Selection <input type="checkbox"/> Study Skills /Self Development <input type="checkbox"/> Guidance & Assistance for HS Re-entry, GED, & Postsecondary Entrance <input type="checkbox"/> OTHER:	

PART B – PARENT/ LEGAL GUARDIAN INFORMATION

APPLICANT LIVES WITH:	<input type="checkbox"/> Parent #1 (Biological/ Adoptive) <input type="checkbox"/> Legal Guardian/ Stepparent #1 <input type="checkbox"/> Other: _____	APPLICANT LIVES WITH:	<input type="checkbox"/> Parent #2 (Biological/ Adoptive) <input type="checkbox"/> Legal Guardian/ Stepparent #2 <input type="checkbox"/> Other: _____
Name:		Name:	
Mailing Address:		Mailing Address:	
Home No:		Home No:	
Cell No:		Cell No:	
Work No.		Work No.	
Email:		Email:	
Employer:		Employer:	
Occupation:		Occupation:	
Work Schedule including days off:		Work Schedule including days off:	
DO YOU HAVE A 4-YEAR COLLEGE DEGREE?	<input type="checkbox"/> NO <input type="checkbox"/> YES, if yes please write down your college degree and the name of the college you attended. Degree: _____ College: _____	DO YOU HAVE A 4-YEAR COLLEGE DEGREE?	<input type="checkbox"/> NO <input type="checkbox"/> YES, if yes please write down your college degree and the name of the college you attended. Degree: _____ College: _____

**Refer to McKinney-Vento Homeless Education Assistance Act*

PART C – HOUSEHOLD INFORMATION

- House hold size (include the # of dependent children, parents/ legal guardians, and other dependents) : _____
- What was your family's total annual **TAXABLE INCOME** from **most current** income tax form? \$ _____
- Is your family presently receiving any public assistance such as welfare, food stamps, AFDC, social security, disability, and/or retirement? NO / YES, list the program(s): _____
- Is your family currently participating in any publicly-funded programs such subsidized housing, training (AHRD), free or reduced lunch program, etc.? NO / YES, list the program(s): _____

Federal TRIO Programs Current-Year Low-Income Levels (Effective January 31, 2017 Until Further Notice)

For family units with more than eight members, add the following amount for each additional family member: \$6,270 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions; \$7,845 for Alaska; and \$7,215 for Hawaii. The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount. The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the [Federal Register](#) on January 31, 2017.

Size of Family Unit	Taxable Income (Contiguous States)
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
5	\$43,170
6	\$49,440
7	\$55,710
8	\$61,980

PART D - AUTHORIZATION FOR VERIFICATION OF INFORMATION & RECORDS

Only authorized individuals are allowed to sign UB documents. If the student is currently living with someone other than their biological parents, such as adoptive parents / legal guardians, A COPY OF ADOPTION PAPERS / LEGAL GUARDIANSHIP must be submitted to the Upward Bound Office if selected for enrollment.

Student Name:	Last,	First,	M.I.	SSN
Print School Name				Current Grade Level

I/ We verify that the information provided in this form is true and accurate to the best of my knowledge. I authorize Upward Bound staff and the TRIO Programs Director to obtain or verify the information from Guam Department of Education or my child's school, and other designated agencies as deemed necessary. This includes but is not limited to report cards, transcripts and standardized test scores.

I/We authorize the use of my income tax form or other income verification forms submitted to Upward Bound as supporting documents for the application and enrollment of my child into UB.

I/We understand that any records obtained by the UB staff will be kept confidential.

I/We hereby give permission for any educational institution to release (my/ our) child's school records to the program's contact counselor and/or UB staff.

