

Dear Parent/Guardian(s):

Before completing the attached application, please take time to read and understand this letter. The information below will help you determine if you and your student wish to participate in the St. Olaf Upward Bound program.

The major goal of the Upward Bound (UB) program is to **help students develop the skills and motivation required to succeed in education both in high school and beyond**. Admission to the Upward Bound program is **not automatic**; students must complete a **rigorous application and selection process**.

Upward Bound is a **federally funded** TRiO program designed to assist 77 students who are interested in enhancing their academic skills and furthering their education. The students are recruited from two high schools: St. Paul Humboldt and St. Paul Central. The student must take all activities required by Upward Bound seriously. If Upward Bound does not feel the student is making the necessary commitment to his/her education, the student may be placed on a performance contract, which if not fulfilled, may result in dismissal from the program.

Students who are admitted must **agree** to take part in an intensive **six-week, live-in Summer Program and an Academic School Year Program** which have the following major objectives:

1. Increase academic performance of program participants.
2. Increase the motivation of program participants to succeed in high school and attend college.
3. Provide informative and enriching mentoring/career/educational opportunities for all participants.
4. Increase participation in cultural/educational experiences beyond those available at their high schools.
5. Provide group/individualized tutoring, guidance and counseling for program participants.
6. Provide assistance in securing admission to a postsecondary institution and adequate financial aid to attend.
7. Provide a bridge between high school and college during the summer after the participant's senior year.

These objectives can only be met if students actively participate and accept responsibility for participation. Please feel free to contact me if you need further information or assistance.

Sincerely,

Mari Tototzintle
Upward Bound Director

For more information, please contact:	
HUMBOLDT Mondays, Tuesdays and Wednesdays Room 2251 (651) 293-8600, x2251 8:00am-4:00pm	CENTRAL Mondays, Tuesdays and Thursdays Room 553 (651) 632-6000, x5530 8:00am-4:00pm
ST. OLAF (507) 786-3708 or 1-800-827-8658	

*Application materials are also available online at: www.stolaf.edu/services/upward
Click on the "Student Information & Resources" link.

ST. OLAF COLLEGE UPWARD BOUND
PARENT/GUARDIAN APPLICATION

This information is strictly confidential. Financial and other personal information you give to the St. Olaf Upward Bound program is protected by the General Education Provision Act (Privacy Rights of Parents and Students/Buckley Amendment). Upward Bound and the U.S. Department of Education may not release any information without your written consent.

St. Olaf College Upward Bound is a TRiO/Educational Opportunity Program sponsored by the Education Department in the Social and Applied Sciences Division of the College. Upward Bound is funded by the United States Department of Education and St. Olaf College. St. Olaf College Upward Bound is an equal opportunity employer and educator.

St. Olaf Upward Bound participates in the Summer Food Service Program for Children, available to all children without regard to race, color, national origin, sex, age or handicap. Any person who believes he or she has been treated unfairly in receiving food services because of discrimination should write immediately to the Secretary of Agriculture, Washington, DC 20250.

PART ONE: GENERAL INFORMATION

*Date Application Given To Student _____ Application Due Date _____

Student's Name _____

Student's Birthdate _____ Student's Social Security Number _____

Student's Permanent Resident ID# (if applicable) _____ (please provide a copy of this card)

1a. _____
Parent/Guardian Name

Relationship to Student

Parent/Guardian Social Security Number

Address

City _____ State _____ Zip _____
()

Home Phone _____
()

Cell Phone _____
()

Work Phone _____

Employer _____ Occupation _____

E-mail _____

1b. _____
Parent/Guardian Name

Relationship to Student

Parent/Guardian Social Security Number

Address

City _____ State _____ Zip _____
()

Home Phone _____
()

Cell Phone _____
()

Work Phone _____

Employer _____ Occupation _____

E-mail _____

2. The student lives with (check **ALL** that apply):

- Mother
- Father
- Step Mother
- Step Father
- Foster Parent(s)
- Relative other than parent, specify: _____

- Alone
- Spouse
- Group Home
- Foster Home
- Guardian (not a relative), specify: _____

3. What languages are primarily spoken at home?

- English Only
- English AND _____
- Other (specify): _____

4. List in order language(s) your student speaks fluently

First Language Learned: _____
Second Language Learned: _____
Third Language Learned: _____

If student's legal guardian is other than natural parent, please fill out the following:

Guardian's Name

Address

City () State Zip
() ()

Home Phone Work Phone

Employer Occupation

Explain (relationship to student applicant): _____

**2009-2010 Upward Bound Income Eligibility Guide For Parents/Guardians Who Have Filed 2008 Tax Forms
(Effective January 2009 Until Further Notice)**

Directions: The following is a guide to the maximum income amounts that a student applicant's parent/guardian(s) can earn and still be eligible for Upward Bound. This guide is based upon **taxable income from completed 2008 Federal Income Tax Forms.**

Total number of exemptions claimed	Federal Taxable Income
Form 1040EZ	Form 1040EZ, line 6
Form 1040, box 6d	Form 1040, line 43
Form 1040A, box 6d	Form 1040A, line 27
*1	16,245
2	21,855
3	27,465
4	33,075
5	38,685
6	44,295
7	49,905
8	55,515

For families of more than 8, add \$5,610 for each additional family member

*Indicates independent student

If over income: If the student's family income exceeds the above amounts, his/her application will still be considered if neither parent/guardian has completed a 4-year (baccalaureate) degree.

