

Higher Education Consortium of Metropolitan St. Louis

Upward Bound Program



Education is the key to a successful future

HEC Upward Bound

St. Louis Community College - Forest Park

5600 Oakland Avenue Room G-311

St. Louis, Mo 63110



Upward Bound is a college preparatory academy which provides high school students the opportunity to acquire the academic skills and personal motivation necessary to finish high school, enter and earn a degree from a college or university. The students and parents selected for HEC Upward Bound must have the desire, determination and commitment to participate in all activities and training.

The Higher Education Consortium of Metropolitan St. Louis's (HEC) mission is to enhance students' access and achievement in higher education, HEC Upward Bound is designed to help students improve their academic performance and be prepared to enroll and graduate from a college or university of their choice. HEC Upward Bound is housed on the St. Louis Community College at Forest Park campus.

Program Requirements

HEC Upward Bound is a federal funded educational program. The Federal Government sets the guidelines for edibility. To be eligible for Upward Bound, a student must meet U.S. Department of Education taxable income guidelines.

Federal Income Guidelines	
Size of Family Unit	48 Contiguous States, D.C.
1	17,235
2	23,265
3	29,295
4	35,325
5	41,355
6	47,385
7	53,415
8	59,445

Additionally, HEC Upward Bound students must meet the following requirements:

1. Be first generation college bound (neither parent living in home has four year degree)
2. Be taking a college prep curriculum
3. Have a 2.0 G.P.A in high school
4. Display potential to succeed at the postsecondary level
5. Attend a SLPS target school or live in the surrounding area
6. Participants should participate in all services and activities

Benefits of being an Upward Bound student

The **Academic Component** begins in October and runs to May. Students take classes that will provide additional academic support and development on two Saturdays of each month at St. Louis Community College at Forest Park. Students receive tutoring, ACT/SAT preparation, personal and career guidance, assistance with financial aid and college admissions process.

The **Summer Component** is a six-week educational program. Students attend academic classes on the campus of St. Louis Community College- Forest Park and participate in fine arts, recreational, ad cultural activities. The summer concludes each year with a college tour where student's travel to selected cities' to get information, tour campuses, interact with college students and gain a better understanding about college life.

UPWARD BOUND PROGRAM APPLICATION

PLEASE PRINT OR TYPE ALL RESPONSES

Student's Information

Student's Name: _____

Last

First

Middle

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Date of Birth: ____/____/____ Social Security #: _____

Age: ____ Sex: Male ____ Female ____ U.S. Citizen: Yes ____ No ____ If NO, I.N.S. # _____

Ethnicity/Race:

__ African-American __ Asian-American __ Hispanic __ Native American __ White __ Other _____

Current School Attending: _____ Current Grade: _____ Student ID # _____

Year you Plan to Graduate: _____ Current Grade Point Average (GPA): _____

School, community, or volunteer activities: _____

Do you currently or have you previously participated in Upward Bound or another TRiO Program? If so, what program/when/where? _____

Are you available two Saturdays of the month from October through May? Yes _____ No _____

Will you attend HEC UB tutoring/college advising sessions at your school or other locations as needed? Yes ____ No ____

For UB Office Use Only:

Application Received Date: ____/____/____ Application Complete: Yes ____ No ____

Acceptance Date: ____/____/____ Wait List Date ____/____/____

Not Accepted: _____ Reason: _____

PART II- TO BE COMPLETED BY PARENT(S), GUARDIAN OR CAREGIVER

Parent/ Guardian 1

Last First Middle Initial

Parent/ Guardian 2

Last First Middle Initial

Single Parent Family Mother Only Father Only Two Parent Family Foster Parent
Other _____

Parent/ Guardian 1 Telephone Number: _____ Work/Cell Phone: _____

Parent/ Guardian 2 Telephone Number: _____ Work/Cell Phone: _____

HEC Upward Bound received funding from the U.S Department of Education. It is required that the staff verifies student eligibility by obtaining income documentation. This documentation is extremely important in order for us to consider a student's eligibility into the program. All information is kept confidential. Thank you.