I/We understand and acknowledge that UB will follow federal regulations, required to prevent duplication of services and to ensure more students are served, as designated by federal guidelines 34 CFR 645.11 and 645.12. **To prevent such duplication, I will exit other college prep programs such as *ETS or *GCC CACGP should I be accepted into UB since those programs provide the same basic services listed in the federal guidelines.**

Acknowledged by:

Print Parent / Guardian's Name

Parent / Guardian's Signature & Date

Student's Signature & Date

PLEASE NOTE:

This application will be considered **INCOMPLETE** and **WILL NOT BE PROCESSED** without the following supporting documents:

- ✓ A copy of the parent/ legal guardian's **SIGNED 2016** Income Tax form OR any other form of verification of income. (This may include other government documents, such as Unemployment, Social Security, Disability, or the school lunch program applications, etc.)
- ✓ Copy of the **most recent school report card/ transcript.**
- ✓ Copy of student's **standardized test scores** for last school year, e.g., GDOE ACT Aspire, Student Based Assessment, SAT10, etc. (NOTE: If last year's scores are **NOT** available as of application date, please submit the most recent standardized test score available until **SY2016-17** scores become available.)
- ✓ Copy of a **Proof of citizenship** (passport, birth certificate, Alien Registration Number or "green" card)
- ✓ Completed **Counselor and Teacher Recommendation Form (Math or English teacher)** .

If you have any questions about these supporting documents please contact our office at (671) 735-2245/1992.

APPLICATION DEADLINE: Friday, November 3, 2017

DESCRIPTION OF ETHNICITIES FOR PAGE 1 OF APPLICATION
(Designations provided by the U.S. Education Department)

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii or other Pacific Islands such as Samoa, Guam, or Micronesia (Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Republic of the Marshall Islands, or the Republic of Palau.)

ASIAN: A person having origins in any of the original people of the Far East, Southeast Asia, and the Indian subcontinent. This area includes for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

HISPANIC: A person having origins in any of the original peoples of Mexican, Puerto Rican, Cuban, Central or Southern American, or other Spanish culture or origin regardless of race.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

AMERICAN INDIAN/ ALASKAN NATIVE: A person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.

NOTE:

UOG Upward Bound (UB) is 100% federally funded with an annual funding of \$414,012 from U.S. Education Dept. This application packet / material was produced with UB Funding as of **9-12-17**.

UB complies with the General Education Provision Act (GEPA) and the Americans with Disabilities Act (ADA), as amended regarding identification of students eligible to apply as well as in providing services.

The University of Guam is an equal opportunity provider and employer and is a tobacco and smoke-free campus. It is a U.S. Land Grant Institution accredited by the Western Association of Schools & Colleges.



English or Math Teacher Recommendation Form

For School Year 2017 - 2018

To the Student: Please have one of your current teachers (English or Math) complete this form. *(If you're an incoming 9th graders, please have your 8th or 9th grade teacher complete the form.)*

Student's Name: _____ Grade: _____

High School: _____ How long in your class? _____ months

To the GDOE Teacher: The University of Guam Upward Bound (UB) Program is a college preparation program aimed to help high school students graduate and enroll into college. Students who show potential but need academic guidance, study skills development, or tutoring to succeed may be recommended. Please be as specific as possible in your remarks and provide the requested information on both sides of this form.

We understand that you may not know the student long enough to assess his/her abilities, but please fill this out to the best of your knowledge. **Once you have completed this form please return it to the student so it could be attached to his/her application.**

Please note that the deadline for students to submit this form is before or on FRIDAY, NOVEMBER 3, 2017.
(Deadline will be changed for summer and new school year enrollment.)

Teacher's Name: _____ Contact Number: _____

School: _____ Email Address: _____

Please rate the student in the following categories based on your knowledge. If you're unable to rate the student, please write in N/A in the box.

4 - Excellent 3 - Good 2 - Satisfactory 1 - Poor/Needs Improvement

EFFORT: Puts effort in class related assignments and activities	
PARTICIPATION: Contributes to class discussions and activities	
PUNCTUALITY AND ATTENDANCE: Consistently attends class and is on time	
MOTIVATION: Is ambitious and goes beyond what is required	
ASSIGNMENTS: Turns in assignments <u>on time</u> and follows directions	
COOPERATION: Works well with peers and follows instructions	
ATTITUDE: Displays maturity and responsibility as well as academic interest and enthusiasm	
PARENT INVOLVEMENT: Parents are active in the student's education	
TOTAL SCORE:	

1. What is your assessment of the student's academic potential for college?

2. Has the applicant been subjected to disciplinary action in your class? If **Yes**, please explain.

Yes No

3. What type of assistance do you think this student should be given to do better in your class? Please be specific, if possible.

