IMPACT | Upward Bound TRIO Programs

Impact Educational & Housing Development
9111 Interline Avenue Ste. 17A
Baton Rouge, LA 70809

Applicant Information

Date	Name	First	Middle	Last	Age
Address/P.O. Box Number		Street	City	State	Zip
Apartment Name (if applicable)			Apartment No. (if applicable)		
Date of Birth			Sex ☐ Male ☐ Female		Current Grade
High School			Parish		
Name of Parents/Legal Guardian		Home Phone No. ( )	Parent's/Legal Guardian's Work No. ( )		Alternate Phone No. (cellular phone) ( )
Student's e-Mail Address			Parent's/Guardian's e-Mail Address		
Current Grade Point Average	Are you in another pre-college program? ☐ Yes ☐ No		What is the name of the program?		How long have you been a participant?
Citizenship: ☐ U.S. Citizen ☐ Permanent Resident ☐ Eligible Non-Citizen			Country of Birth		Please attach a copy of supporting Documentation, i.e., resident alien card.
Name of Emergency Contact 1.			Relationship		Phone No.
Name of Emergency Contact 2.			Relationship		Phone No.
Name of Emergency Contact 3.			Relationship		Phone No.

Background Information

Check one of the following blocks: ☐ African-American/Black ☐ Native American/American Indian ☐ Asian-American/Asian/Pacific Islander ☐ European-American/Anglo/Caucasian ☐ Bi-racial (specify) ☐ Hispanic-American/Latino/Chicano ☐ Other (specify) _____

Are you physically challenged or have any certified learning disabilities? ☐ Yes ☐ No If yes, identify on and attached sheet.			Do you live in foster care? ☐ Yes ☐ No
Have you taken the ACT? ☐ Yes ☐ No	Have you taken the SAT? ☐ Yes ☐ No	Do you plan to attend college? (If no, explain in the blank area below.) ☐ Yes ☐ No	
If yes, which college?		What is your intended occupation?	
Are you currently employed? ☐ Yes ☐ No	Where?		Hours Per Week

What extra curriculum activities are you involved in at school?

What extra curriculum activities are you involved in your community?

Revised: 02/27/24

Section A. Family Information

ONLY PARENTS/LEGAL GUARDIANS SHOULD RESPOND TO SECTIONS A-D. ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE

We are required by the United States Department of Education to obtain income information from all applications served by the Upward Bound TRIO Program.

To be completed by Parents/Legal Guardians ONLY.

Applicant lives with □ Both Parents □ Father □ Mother
□ Other (specify) _____

If adopted or in foster care, is this recognized through a court of law? □ Yes □ No	In what state?	Written verification must be provided.
Did you or your spouse attend but not complete college? □ Yes □ No	Verification of parent's/legal guardian's Degree Status must be completed and attached to this application.	

List all family members who live in the household, including the applicant.

Name	Age	Relationship to Applicant	Grade Level	Check if Receiving Free/ Reduced Lunch at School	Check if Attending College	Check if Employed
Applicant						

IMPACT | Upward Bound TRIO Programs

Federal TRIO Programs
Current-Year Low-Income Levels

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 17, 2024 and are effective as of January 11, 2024.

Check box next to income range to verify family taxable income (**Line #14 on the 1040 Form**)

- ☐ $22,590 or less
- ☐ $30,660 or less
- ☐ $38,730 or less
- ☐ $46,800 or less
- ☐ $54,870 or less
- ☐ $62,940 or less
- ☐ $71,010 or less
- ☐ $79,080 or less

_____	_____	_____
Parent/Guardian Print Name	**Parent/Guardian Signature**	**Date**

Section C. Parental Involvement

One of the goals of the Upward Bound Programs is to encourage parents/legal guardians to support participation in the development of student's academic progress. As an Upward Bound parent, you would be expected to attend meetings, workshops, and provide support to your child while in the program. Please list the top two things that you want Upward Bound to do for your child if he/she is chosen for admission to the program.