Please attach either a copy of your current IRS 1040 (Tax Form) or any official documentation that shows family income. (Public aid, social security, unemployment, etc.)

Number in Household: _____ Annual Family Income: _____

Parent/ Guardian 1 Employer: _____ Telephone Number: _____

Parent/ Guardian 2 Employer: _____ Telephone Number: _____

Did student's mother graduate from a four-year college/university? Yes _____ No _____

Did student's father graduate from a four-year college/university? Yes _____ No _____

I certify that the information provided is true and correct, to the best of my knowledge.

Parent/ Guardian Signature 1 : _____ Date: _____

Parent/ Guardian Signature 2 : _____ Date: _____

NAME: _____ SCHOOL: _____

PERSONAL ESSAY

The personal essay is an important part of the selection process. In 100 words or more, describe your educational and career goals, reasons why you want to be in HEC Upward Bound, and what you hope to get out of the program. Please indicate any additional information you would like us to consider.

Signature of Student

Date

HEC UPWARD BOUND
FIELD TRIP PERMISSION SLIP

I understand that my child, _____, may have the opportunity to participate in field trips sponsored by HEC Upward Bound under the direction of a staff member(s) and/or program director. I request that my son/daughter be allowed to attend such field trips. I give my permission for my son/daughter to be allowed to attend such field trips. I give my permission for my son/daughter to be transported to these field trips in vehicle owned or contracted by HEC Upward Bound that may be driven by staff member (s).

I hereby waive any claim against HEC Upward Bound, their agents, representatives, and employees from all claim, damages, or other liabilities or injuries to my son/daughter sustained in connection with any such field trip. If the program director or staff member participation in this event deem in necessary to seek emergency medical treatment for my son/daughter, I grant permission for my child to be treated at a nearby medical facility. I understand that I am responsible for all medical and hospital expenses incurred by my child and represent that I have adequate insurance or means to cover such expenses.

 (Please Print Name)

 Parent or Legal Guardian Signature

Date: _____

Telephone number: _____

RELEASE FOR PHOTOGRAPHIC AND DIGITAL IMAGES

I give permission to HEC Upward Bound Program the right to reproduce, distribute, transmit, publish, display, in whole or in part, either digitally or in any other medium used my child's name and/or photographic image. I agree that such reproduction of picture/video may be edited as desired and used in whole or in part in the activities of HEC Upward Bound. I release and discharge HEC Upward Bound and its agents, representatives and assignees from any claim or cause of action now known or later discovered, for among other things, invasion of privacy, right of publicity, and defamation arising out of the use and utilization of the photographs.

 Parent/ Legal Guardian's Signature

 Date

Computer and Internet Usage

We (student and parent/guardian) agree to utilize campus computer labs for the purpose of completing classroom assignments. We understand that access to the computer lab and resources is contingent upon responsible use. Any inappropriate use of the Internet or other computer programs, services, and facilities may result in loss of privileges. Legal or disciplinary action will be pursued for violation of these codes per college procedure.

Student Signature : _____ Date: _____

Parent/ Guardian Signature : _____ Date: _____

HEC UPWARD BOUND MEDICAL INFORMATION AND CONSENT FORM

Student's Name: _____ Date of Birth: _____ Gender: _____

Is the student covered by any medical insurance? Yes _____ No _____ If "Yes" please complete the following:

Insurance Provider: _____ Policy Number: _____

Name of Family Physician: _____ Office Telephone #: _____

Please list any personal or family medical history that may be of importance to our records, including allergies and physician prescribed medicine that the student is currently taking:

List Medication/ Medical History	Allergies/ Allergic Reaction	Diagnosis

As the parent/guardian of the above named student, I hereby authorize the HEC Upward Bound Director and his/her authorized staff to use local and/or out-of-town hospitals and clinics for the treatment of illness or accident to my daughter/son. I further authorize HEC Upward Bound to select a licensed physician or surgeon for necessary treatment. Secondly, I authorize HEC Upward Bound Director and/or staff member to render such information required by the hospital admission rules and to sign, as a competent adult, forms permitting examination and possible treatment. HEC Upward Bound regents and employees shall not be liable in any way for any consequences from said diagnosis, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise out of such diagnosis, treatment or surgery to the extent allowed by law.

