

Clarion University Upward Bound Recommendation Form

_____ is applying to Clarion University Upward Bound. Please complete this recommendation assessing the student's academic potential and need for services designed to develop skills and motivation necessary for success at a four-year college or university. Please return this completed form to ccarlson@clarion.edu as soon as possible.

This student has the academic potential for:

- Technical/Trade School
 Two-year College
 Four-year College

Please select all choices that apply.

1. Academic assistance and/or summer classes in:

- | | | |
|--|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Math: computation | <input type="checkbox"/> Note taking |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Time management | <input type="checkbox"/> Active listening |
| <input type="checkbox"/> Reading comprehension | <input type="checkbox"/> Test taking/preparation | <input type="checkbox"/> Class participation |
| <input type="checkbox"/> Vocabulary | <input type="checkbox"/> Test anxiety | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Math: concepts | <input type="checkbox"/> Organization | <input type="checkbox"/> Other _____ |

2. Guidance and counseling in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Career exploration | <input type="checkbox"/> Financial aid |
| <input type="checkbox"/> Self-motivation | <input type="checkbox"/> Decision making | <input type="checkbox"/> Personal issues |
| <input type="checkbox"/> Interpersonal skills | <input type="checkbox"/> Applying to college | <input type="checkbox"/> Other _____ |

3. Indicate the student's behavior and attitude in the following areas:

	Below Average	Average	Above Average
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work ethic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Recommendation:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Good match for UB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need for UB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other: _____

Print Name

School and Position
(Guidance Counselor, Math Teacher, English Teacher)

Date

Signature



DIRECTIONS:

This application must be completed by you and your parent/guardian(s) and returned to the school's Guidance Office. Upon receipt of the application, an interview will be scheduled. Selection is based on the application and recommendation, level of need for program services, school records, and the interview. Enrollment also depends on current enrollment, as Upward Bound is funded to serve a designated number of students annually. **Questions about Upward Bound or the application process should be directed to (814) 393-2342.**

PART I: PERSONAL BACKGROUND (Student)

Last Name _____ First Name _____ Middle Initial _____

Parent/Guardian Phone _____ Student Phone _____

Mailing Address _____

City _____ Zip Code _____ County _____

High School _____ Grade _____ Gender _____

E-mail address most frequently checked _____

Are you a U.S. citizen? Yes No

Are you Hispanic/Latino? Yes No

Please select those that apply: Asian Black/African-American White

Native Hawaiian/Pacific Islander American Indian/Alaskan Native

Birth date (including year) _____ SS# _____

PART II: FAMILY BACKGROUND (Parent/Student)

Mother or guardian's name _____ Occupation _____

Father or guardian's name _____ Occupation _____

With whom do you live? (Put a check (✓) on the line before your answer):

_____ Both parents _____ Mother only _____ Father only _____ Guardian(s)

List other people who reside in your home:

Sisters _____

Brothers _____

Others (explain) _____

Has either of your parents graduated from a college or university with a **Bachelor's degree (4 yr.)?**

Mother? _____ No _____ Yes Degree _____ College _____

Father? _____ No _____ Yes Degree _____ College _____

Have you ever had any significant medical condition, disability, or allergy? Please explain. _____

Are you supposed to wear glasses? (please circle) YES NO

PART III: FINANCIAL INFORMATION (Parent)

Were you required to file income taxes for the **most recent year**? YES _____ NO _____
Did/will your family file income taxes for the **most recent year**? YES _____ NO _____
Year of most recent return filed from which this information is obtained: _____

Family (with whom the student resides) total **TAXABLE** income: \$ _____
(*Line 11b of the IRS 1040 Form*)

Number of people in your household: _____

Is the student interested in Upward Bound a foster child? YES _____ NO _____

Is the student interested in Upward Bound involved with any of the following:

Homeless _____ Juvenile Justice System _____ Emancipated Minor _____
(McKinney-Vento Act)

Does the student's family receive any of the following nontaxable income? Please check (✓) after each item that is yes.

AFDC	_____	Free/Reduced Lunch	_____
DPW/TANF	_____	OVR Benefits	_____
SSI Benefits	_____	Disability Compensation	_____
Other:	_____		

PART IV: ACADEMIC PAST AND FUTURE (Student)

1. Do you think your school record is a true picture of your academic ability? (*please circle*) Yes No

Explain _____

2. What are your educational plans and career goals? _____

3. Why should you be selected for Upward Bound? _____

4. List clubs, activities, or organizations in which you participate. (Include those outside of school.)

5. Have you ever been diagnosed with a learning disability? (*please circle*) Yes No

6. Have you ever been enrolled in learning support at your school? (*please circle*) Yes No

PART V: BENEFIT OF PARTICIPATION (Parent)

In the space provided, please explain how participation in Upward Bound could benefit your child (overall academic achievement, college prep): _____

PART VI: PARENT AND STUDENT CONSENT AND VERIFICATION

As **parent or guardian**, I hereby give my permission for my child, whose signature appears below, to become a member of and to participate in Clarion University's TRIO Upward Bound Program, including all activities during both the academic year and summer components. I also agree to encourage and support his or her full involvement in the program, including participation in the Summer Academy, and will support the program's goals and objectives.

As a **student**, if I am chosen, I will adhere to the goals, objectives, and regulations of TRIO Upward Bound; be open to experiencing new academic, cultural, and social experiences; work to improve my grades and my overall performance in school; participate in tutoring as necessary; attend school, Campus Days, and Upward Bound meetings as required; participate in the Summer Academy; and fulfill all other responsibilities that Upward Bound asks of me.

Parent or Guardian Signature

Date

Student's Signature

Date

AUTHORIZATION OF RELEASE OF RECORDS

The personal information you provided to the Clarion University TRIO Upward Bound Program is used to compile data reported to the U.S. Department of Education (TRIO funding agent). This information is protected by the Privacy Act. No one may see the information unless they work for or with Upward Bound or are specifically authorized for audit/federal purposes. The information is necessary to determine if the student named below is eligible to participate in the program and to assist in measuring program success (20 USC 1231a). The employees of the Clarion University TRIO Upward Bound respect the importance of protecting and maintaining the confidentiality of the information provided regarding our students and their families.

Authorization Statement

We understand that this form will be retained by Clarion University TRIO Upward Bound and will be utilized to access academic records such as high school transcripts, disciplinary records, Individualized Education Programs (IEPs), grade reports, test scores, etc. and to verify academic achievement, enrollment and tuition assistance after the student enters a postsecondary educational institution. All information gathered pertaining to the student will be kept in a locked filing cabinet within the locked office of Upward Bound. **We hereby authorize the release of any information regarding the student named below to the Clarion University TRIO Upward Bound.**

Also, by signing below, I certify that all of the information provided on this form, including financial information, is true and complete to the best of my/our knowledge. If requested, I agree to provide proof of the information that I have given on this form, including a copy of our federal income tax return.

(Please print) Student Full Name

Student Social Security Number

Student Signature

Date

(Please print)Parent or Guardian Name

Parent or Guardian Signature

Date