



UPWARD BOUND PROGRAMS

Aloha Applicant,

We are pleased that you are considering being a participant in the TRIO Upward Bound Programs at Leeward Community College. Upward Bound is a year-round program dedicated to preparing students for college by providing tutoring, college tours, career guidance, summer instruction, college credit classes, personal advising, financial aid counseling, cultural activities, camping, team building, field trips and more. Enclosed are the forms necessary for you and your parents to complete in order to be considered. Students completing the program may earn high school and college credit. Our academic year services will commence following initial selection and we will continue to work with you for your entire high school career until graduation. The dates for our summer program are tentatively set for June 2 through July 16, 2010 (subject to change). Consideration will be given to:

- early applicants
- applicants who meet federal family income criteria
- students who have parents that have not obtained a four-year college degree
- students who demonstrate other needs to prepare for a college program

Students meeting these criteria may be called for an interview and asked to complete additional application forms at a later date, including teacher assessments and income verification.

It is essential that all forms be completely filled out before they are returned. Preference will be given to complete applications received before November 30, 2009.

YOU MUST SUBMIT THE FOLLOWING ITEMS.

- Student Application Form
- Parent Application Form
- Signed 1040 Tax Form or Public Assistance Statement
- Signed copy of the enclosed Educational Records Release Form
- Brief **one page essay** on why you wish to participate in Upward Bound

Thank you for taking the time to fill out the forms and gathering the needed information. Please mail the completed application packet along with the necessary records to TRIO Upward Bound Programs - Leeward Community College, 96-045 Ala Ike, Pearl City, HI 96782

More information can be found on our website. Please call or email us if you have any questions.

Mahalo,

James Oda
Project Director

TRIO Upward Bound Programs - Leeward Community College

96-045 Ala 'Ike • Pearl City, Hawaii 96782-3393

Phone (808) 455-0655 • Fax (808) 455-0539

ub@lcc.hawaii.edu • <http://emedia.leeward.hawaii.edu/upwardbound/>

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Student Application Form

PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK. (BE SURE TO COMPLETE THIS ENTIRE FORM).

LAST NAME			FIRST NAME			M.I.	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing / Street Address			City	State or Country	Zip Code	Cell Ph.:		
BIRTHDATE			BIRTHPLACE		EMAIL ADDRESS:			
MONTH	DAY	YEAR	(STATE OR FOREIGN COUNTRY)		Primary Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Other (specify):			
ETHNICITY (CHECK ALL THAT APPLY)								
<input type="checkbox"/> Hispanic		<input type="checkbox"/> African-American		<input type="checkbox"/> Caucasian/White		<input type="checkbox"/> Vietnamese		
<input type="checkbox"/> Hawaiian		<input type="checkbox"/> Chinese		<input type="checkbox"/> Korean		<input type="checkbox"/> Native Alaskan		
<input type="checkbox"/> Filipino		<input type="checkbox"/> Native American		<input type="checkbox"/> Japanese		<input type="checkbox"/> Other (specify):		
Name of High School Attending:				Grade Level	GPA	Graduation Year		
School Address:				School City	State / Country	Zip Code		
Who are you living with? (parents, grandparents, uncle, etc.):								
My Plans after graduating from high school: (check one)		What careers are you interested in?		Highest Math class taken so far:			Grade received:	
<input type="checkbox"/> Not sure		1.		Other Activities (sports, clubs, student gov't, ROTC, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:				
<input type="checkbox"/> Go to work		2.						
<input type="checkbox"/> Go in the military		3.						
<input type="checkbox"/> Go to college		4.						
Have you participated in any of the following programs:				<input type="checkbox"/> Talent Search <input type="checkbox"/> Upward Bound <input type="checkbox"/> UBMS <input type="checkbox"/> GEAR UP <input type="checkbox"/> AVID				
If so, please state where:				Name of Program			School	
I can use help in (Check all that apply):				How did you hear about Upward Bound? (Check all that apply):				
<input type="checkbox"/> College Application Process		<input type="checkbox"/> College Selection		<input type="checkbox"/> Career Selection		<input type="checkbox"/> GEAR UP		
<input type="checkbox"/> Paying for College		<input type="checkbox"/> SAT Preparation		<input type="checkbox"/> Study Skills		<input type="checkbox"/> Current Students		
<input type="checkbox"/> Tutoring		<input type="checkbox"/> Time Management				<input type="checkbox"/> Newspapers		
						<input type="checkbox"/> Flyers		
						<input type="checkbox"/> School Teachers		
						<input type="checkbox"/> Former Students		
						<input type="checkbox"/> AVID		
						<input type="checkbox"/> UB staff		
						<input type="checkbox"/> School Counselors		
						<input type="checkbox"/> Other (specify):		
I am applying to other summer programs: <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, specify:				
PLEASE INCLUDE A BRIEF ONE-PAGE ESSAY ON WHY YOU WISH TO BE PART OF THIS PROGRAM.								
<i>I certify that the above information is true and accurate to the best of my knowledge.</i>								
Student's Signature: _____				Date: _____				

