

# UPWARD BOUND

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## DAKOTA COUNTY TECHNICAL COLLEGE

Dear Student and Parents,

We are pleased that you are considering joining the Dakota County Technical College Upward Bound program. Upward Bound is an excellent resource and support for students who want to attend college but aren't sure how to go about applying to colleges or finding funding to pay for their education. We are here to help you with that.

If you can complete this application and return it to your counselor or mail it to our office, I will call you to schedule an interview with you and your parent/guardian so you can learn more about the program.

There is a checklist below to which you can refer to be certain that you have completed all of the forms requested. We will not consider applications that are incomplete.

If you have any questions as you are completing the application, please feel free to call me. I look forward to meeting and talking with you

Sincerely,

*Dora Schumacher*

*Dora Schumacher, TRiO Director  
Dakota County Technical College  
1300 145<sup>th</sup> Street E.  
Rosemount, MN 55068  
Office: 651-423-8463  
Fax: 651-423-8775*

### *Application Checklist*

#### Student:

- \_\_\_\_\_ 1. Complete the Student Section.
- \_\_\_\_\_ 2. Sign the Release Authorization.
- \_\_\_\_\_ 3. Obtain a copy of your current high school transcript and include it with this application.
- \_\_\_\_\_ 4. Give a copy of the recommendation form to your counselor and a teacher. Two recommendations are required and one must be a teacher who is familiar with your work. These forms may be mailed to us directly or placed in a sealed envelope and included with the application.
- \_\_\_\_\_ 5. Mail the application before the deadline or bring it to an Upward Bound staff person on the day they are in your school at the end of the school day.
- \_\_\_\_\_ 6. Social Security Number
- \_\_\_\_\_ 7. Short writing sample on the importance of education (see page 4)

#### *Parent or Guardian*

- \_\_\_\_\_ 1. Complete the Parent Section.
- \_\_\_\_\_ 2. Provide the Family Income information.
- \_\_\_\_\_ 3. Sign and Date the Parent Section.
- \_\_\_\_\_ 4. Sign and Date the Release Authorization

*Student Section*

Today's Date: \_\_\_\_\_

1. Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. Citizenship: \_\_\_\_\_ U. S. Citizen \_\_\_\_\_ Permanent Resident

\_\_\_\_\_ Other – Specify: \_\_\_\_\_

3. Home Phone: (\_\_\_\_\_) \_\_\_\_\_

4. Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Applicant

5. Email\*\* \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_

8. Social Security #:    -   -      
 (Required)

9. Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

10. Race/Ethnic Background (required for statistics only – NOT used in selection process) If necessary, check more than one.

- White
- Black or African American
- American Indian/Alaskan Native
- Hispanic or Latino
- Asian
- Native Hawaiian or other Pacific Islander

What "tribe/nation (i.e. Osage)"? \_\_\_\_\_

What national heritage (i.e. Mexican)? \_\_\_\_\_

What national heritage (i.e. Vietnamese)? \_\_\_\_\_

Is English spoken as the primary language in your home?  Yes  No

If "no", please specify the primary language: \_\_\_\_\_

**\*\* very helpful for us to have to communicate important information to you quickly**

*High School Profile*

11. Name of High School: \_\_\_\_\_

12. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

13. Guidance Counselor: \_\_\_\_\_

14. Counselor Telephone: \_\_\_\_\_

15. Counselor Email: \_\_\_\_\_

16. Current Grade: \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup>

17. Current GPA: \_\_\_\_\_

18. PSAT Scores: Verbal \_\_\_\_\_ Math \_\_\_\_\_

19. Have you participated in a TRiO program before? **Y N**

20. What program?  Upward Bound  Talent Search

21. Where was the program? \_\_\_\_\_

*Extracurricular Activities*

23. Description or Title  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If none, check this box.  
 Officer? (if yes, position) Yrs involved (9<sup>th</sup>, 10<sup>th</sup>, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Self Report Questionnaire

### 24. Educational Plans

Please check the statement(s) which best describe(s) your current plans.

- I plan to work during both the school year and summer.
- I plan to work only during the summer.
- I plan to work only during the school year.
- I plan to go to work full-time after high school graduation.
- I plan to enter military service after high school graduation.
- I plan to complete an associate's degree (2 years of community college) after high school graduation.
- I plan to complete a bachelor's degree (4 years of university) after high school graduation.
- I am currently undecided about my educational plans after high school graduation.