4. Please mark one:

I... Recommend Recommend with reservation Do not recommend the student to the University of Guam Upward Bound Program.

Teacher's Signature

Date

<p>Contact these GDOE counselors if you have questions about UB and to Submit UB Recommendation Form. Counselors' names may change during the school year.</p>	<input type="checkbox"/> GW Counselor: Dr. Elisabeth Ichihara-Rosario <input type="checkbox"/> JFK Counselor: Dr. Billie-Jo Marzan <input type="checkbox"/> OHS Counselor: Mrs. Annie Palomares <input type="checkbox"/> SSHS Counselor: Mrs. Maria Blesa Ramos <input type="checkbox"/> THS Counselor: Mrs. Dionne Shinohara <input type="checkbox"/> UB Office Staff: Rowena Andrade, UB Assist. Director (Incoming 9 th graders, SHS, and other high schools not listed.)	
<p>Contact Rowena Andrade, UB Asst. Director</p>	Phone: 735-1992/ 2245 Email: rowenat@triton.uog.edu	(UB/ TRIO Main Office Location: UOG Field House, 1 st Floor (left wing at end of hallway)

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Counselor Recommendation Form School Year 2017 - 2018

To the Student: Please have your current **Counselor** complete this form.

Student's Name: _____ Grade: _____

Current School _____

To the Counselor: The University of Guam Upward Bound (UB) Program is a college preparation program aimed to help high school students graduate and enroll into college. Students who show potential but need academic guidance, study skills development, or tutoring to succeed may be recommended. Please be as specific as possible in your remarks and provide the requested information on both sides of this form.

We understand that you may not know the student long enough to assess his/her abilities, but please fill this out to the best of your knowledge. **Once you have completed this form please return it to the student so it could be attached to his/her application.**

Please note that the deadline for students to submit this form is before or on Friday, Nov. 3, 2017.

Counselor's Name: _____ Contact Number: _____

Current School: _____ Email Address: _____

1. Please provide a copy of the student's **current school transcript** to this form. (For incoming or current 9th graders, the student's 8th grade report card for 4th quarter may be used instead if the student doesn't have a SY2016 transcript or a report card for this school year.)

2. How many credits has the student earned? (Only for current high school students) _____ credits

3. What academic path is the student currently placed? If applicant is an incoming 9th grader, which academic path will he/she be placed for new school year?

COLLEGE CAREER

4. Please attach a copy of the student's standardized test scores for **last** school year or the most recent scores available, e.g, GDOE ACT Aspire, SAT10, GDOE Teacher Designed Test, or other standardized test given by the student's school.

5. Has the applicant been subjected to disciplinary action? Yes No If Yes, please explain.

6. Do you have any other comments on the student or information that we should take into account when considering the student for the program?

7. Please mark one:

I... Recommend Recommend with reservation Do not recommend the student to the University of Guam Upward Bound Program.

Counselor's Signature _____

Date _____

<p>Contact these GDOE high school counselors/ UB Staff if you have questions about UB and to Submit UB applications. Counselors' names may change during the school year.</p>	<p><input type="checkbox"/> GW Counselor: Dr. Elisabeth Ichihara-Rosario</p> <p><input type="checkbox"/> JFK Counselor: Dr. Billie-Jo Marzan</p> <p><input type="checkbox"/> OHS Counselor: Mrs. Annie Palomares</p> <p><input type="checkbox"/> SSHS Counselor: Mrs. Maria Blessa Ramos</p> <p><input type="checkbox"/> THS Counselor: Mrs. Dionne Shinohara</p> <p><input type="checkbox"/> UB Office Staff: Rowena Andrade, UB Assist. Director (Incoming 9th graders, SHS, and other high schools not listed.)</p>
<p>Contact Rowena Andrade, UB Asst. Director</p>	<p>Phone: 735-1992/ 2245</p> <p>Email: rowenat@triton.uog.edu</p> <p>(UB/ TRIO Main Office Location: UOG Field House, 1st Floor (left wing past Fitness Center)</p>

Counselor Recommendation Form, Page 2

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