



**UNIVERSITY OF GUAM**  
**UNIBETSEDÁT GUAHAN**  
**UPWARD BOUND (UB) Program**  
 UOG Station Mangilao, Guam 96923

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## UPWARD BOUND APPLICATION

(Application Form as of **October 15, 2019**)

**FOR OFFICIAL USE:**

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

**Eligibility Status**

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.

### PART A - STUDENT INFORMATION

		M / D / Y		
<b>Name:</b> Last, First, M.I.	<b>Gender</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Social Security #</b>
<b>Print School Name</b>		<b>Grade Level</b>	<b>GPA (cumulative)</b>	
Student Cell Phone, if any:	Student Email:			
<b>Student Mailing address:</b>				
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"/> <b>NO</b> / <input type="checkbox"/> <b>*YES</b> , 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"/> <b>NO</b> / <input type="checkbox"/> <b>YES</b> , if yes please specify what school year _____				
<b>CITIZENSHIP:</b>		<b>LANGUAGE BACKGROUND:</b>		
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 <input type="checkbox"/> 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 <b>first</b> language? _____ Language spoken at home: _____ Language spoken by your parents/ guardians: _____		
<b>CAREER FIELD</b>		<b>EDUCATIONAL and CAREER PLANS:</b>		
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: _____		
<b>EDUCATIONAL NEEDS / SERVICES REQUESTED FROM UB:</b>				
I need the following information or assistance (please indicate by marking a box below):				
<b>UB Services &amp; Assistance</b> (Mark below all that apply)	<input type="checkbox"/> <b>Academic Tutoring</b>	<input type="checkbox"/> <b>Other ACADEMIC services needed</b> (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:** For family units with more than eight members, add the following amount for each additional family member: \$6,630 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,295 for Alaska; and \$7,620 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 2019 poverty guidelines are in effect as of January 11, 2019. Federal Register notice forthcoming. Publication is delayed due to temporary closure of federal offices. (Effective **January 11, 2019** until further notice)

Size of Family Unit	Taxable Income (Contiguous States)
1	\$18,735
2	\$25,365
3	\$31,995
4	\$38,625
5	\$45,255
6	\$51,885
7	\$58,515
8	\$65,145

## 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:

\_\_\_\_\_  
Parent / Legal Guardian #1 Signature & Date

\_\_\_\_\_  
Parent / Legal Guardian #2 Signature & Date

\_\_\_\_\_  
Student's Signature & Date

### PLEASE NOTE:

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

- ✓ Provide **only one (1) of the following documents** for verification of family income: *A) Copy of the parent/legal guardian's **SIGNED 2018** Income Tax form; B) **SIGNED Parent Statement attached to this application, C) Verification from another governmental source** such as SNAP, government assistance, Unemployment, or Disability, etc.), OR D) **SIGNED financial aid application (FAFSA).***
- ✓ Copy of the **most recent school report card/ transcript for the school year.**
- ✓ Copy of student's **standardized test scores** for last school year, e.g., GDOE ACT Aspire, Student Based Assessment, ACT/ SAT score, etc. (**NOTE: If last year's scores are NOT available as of application date, please submit the most recent standardized test score available until SY2018-19 scores become available.**)
- ✓ Copy of a **Proof of citizenship** (passport, birth certificate, Alien Registration Number or "green" card) **will be requested if citizenship status is not indicated on the student application.**
- ✓ Completed **Counselor and Teacher Recommendation Form (one Math OR English teacher).**

If you have any questions about these supporting documents, please contact our office at (671) 735-1991/1992.

**APPLICATION DEADLINE: December 20, 2019 for SY2019-20 and May 15, 2020 for Summer**

**PARENT VERIFICATION STATEMENT OF EDUCATION LEVEL AND FAMILY INCOME**

I, \_\_\_\_\_, parent/ legal guardian of  
 Print Name of parent/ legal guardian

\_\_\_\_\_, do hereby confirm the following information  
 Print Student's Name  
 about my/ our educational level and taxable income level as checked off in the sections below.