### 25. Dropping out of high school is:

- something I would do only if I had to.
- something I've occasionally thought about.
- something I've seriously considered.

### 26. The following reasons would most likely prevent me from achieving my goals:

Please check the statement(s) that apply.

- Lack of financial resources.
- Lack of motivation.
- Lack of interest in school.
- Full-time Employment.
- Marriage or children.
- Other: \_\_\_\_\_

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
30. Once I start something, I finish it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I get discouraged when I try to do something and it doesn't work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. My friends and relatives don't feel I should further my education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. If I run into a problem, I have someone who will listen and help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Good luck is more important than hard work for success in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Most of my friends like school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. My responsibilities at home often interfere with my homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. It is important for me to do well in school and in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. The things I study in school will be helpful to me later in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. I'm proud of my culture even when others don't seem to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. I think doing homework will help me do well on the tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. I do homework with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. When I wake up in the morning, I am still tired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. I have difficulty concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. I don't enjoy a lot of the things that I used to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. I believe I have control over my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. People usually like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Student Needs Assessment

This survey contains a number of statements about student needs. Please give your honest opinion of your need for each of the services listed. Your answers are confidential.

### ACADEMIC NEEDS

	<u>Strong Need</u>	<u>Some Need</u>	<u>No Need</u>
1. To learn how to complete and turn in my homework on time.	1	2	3
2. To improve my grades in high school.	1	2	3
3. To reduce test anxiety so I can perform better on tests.	1	2	3
4. To organize my time, activities and responsibilities better.	1	2	3
5. To learn about required high school subjects for college acceptance.	1	2	3
6. To listen better in class and ask more questions.	1	2	3
7. To communicate better with my teachers.	1	2	3
8. To identify and set goals for the future.	1	2	3
9. To develop better study skills.	1	2	3
10. To improve my computer skills.	1	2	3

My academic goal is \_\_\_\_\_

### PERSONAL NEEDS

1. To better understand adults, especially my parents.	1	2	3
2. To learn to deal with conflict in a positive manner.	1	2	3
3. To learn how my self-esteem affects my behavior.	1	2	3
4. To be more accepting of my appearance.	1	2	3
5. To learn how to get along better with my peers.	1	2	3
6. To learn to accept people who are different from me.	1	2	3
7. To learn more about the use/abuse of drugs and alcohol.	1	2	3
8. To make new friends.	1	2	3
9. To learn how to be a good team member.	1	2	3
10. To accept greater responsibility for my actions.	1	2	3

My personal goal is \_\_\_\_\_

### CAREER AND POSTSECONDARY NEEDS

1. To explore a variety of career opportunities.	1	2	3
2. To learn more about job applications, resumes and interviews.	1	2	3
3. To learn more about the postsecondary admissions process.	1	2	3
4. To prepare for college entrance exams like the 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

The college campus that I'd like to visit is \_\_\_\_\_



**Parent Section**

To be completed by Parent or Guardian

Dear Parent or Guardian:

Students who are accepted into the Upward Bound (UB) program must meet certain federal guidelines related to family income and/or families where neither parent has completed a four-year college degree. These are conditions of the U.S. Department of Education that provide funding for the program. This Parent/Guardian Section must be filled out before we can consider your child for admission.

**CONFIDENTIALITY OF INFORMATION**

Financial information and other personal data are necessary to determine if a student is eligible to participate in the program. No one may see this information unless they work for the UB program or are authorized to see it. Information is protected by the Privacy Act and is not specifically reported to the federal government or the U.S. Department of Education (DoE). However, the DoE has authority to gather general statistical information about participants to help measure our success and to improve the UB program.

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Parents are:  Married  Separated  Divorced  One or both parents are deceased

2. Student lives with (check all that apply):

Mother  Father  Stepmother  Stepfather  Foster Home  Group Home  Guardian

3. **Emergency Contact:** Name of adult NOT living with student: \_\_\_\_\_ Phone #: \_\_\_\_\_

4. **Father's/Guardian's Profile**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 (If different from student)

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone (home): ( \_\_\_\_\_ ) \_\_\_\_\_

(work): ( \_\_\_\_\_ ) \_\_\_\_\_

(cell): ( \_\_\_\_\_ ) \_\_\_\_\_

(email)\*\* \_\_\_\_\_

Employed by: \_\_\_\_\_

Job Title: \_\_\_\_\_

6. **Father's/Guardian's Education**

Has he attended college  Yes  No

If yes, please indicate the highest degree earned:

No Degree  Associates  Bachelors  Masters

5. **Mother's/Guardian's Profile**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 (If different from student)

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone (home): ( \_\_\_\_\_ ) \_\_\_\_\_

(work): ( \_\_\_\_\_ ) \_\_\_\_\_

(cell): ( \_\_\_\_\_ ) \_\_\_\_\_

(email)\*\* \_\_\_\_\_

Employed by: \_\_\_\_\_

Job Title: \_\_\_\_\_

7. **Mother's/Guardian's Education**

Has she attended college  Yes  No

If yes, please indicate the highest degree earned:

No Degree  Associate  Bachelors  Masters

\*\*very helpful for us to have to communicate important information to you quickly

8. **Household Information**

Total Family Size including applicant, siblings, extended family and parent(s): \_\_\_\_\_

9. **Financial Information**

Please complete one of the following boxes:

**Most recent taxes if filed (2010)**

Total Taxable Income from employment (Line 43 of form 1040 or line 6 of form 1040EZ): \$ \_\_\_\_\_

Number of exemptions claimed on that tax return: \_\_\_\_\_ (Line 6D from 1040): \_\_\_\_\_

OR

**If you did not file taxes in 2010**

Last year's income from employment:

Weekly: \$ \_\_\_\_\_ or Monthly: \$ \_\_\_\_\_ or Yearly: \$ \_\_\_\_\_

*Please answer the following questions*

10. Participation in the program will mean that your daughter/son is expected to attend the UB program **5 days a week for six weeks in the summer**. Will you and your family be able to schedule around this commitment so he/she will not miss any classes or activities?
11. In what areas do you think your son or daughter could use additional support or guidance?
12. What do you feel are your daughter or son's particular strengths?
13. What are your son or daughter's career plans or dreams for the future? Are you supportive of these plans?
14. Is there anything about your child's health, religious practices, diet, or any other special information that you feel may be important for us to know?

*Verification and Signature*

I certify that I am the parent or guardian of \_\_\_\_\_ and verify that to the best of my knowledge, the above information I have supplied is true and accurate.

\_\_\_\_\_  
*Printed name to ensure accuracy in spelling*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

*Please contact us if you are having any difficulty completing the application. We are here to help.*

## Educational Records Release Form

*Note to student / parent:*

Student records are necessary for evaluation for acceptance into Upward Bound. Also, Federal regulations require that DCTC tracks the performance and progress of our participants through their college career, or a minimum of 6 years. This form will be mailed to high school and college registrars allowing our program staff to receive your school records for tracking and reporting purposes. Our ability to receive this information impacts how the UB program is evaluated and the continued funding of the program. Records include grades, transcripts, financial aid and other information relating to academics or enrollment. This form also releases DCTC UB to share your records with other academic entities and TRiO programs for the purposes of tracking or referrals. This form as dated below will serve as the only records release form valid from the date signed until completion of your postsecondary program of study.

*Note to high school and college registrars:*

Dakota County Technical College is mandated by the U. S. Department of Education to follow the progress of program participants through their high school and college careers. This form as dated below is the only release form to be used by our program. Due to the transient nature of students it will become nearly impossible to see annual updates of this form. The signatures below indicate that you realize this form will be used for multiple years in the future once your student completes the Upward Bound program. Thank you for honoring our request for information.

*Student / Family Agreement:*

I understand that as part of the DCTC Upward Bound selection process my child's school records (including transcripts, report cards, financial aid status, standardized test scores and academic progress reports) will be examined by Upward Bound staff. I also understand that Upward Bound will continue to require this information throughout the duration of my child's high school and college career.

I hereby give permission to DCTC Upward Bound to request the following information from my child's high school or institution of postsecondary education at this time or any time in the future as needed and extend the validity from the date signed until completion of their postsecondary program of study.

- |                             |  |
|-----------------------------|--|
| 1) School Records           | 4) Student's status and performance with the institution |
| 2) Standardized Test Scores | 5) Student's financial aid status                        |
| 3) Report Cards/Transcripts | 6) Student's current phone and mailing address           |

\_\_\_\_\_  
Please print name to ensure accurate spelling

\_\_\_\_\_  
Father/Legal Guardian Signature                      Date

\_\_\_\_\_  
Please print name to ensure accurate spelling

\_\_\_\_\_  
Mother/Legal Guardian Signature                      Date

\_\_\_\_\_  
Please print name to ensure accurate spelling

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

*Medical Release Form*

The following information is requested by Dakota County Technical College Upward Bound staff with information necessary in the event of an accident, emergency, medical or health problems.