1._____

_____

_____

2._____

_____

_____

Certification

PLEASE READ THIS SECTION CAREFULLY AND THOROUGHLY BEFORE SIGNING

The Federal Government through the Department of Education funds IMPACTUB. Applicants are admitted regardless of race, color, national or ethnic origin, or physical challenges. The personal information that you provide to the Upward Bound TRIO Program is available upon request to the United States Department of Education, Impact - UB, and federal and state auditors. Each of these agencies has the authority to gather information on the Upward Bound TRIO Program. The information that you submit therefore becomes the property of the Upward Bound TRIO Program and its affiliates.

In accordance with the Privacy Act of 1974, agencies other than those authorized are prohibited access to the files and records of the Upward Bound TRIO Program. Applicants, parents, and legal guardians are reminded that the affiliates of the Upward Bound TRIO Program have the authority to verify the information herein. Misrepresentation of information is a serious offense and because of the involvement of federal funds, any misrepresentation may lead to fines/imprisonment.

My signature certifies that all information provided herein in this application is true to the best of my knowledge. I further understand that admission of applicants granted to the Upward Bound TRIO Program on the basis of incorrect information or an omission of fact, which if known, would have caused ineligibility of my child, is invalid and subject to action by the appropriate authorities.
I understand that all records will be kept in the strictest confidence in accordance with the Privacy Act of 1974.

Print Name of Responsible Parent/Legal Guardian _____

Signature of Responsible Parent/Legal Guardian _____ Date _____

Print Name of Applicant _____

Signature of Applicant _____ Date _____

IMPACT | Upward Bound TRIO Programs

Application Checklist

To be considered for selection into the Upward Bound Program, the following must be submitted:

- ☐ Completed and signed Application
- ☐ Parent's/Legal Guardian's Degree Status Form
- ☐ 1 letter of referral from a Mathematics, English, or Science teacher
- ☐ Copy of Applicant's transcript
- ☐ Copy of Applicant's current grades and LEAP results / Copy of State Standardized Examination Scores

The following documents will be completed after the applicant is notified of pending selection and before the applicant is officially admitted as a participant in the Upward Bound Program.

- ☐ Invitation Acceptance Form
- ☐ Participant Health Record and Authority to Render Medical Services Form
- ☐ Emergency Contact Form/Family Information Form
- ☐ Permission Form for field trips and special activities
- ☐ Parent/Guardian Survey
- ☐ School Release Form of Records
- ☐ Student Agreement
- ☐ Course Enrollment Survey
- ☐ Activities Survey
- ☐ Others

Thank you for Applying for the Impact-Upward Bound Program!

TRiO
UPWARD BOUND

Revised: 02/27/24

Teacher Referral Form

The purpose of this form is to gather information on each applicant to determine those who will best be served by the Upward Bound Program at Impact-UB. Please document your evaluation of this applicant's ability to benefit from these program services. Keep in mind that the purpose of Upward Bound is to generate skills and motivation essential for post-secondary educational achievement. Applicants must possess the ability to pursue post-secondary education, but may not be able to do so without the services provided by the Upward Bound TRIO Program.

Applicant's Name	School	Grade
Length of Acquaintance	Classes in which you have taught applicant	

How would you describe the applicant's motivation to complete high school? (check the appropriate box)

☐ Strong (plans to go to college) ☐ Fair (plans to graduate) ☐ Weak (his risk for non-competition). ☐ Cannot access

How would you describe the applicant's performance in class? (check all that apply)

- ☐ Attentive/focused
- ☐ Turns in work on time
- ☐ Asks questions in class
- ☐ Works hard
- ☐ Takes notes
- ☐ Does well on tests
- ☐ Reads well
- ☐ Is creative
- ☐ Turns in neat, well-organized work
- ☐ Strong math skills
- ☐ Strong science skills
- ☐ Strong writing skills
- ☐ Strong verbal skills
- ☐ Disruptive
- ☐ Inattentive
- ☐ Easily distracted
- ☐ Often turns in work late/not at all
- ☐ Must improve communication with teacher
- ☐ Must improve the amount of effort put forth
- ☐ Never takes notes
- ☐ Does poorly on tests
- ☐ Must improve reading skills
- ☐ Put little expression into work
- ☐ Must improve quality of work
- ☐ Must improve math skills
- ☐ Must improve science skills
- ☐ Must improve writing skills
- ☐ Must improve verbal skills
- ☐ Must improve behavior
- ☐ Must improve attention span