**TO VERIFY STUDENT IS FIRST-GENERATION COLLEGE STUDENT—**

**Parent(s)/ Legal Guardian(s) completed education level is/ was:** (Check only one in the section that applies to you)

If student lives with **BOTH** parents/ legal guardians, did **BOTH parents/ legal guardians complete a Bachelor's/ 4 year college degree?**

- NO, BOTH parents/ legal guardians DID NOT** complete a Bachelor's/ 4 year college degree.
- NO, only one (1) parent/ legal guardian** completed a Bachelor's/ 4 year college degree.
- YES, BOTH parents/ legal guardians COMPLETED** a Bachelor's/ 4 year college degree.

If student lives with **ONLY ONE (1)** parent/ legal guardian, did **the parent/ legal guardian complete a Bachelor's/ 4 year college degree?**

- NO, my parent/ legal guardian DID NOT** complete a Bachelor's/ 4 year college degree.
- YES, my parent/ legal guardian COMPLETED** a Bachelor's/ 4 year college degree.

**TO VERIFY IF STUDENT IS LOW-INCOME—**

**TOTAL PEOPLE IN FAMILY:** \_\_\_\_\_

**2018 TAXABLE INCOME** (for 1040 Tax form go to line 10 for **taxable income** amount): \$ \_\_\_\_\_

**I/ WE did NOT file a 2018 tax form. My 2018 income is \$** \_\_\_\_\_

**DIRECTIONS:** Please indicated in the chart below where the parent(s)/ legal guardian(s)' **TAXABLE** income is for 2018. For example if there are 5 people in your family, put an **X** in Column 1, next to the number 5 found in Column 2. Then write in **LESS** if your taxable income is less than \$45,255 shown on Column 3 for a family of 5. Write in **MORE** if taxable income is more than \$45,255.

Column 1 INDICATE NEXT TO THE FAMILY SIZE THAT APPLIES TO YOU WITH AN "X"	Column 2 FAMILY SIZE (Number of people living with parents including student)	Column 3 2018 TAXABLE INCOME (Guam/ Contiguous States)	Column 4 Write in whether your <b>TAXABLE INCOME</b> is <b>LESS</b> or <b>MORE</b> than the amount indicated on the TAXABLE INCOME TABLE based on family size in Column 3
	<b>1</b>	<b>\$18,735</b>	
	<b>2</b>	<b>\$25,365</b>	
	<b>3</b>	<b>\$31,995</b>	
	<b>4</b>	<b>\$38,625</b>	
	<b>5</b>	<b>\$45,255</b>	
	<b>6</b>	<b>\$51,885</b>	
	<b>7</b>	<b>\$58,515</b>	
	<b>8</b>	<b>\$65,145</b>	

I/We verify that the information provided in this form is true and accurate to the best of my knowledge.

Parent/ Legal Guardian's Signature & Date: \_\_\_\_\_

**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.

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**NOTE:**

UOG Upward Bound (UB) is 100% federally funded with an annual funding of \$ 442, 397.00 from U.S. Education Dept. This application packet / material was produced with UB Funding as of **10-10-19**.

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.



**Upward Bound Office (#9- UOG Field House, 1st Floor- Last Door on the left wing past the Fitness Center)**  
 If further directions are needed please call the UB Office at 735-1992/2245 or 929-7952.

- #4—UOG/CLASS Lecture Hall for Orientations, End of Year Ceremony, & Large group workshops.
- #5—MARC/Computer Center for computer related classes/ Workshops
- #11—Humanities & Social Sciences (HSS) building for standardized test prep classes, small group workshops & summer classes.
- #12—School of Business and Public Administration (SBPA) building for standardized test prep classes, small group workshops & summer classes.
- #16—School of Nursing & Health Science (SNHS) building for summer classes.
- #17—Science building for summer classes.
- #18—Student Services Center (Cafeteria & Rotunda) for summer meals, student & parent meetings, and recreational activities.
- #20—RFK Library/AV Rooms for summer classes and library work.