Student's Name \_\_\_\_\_ Parent/Guardian's Name \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

Name	Relationship	Number(s)

**Student Medical History and Information**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of last physical examination \_\_\_\_\_ Corrective Lenses Y/N \_\_\_\_\_

Regular Medications Taken (please list) \_\_\_\_\_

Does your child have any physical or mental condition(s), which may affect his/her schoolwork, sports, or physical education? (i.e. asthma, diabetes, allergies, anxiety, depression, etc.)? \_\_\_\_\_

\_\_\_\_\_

Doctor/Clinic Preferred \_\_\_\_\_ Phone \_\_\_\_\_

**Health Insurance Information**

Insurance Co. \_\_\_\_\_ Policy/Card in name of \_\_\_\_\_

Policy/Card number \_\_\_\_\_ Patient ID # \_\_\_\_\_

*CONSENT TO PARTICIPATE AND LIABILITY RELEASE*

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, hereby consent that the above named minor has my permission to participate in the activities planned in conjunction with the DCTC Upward Bound program. I recognize that there could be risks involved with respect to the activities in this program. I hereby assume such risks, and release the Upward Bound program, DCTC, and the staff or students from any claims against them arising from injuries which may occur to/from or at the destination.

I understand that in the event of a medical emergency, DCTC will attempt to contact me. If said attempts are not immediately successful, the supervisors of Upward Bound may refer the above named minor to a licensed medical practitioner and/or clinic. I give my consent to medical examinations and necessary treatment, including drugs and x-rays, as may be deemed advisable by the attending physician. I hereby release DCTC, its agents, employees, or students of responsibility for the above named minor in the event that the minor does not follow prescribed treatment for injury/illness.

\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommendation Form

Dear Teacher/Counselor:

Upward Bound is a program funded by the U. S. Department of Education that seeks to motivate and prepare students for college and persist in a postsecondary program of study. The goal of Upward Bound is to increase the rate at which participants complete high school, enroll in and graduate from institutions of post-secondary education.

Before a student can be considered for the program, she/he must submit a completed application which includes recommendations from a teacher and/or counselor.

About Upward Bound

To achieve the goal of high school graduation and admission to college, we set high standards of academic excellence for our students which include course selection, grand point average, and test scores.

Additionally, students must meet the following criteria for participation in the Upward Bound Program:

- Neither parent has received a four-year college degree
- Family income must meet specific federal guidelines
- Student is beginning 9<sup>th</sup> or 10<sup>th</sup> grade
- Student has at least a 2.0 GPA and has the potential for success in a post-secondary program.

Upward Bound provides:

- After-school academic enrichment and instruction in study skills and time management.
- Exposure to social and cultural events.
- Mentoring programs with college students and the business community.
- Information on post-secondary education opportunities and college campus visits.
- Assistance in completing college entrance and financial aid applications.
- Preparation for ACT and SAT college entrance exams.

About This Form

This recommendation is an important part of the student application process. Your evaluation is extremely beneficial to us in determining if the student will succeed in this highly intensive program and a post-secondary program following high school graduation.

We recognize that the completion of this form will require an investment of time that is valuable to you. We acknowledge the thought and time that you give to this process as decisions about the selection of participants is based in large measure on the information and evaluation sought on this form.

Thank you for your contribution to the student's academic endeavor,

Upward Bound Staff

Student _____	Grade _____
Teacher/Counselor _____	Subject _____

Area of Competence	Above Average	Average	Below Average	No opportunity to Observe
Grasps fundamental ideas and concepts				
Integrates complex information				
Completes assignments, fulfills contracts				
Accepts criticism				
Assumes responsibility				
Is motivated to achieve				
Has good work habits; is disciplined				
Has positive sense of self				
Is sensitive to the needs of others				
Has foundation in basic skills				
Demonstrates leadership skills				
Is emotionally mature				
Has potential for success in post-secondary				
Is self-motivated				

1. What do you feel contributes to this student's success in your class?

  
  

2. What do you feel detracts from her/his performance in your class?

  
  

3. What specific skill development would assist this student's performance?

*Recommendation Form*

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2. What do you feel detracts from her/his performance in your class?

  
  

3. What specific skill development would assist this student's performance?