Additional questions: Please contact Mari Tototzintle, Upward Bound Director, St. Olaf College, 507-786-3708 or 1-800-827-8658.

6. Check the highest level of education **completed**.

	Father	Mother	Step-Parent	Guardian 1	Guardian 2
6th grade or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7th-9th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10th-12th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High school graduate or GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some college (no degree obtained)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 year college degree/certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 year college degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed graduate school (M.A., Ph.D., etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Check all statements that apply:

- I attend school programs and/or teacher conferences.
- I check my child's school/homework.
- I encourage my child to continue education after high school.

8. Do you support your student's interest in participating in the St. Olaf College Upward Bound program? Please explain.

PART THREE: AGREEMENTS

If admitted to the program, each student agrees to:

1. Complete **minimum course requirements** each school year to be on track for graduation.
2. Attend the Upward Bound six-week, **summer academic camp each summer** and complete the assigned work.
3. Abide by St. Olaf College Upward Bound **dorm and campus rules**.
4. Participate in the Upward Bound **Bridge Program** during the senior year and the summer following high graduation.
5. Remain in **contact** with Upward Bound during the school year.
 - a. **Regularly meet** with Upward Bound staff during school visits.
 - b. **Attend scheduled** Upward Bound meetings.
 - c. Notify Upward Bound of **changes in address** and phone number.
6. Participate in the UB Alumni Mentoring Program.
7. Complete any other **requirements** as requested by the Director of Upward Bound.

I understand the goals, objectives, and requirements of the St. Olaf Upward Bound program and agree to support my child in fulfilling them. I also understand that if my son/daughter does not meet the required goals and objectives, he/she will be terminated from the program. I further certify that all financial and educational information on this form is valid and correct.

Signature of Parent/Guardian

Date

PART FOUR: RELEASES

AUTHORIZATION FOR RELEASE OF PUBLIC ASSISTANCE INFORMATION (IF APPLICABLE):

I hereby authorize _____ County Human Services to release information regarding my case and any public assistance I receive, including verification of my income and grant amounts. I also hereby authorize St. Olaf College Upward Bound to release this same information. I understand that this information will be used to determine eligibility for admission of _____ to this federally funded program.

Student's Name

To: _____
Caseworker's Name

From: _____
Parent/Guardian's Name

County Human Services

Address

Address

City State Zip

City State Zip

()

Home Phone

()
Phone

Case Number

Social Security Number

Signature of Parent/Guardian

Date

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the St. Olaf College Upward Bound Program to provide information on behalf of my child to the schools and/or agencies indicated below:

1. Minnesota Minority Education Partnership
2. Postsecondary Institutions (universities/colleges, technical schools, etc.)
3. Student applicant's current and/or former junior or senior high school

I also authorize St. Olaf College Upward Bound to provide information on behalf of my child to a non-custodial parent(s)/guardian(s).*

**St. Olaf College Upward Bound will follow the official policy on school records, information and confidentiality established by your child's school district, unless otherwise noted.*

I understand that the policy of the St. Olaf College Upward Bound program is to release only that information about a student or former student that, in judgment of the staff, is considered essential.

Signature of Parent/Guardian

Date

AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize the Saint Paul Public School District to release complete school transcripts (including attendance, dean's reports, official quarterly and final grade reports, standardized test scores and IEPs) of my child to the St. Olaf College Upward Bound Program. I understand that this information will be kept confidential unless otherwise authorized.

Signature of Parent/Guardian

Date

Parent/Guardian:

Before you turn in this application, did you remember to:

- Write your student's **Social Security Number** on Page 2?
- Write in your student's **Permanent Resident ID Number** and provide a **copy** of his/her **Permanent Resident/Alien ID card**?
- Provide a **copy of your Federal Income Tax form (Form 1040, 1040A, 1040 EZ)** if you **filed Federal income tax last year***? Remember to provide all pages submitted to the IRS.

*If you did not, or have not filed, attach a copy of your most recent Federal income tax form, or copies of your most recent W-2 forms.

*If you receive unemployment assistance, please attach a copy of your most recent check.

- Check the **highest level of education you completed (Page 5)**?
- Read, sign and date the **Agreement Box (Page 6)**?
- Provide your **Caseworker's name** and your **Case Number** if you receive public assistance from the county in which you reside (**Page 7**)?
- Read, sign and date the **Release of Public Assistance Information** (if applicable), the **Authorization to Release Information** and the **Authorization for Release of Records boxes (Page 7)**?

Admission to Upward Bound is not automatic! Missing or incomplete information on this application will delay the application process. Only students completing all parts of the application process by the deadline will be considered for admission.

(Advisor Will Cut This Portion)

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