(Yellow form)

## English or Math Teacher Recommendation Form For School Year 2019 - 2020

**To the Student:** Please have one of your current teachers (English or Math) complete this form. (If you're an incoming 9<sup>th</sup> grader, please have your 8<sup>th</sup> or 9<sup>th</sup> 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. Deadline for SY2019-20 is December 20, 2019 and May 15, 2020 for Summer Enrollment.**

Teacher's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Subject: \_\_\_\_\_ 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**

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

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><b>Contact these GDOE counselors if you have questions about UB and to Submit UB Recommendation Form. Counselors' names may change during the school year.</b></p>	<p><input type="checkbox"/> <b>GW Counselor:</b> Ms. Nadine Cruz <input type="checkbox"/> <b>JFK Counselor:</b> Mrs. Norma Chargualaf <input type="checkbox"/> <b>OHS Counselor:</b> Mrs. Annie Palomares <input type="checkbox"/> <b>SSHS Counselor:</b> Mrs. Ma. Blessa Ramos <input type="checkbox"/> <b>THS Counselor:</b> Mr. Edward Masiwemai <input type="checkbox"/> <b>OTHERS NOT LISTED:</b> Assigned UB Staff (applicants from middle school 8<sup>th</sup> graders/ Incoming 9<sup>th</sup> graders, SHS, charter schools, and private schools.)</p>
<p><b>Contact Rowena Andrade, UB Director</b></p>	<p><b>Phone:</b> 735-1991/1992 <b>Email:</b> rowenat@triton.uog.edu</p> <p><b>UB/ TRIO Main Office Location:</b> UOG Field House, 1<sup>st</sup> Floor (left wing past Fitness Center )</p>

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UNIVERSITY OF GUAM

UNIBETSEDÁT GUAHAN



UPWARD BOUND PROGRAM

(Green Form)

## Counselor Recommendation Form School Year 2019 - 2020

**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. Deadline for SY2019-20 is December 20, 2019 and May 15, 2020 for Summer Enrollment.**

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 9<sup>th</sup> graders, the student's 8<sup>th</sup> grade report card for 4<sup>th</sup> quarter may be used instead if the student doesn't have a **SY2018** 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 9<sup>th</sup> grader, which academic path will he/she be placed for new school year?  
 COLLEGE       CAREER

UOG Station, Mangilao, Guam 96923

Tel. (671) 735-1991/1992 Fax: (671)734-7514 Website: [www.uog.edu](http://www.uog.edu)

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The University of Guam is an Equal Opportunity Employer and Provider.

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><b>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.</b></p>	<p><b><u>CONTACT COUNSELORS MAY BE SUBJECT TO CHANGE:</u></b></p> <p><input type="checkbox"/> <b>GW Counselor:</b> Ms. Nadine Cruz</p> <p><input type="checkbox"/> <b>JFK Counselor:</b> Mrs. Norma Chargualaf</p> <p><input type="checkbox"/> <b>OHS Counselor:</b> Mrs. Annie Palomares</p> <p><input type="checkbox"/> <b>SSHS Counselor:</b> Mrs. Ma. Blessa Ramos</p> <p><input type="checkbox"/> <b>THS Counselor:</b> Mr. Edward Masiwemai</p> <p><input type="checkbox"/> <b>OTHERS NOT LISTED:</b> Assigned UB Staff (applicants from middle school 8<sup>th</sup> graders/ Incoming 9<sup>th</sup> graders, SHS, charter schools, and private schools.)</p>
<p style="text-align: center;"><b>Contact Rowena Andrade, UB Director</b></p>	<p><b>Phone:</b> 735-1991/ 1992</p> <p><b>Email:</b> <a href="mailto:rowenat@triton.uog.edu">rowenat@triton.uog.edu</a></p> <p><b>(UB/ TRIO Main Office Location:</b> UOG Field House, 1<sup>st</sup> Floor (left wing past Fitness Center )</p>

**Counselor Recommendation Form, Page 2**

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