Check the skills/aptitudes that apply to the applicant (check all that apply)

- ☐ Outgoing
- ☐ Creative
- ☐ Involved in school activities
- ☐ Strong-willed
- ☐ Committed to family
- ☐ Strong community involvement
- ☐ Balances work/school well
- ☐ Exhibits leadership
- ☐ Responsible
- ☐ Bilingual
- ☐ Role model
- ☐ Positive influence
- ☐ Overcomes obstacles
- ☐ Well-organized/prepared

Signature _____ Date _____ Position _____

Teachers: Your assistance in completing this form is appreciated. Please include any additional comments that would help in the evaluation of this applicant (attach additional pages, if necessary). Once completed, return the referral form **as soon as possible** to the student applicant or school counselor. The application will not be complete until this form is submitted.

Revised: 02/27/24

IMPACT | Upward Bound TRIO Programs

Impact Educational & Housing Development
9111 Interline Avenue Ste. 17A Baton Rouge, LA 70809

VERIFICATION OF PARENT'S/LEGAL GUARDIAN'S DEGREE STATUS FORM

This form must be completed and signed by the applicant's parent/legal guardian.

Applicant's Name _____
FIRST MI LAST

I, _____ hereby certify the following:
Print Name

PLEASE CHECK THE RESPONSE THAT APPLIES:

☐ I am not a graduate of a four-year college/university
☐ I am a graduate of a four-year college/university

☐ My spouse is not a graduate of a four-year college/university
☐ My spouse is a graduate of a four-year college/university

Signature(s) of Parent(s)/Legal Guardian(s): _____ Date_____

_____ Date_____

APPLICANTS WILL NOT BE CONSIDERED FOR ADMISSION UNTIL THIS FORM IS COMPLETED AND SUBMITTED.

For additional information/questions, call 225-939-3580

Student Needs Assessment

This survey contains a number of statements about student needs. Please give your honest opinion on how the Upward Bound Program can meet your needs. Your answers are kept confidential.

ACADEMIC NEEDS (Circle the value that applies):

	Strong Need	Some Need	No Need
1. To learn how to complete and turn in my homework on time	1	2	3
2. To get better grades	1	2	3
3. To better organize my time, activities, and responsibilities	1	2	3
4. To learn more about high school requirements for college	1	2	3
5. To listen better in class and ask more questions	1	2	3
6. To take tests better and with less anxiety	1	2	3
7. To relate to and communicate better with my teachers	1	2	3
8. To identify, set, and evaluate goals for the future	1	2	3

My academic goal is:

_____

	Strong Need	Some Need	No Need
1. To better understand my parents and other adults	1	2	3
2. To learn to deal with conflict in a positive manner	1	2	3
3. To be more accepting of my physical appearance	1	2	3
4. To learn how my self-esteem affects my behavior	1	2	3
5. To learn how to get along better with members of the opposite sex	1	2	3
6. To accept greater responsibility for my actions	1	2	3
7. To learn more about the use/abuse of drugs/alcohol	1	2	3
8. To learn to accept people who are different from me	1	2	3

My personnel goal is:

_____

	Strong Need	Some Need	No Need
1. To explore a variety of career opportunities	1	2	3
2. To learn more about job applications, résumés, and interviews	1	2	3
3. To learn more about post-secondary admission processes	1	2	3
4. To prepare for exams like the PSAT, ACT, or SAT	1	2	3
5. To visit more colleges	1	2	3
6. To learn about college costs and how to pay for college	1	2	3

Name a college that you would like to visit: _____

Print Applicant's Name _____ Applicant's Signature _____ Date _____

Revised: 02/27/24