In case of sudden illness or accident, I consent to emergency treatment by the professional medical/nursing staff. In case of serious illness/accident, I will be notified immediately, but if I cannot be reached, necessary interim emergency care may be provided. I understand HEC Upward Bound staff will contact those individuals listed in case of an emergency.

In Case of an Emergency, I hereby request that the following individual(s) be contacted

1. _____ Relationship _____ Telephone #: _____

2. _____ Relationship _____ Telephone #: _____

3. _____ Relationship _____ Telephone #: _____

Parent/ Legal Guardian Signature : _____ Date: _____

Best Telephone Number to Call: 1. _____ 2. _____

Parent Statement and Commitment

My Child's Attendance

I, _____ the parent of _____
will ensure that my child attend HEC Upward Bound on two Saturdays of each month from October through May. My child will also attend tutoring if offered at his/her school. I understand that if my child misses more than two consecutive Saturday Academy Sessions they may risk losing their space in the program.

Parent Assembly Attendance

I, _____ commit myself to attending the monthly Parent Assembly throughout the academic year. I understand that I play a vital role in my child's education and my child's space in HEC Upward Bound may be contingent of my not missing more than one Parent Assembly. I will communicate with HEC Upward Bound staff regarding difficulty I may be experiencing that may prevent my attendance.

Parent/ Legal Guardian Signature : _____ Date: _____

RELEASE OF ACADEMIC INFORMATION

Student's Name: _____

I hereby authorize the high school that my child attends and/or St. Louis Public Schools to release the following information necessary for compliance with the United States Department of Education annual Performance Report and to chart student academic progress:

- Standardized test scores
- Transcripts
- Report card grades
- End of course scores
- Attendance
- Information pertaining to student academic progress

The Upward Bound Staff (Director, Education Counselors/Specialists and Tutors) also has permission to visit the school to meet with the above names student.

Signature of Student

Student ID #

Signature of Parent/Guardian

Date

Transcripts and grade reports should be mailed to the HEC Upward Bound Program at the address given below:

St. Louis Community College at Forest Park
5600 Oakland Avenue Room G-311
St. Louis, Mo 63110
314-951-9477

Dear student: Once your portion of the booklet has been completed and signed by you and your parent, please give the booklet to your counselor to complete the reverse side of this form. Your counselor/teacher will return the booklet/application to the HEC Upward Bound staff.

SCHOOL COUNSELOR OR TEACHER RECOMMENDATION FORM

Student's Name: _____ Counselor or Teacher's Name _____

Please respond to the following questions regarding the candidate's academic preparation, performance, and attitude toward learning.

Curriculum

Rank in High School

Academic College Prep

Top 1/3rd of Class

Vocational

Mid 1/3rd of Class

General Education

Bottom 1/3rd of Class

Other

Not able to determine

Likelihood of Student Entering College

Academic Performance & Ability

High

Achieves above average

Medium

Achieves as expected

Low

Achieves far below average

Not able to determine

Not able to determine

Please note the student's:

Weakest subject/area: _____

Strongest subject/area: _____

Please share the student's behavior when interacting with peers, teachers, counselors, administrators and other adults:

Would you recommend this student for HEC Upward Bound Program? Why or why not?

Counselor/Teacher Signature: _____ Phone Number: _____ Date: _____

Application Checklist

Student's Name: _____ Date: _____

1. Application – signed and dated (student and parent) _____
2. Essay- completed by student _____
3. Parent Statement and Commitments- Signed and dated _____
4. Transcript Release Form- Signed and Dated by parent and student _____
5. Counselor/Teacher Recommendation Form- completed by school counselor/teacher _____
6. Middle School or High School Transcript- attached _____
7. Parent's Income Statement- attached and signed _____
8. Medical Information and Consent Form- signed and dated _____

Please check off each item upon completion to insure that you have answered all questions. Make a copy of your completed application for your personal record.

Your application should be returned by _____