FOR OFFICE USE ONLY: (INITIAL)

Received by:	Date:	<input type="checkbox"/> Complete <input type="checkbox"/> Recommended for Interview <input type="checkbox"/> Incomplete, additional info needed <input type="checkbox"/> Reject, no interview: _____ Reason
Entered by:	Date:	
Filed by:	Date:	

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Parent Application Form for:

Name of Student

PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK. (BE SURE TO COMPLETE THIS ENTIRE FORM.)

FATHER / MALE GUARDIAN (Please circle one)				
LAST NAME:		FIRST NAME:		M.I.:
Mailing / Street Address		City	State/Country	Zip/Postal Code
DOES THE STUDENT LIVE WITH YOU?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Occupation:		Employer:		
Home Phone:	Business Phone:		Cell Phone:	
HIGHEST EDUCATIONAL LEVEL ATTAINED:				
<input type="checkbox"/> Less than High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> 2-year College Degree <input type="checkbox"/> 4-year College Degree				
<i>I certify that the above information is true and accurate to the best of my knowledge.</i>				
Father's / Guardian's Signature: _____				Date: _____

MOTHER / FEMALE GUARDIAN (Please circle one)				
LAST NAME:		FIRST NAME:		M.I.:
Mailing / Street Address		City	State/Country	Zip/Postal Code
DOES THE STUDENT LIVE WITH YOU?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Occupation:		Employer:		
Home Phone:	Business Phone:		Cell Phone:	
HIGHEST EDUCATIONAL LEVEL ATTAINED:				
<input type="checkbox"/> Less than High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> 2-year College Degree <input type="checkbox"/> 4-year College Degree				
<i>I certify that the above information is true and accurate to the best of my knowledge.</i>				
Mother's / Guardian's Signature: _____				Date: _____

ADDITIONAL INFORMATION REQUIRED FOR THE SELECTION PROCESS:	
1. Attach a copy of one of the following:	
<input type="checkbox"/> Signed 1040 Tax Form <input type="checkbox"/> Statement of Public Assistance (i.e. TANF, AFDC, Welfare, Food Stamps, etc.)	
2. My Child is or Has Been Under Foster Care: <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. My Child is Enrolled in: <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch	
4. My Child's Citizenship is: <input type="checkbox"/> USA <input type="checkbox"/> Other (specify country): _____	
• Non-U.S. Citizen – VISA Type: CHILD'S Permanent Resident Card Number: _____	
Please attach a copy of your Child's Permanent Resident Card (front & back)	



UPWARD BOUND PROGRAMS

EDUCATIONAL RECORDS RELEASE FORM High School and College

Note to the student / parent

The TRIO Upward Bound Programs are required to follow the progress of our participants from application through their college career. This form will be mailed to high school and college registrars allowing our program staff to receive copies of the student's school records for tracking and reporting purposes. This form as dated below will serve as the only records release form to be used as long as it takes to complete your post secondary program.

Note to high school and college registrars

The TRIO Upward Bound Programs are mandated by the U.S. Department of Education to follow the progress of our participants through their high school and college careers. This form as dated below is the primary release form to be used by our program. The signatures below indicate that they realize this form will be used for many years in the future, even after completing our pre-college program. Thank you for honoring our request for information.

Agreement

I understand that as part of the TRIO Upward Bound Programs' selection process, my child's school records including transcripts, report cards, standardized test scores and any other records may be examined by Upward Bound staff. I also understand that the TRIO Upward Bound Programs will continue to require this information throughout the student's high school and college careers.

I hereby give permission to the TRIO Upward Bound Programs to request this information directly from my child's high school or institution of post-secondary education at this time and any time in the future as needed.

- | | |
|--|--|
| 1) School records | 4) Complete educational record |
| 2) Standardized test scores | 5) Student's current phone no. and mailing address |
| 3) Student's status and performance with the institution | 6) Student's financial aid award |

Student's Current High School

Student's Name (please print)

Student's Signature

Date

Father's/Legal Guardian's Name (please print)

Father's/Legal Guardian's Signature

Date

Mother's/Legal Guardian's Name (please print)

Mother's/Legal Guardian's Signature

Date

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