Thank you for your interest in the Dixie State University Upward Bound Program!

Upward Bound is a year-round, federal academic program sponsored by a grant from the U. S. Department of Education. The overall goal of Upward Bound is to assist students in becoming prepared to complete a 4-year college degree.

We do this by offering instruction and tutoring in college preparatory courses, personal and career counseling, academic advisement, cultural enrichment activities, and assistance with the college and financial aid application process.

Please take the time to carefully complete this application packet, including attaching any additional required documentation. Return the completed packet to your High School Coordinator by September 30.

We look forward to hearing from you.

Craig Harter
Dixie State University
Upward Bound Director
435-652-7659
harter@dixie.edu

Chance Steglich
Dixie State University
Upward Bound Advisor
435-652-7658
chance.steglich@dixie.edu

HIGH SCHOOL UPWARD BOUND COORDINATORS

Enterprise, Randy Terry, library

Hurricane, Sherae Davis, counseling center

APPLICATION PROCESS CHECKLIST

☐ Submit your completed Upward Bound Application by September 30
☐ Submit your high school transcript(s)
☐ Submit proper tax forms
☐ Have a parent interview with Upward Bound (we will let you know your interview time)
UPWARD BOUND APPLICATION

APPLICANT INFORMATION

Applicant’s Name: __________________________________________________________

First          Middle          Last

Address: _________________________________________________________________

Street address and PO box          City          State          Zip Code

Home Phone: (______)_________ - ___________  Cell Phone: (______)_________ - ___________

Student Email: __________________________@__________________________ *This will be our main form of
contact with you. Must be a valid email address that you check regularly.

The following information is for statistical purposes only and will not be used as a basis for selection into the program.

Ethnicity: Is the Student Hispanic or Latino/a?  ○ Yes  ○ No

Race (check all that apply):  ○ Black/African American          ○ Caucasian/White
○ Pacific Islander          ○ American Indian
○ Asian/Asian American          ○ Other________________________

Preferred Language:  What language is primarily spoken in your home? ________________

Do you have a documented disability?  ○ Yes  ○ No  If yes, please specify: ________________

#1 Priority - Participation Eligibility: Applicant must reside in the target area, or is enrolled in a target school at
the time of acceptance into Upward Bound (34 CFR, §645.6 (b)), completed eighth grade but has not entered twelfth grade and is at least
thirteen years old, but not older than nineteen years old (HEA, 402C (D)(4)), is a U.S. citizen or national of the U.S. (34 CFR, §645.3 (a)(1-5)).

Current Target High School:          Deseret Hills          Dixie          Enterprise

Hurricane          Pine View          Snow Canyon

Grade:  9th  10th  11th

Applicant’s Date of birth: ________/_______/_________  Applicatant’s Age: _________

Applicant’s Social Security Number: ___________ - ___________ - ___________ MUST have this to admit you

Place of Birth: __________________________

Is the student a US Citizen?  ○ Yes  ○ No

Answer only if response to previous question was “No”

Is the student a Permanent Resident?  Yes  No

Resident Alien Number: A__________________________
#2 Priority - Low-Income/First-Generation Determination: 2/3 of the project participants MUST be BOTH Low-Income and First Generation college student. The remaining 1/3 of project participants can be EITHER low-income or first-generation college students (HEA, §402C(d)(1-2)).

Low-Income Documentation (HEA, §402A(e) & (f)(2)) mark any that apply:

- Does your family qualify for TANF or Food Stamps? ○ Yes ○ No If yes, Case #
- Did you complete a Federal Tax Form last year? ○ Yes ○ No
  *If yes, please attach a signed copy of your Federal Tax Form to this application

Number of people living in your household, including yourself: __________

Family Taxable Income (Net) Line #43 of the 1040 tax form: ______________

Qualifying low-income guidelines

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Taxable Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>@/below $17,655</td>
</tr>
<tr>
<td>2</td>
<td>@/below $23,895</td>
</tr>
<tr>
<td>3</td>
<td>@/below $30,135</td>
</tr>
<tr>
<td>4</td>
<td>@/below $36,375</td>
</tr>
<tr>
<td>5</td>
<td>@/below $42,615</td>
</tr>
<tr>
<td>6</td>
<td>@/below $48,855</td>
</tr>
<tr>
<td>7</td>
<td>@/below $55,095</td>
</tr>
<tr>
<td>8</td>
<td>@/below $61,335</td>
</tr>
</tbody>
</table>

First Generation College Student Documentation (HEA, §402C(d)(3)):

Applicant lives with: ○ Both Parents ○ Father Only ○ Mother Only
○ Guardian(s) ○ Mother and Stepfather ○ Father and Stepmother
○ Other (please explain) __________________________

<table>
<thead>
<tr>
<th>Father/Guardian #1</th>
<th>Mother/Guardian #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _____________________</td>
<td>Name: _____________________</td>
</tr>
<tr>
<td>Phone 1: __________________ H W C</td>
<td>Phone 1: __________________ H W C</td>
</tr>
<tr>
<td>Phone 2: __________________ H W C</td>
<td>Phone 2: __________________ H W C</td>
</tr>
<tr>
<td>Email: __________________ (for the monthly Upward Bound newsletters)</td>
<td>Email: __________________ (for the monthly Upward Bound newsletters)</td>
</tr>
</tbody>
</table>

HIGHEST GRADE COMPLETED

<table>
<thead>
<tr>
<th>Grade School</th>
<th>Grade School</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 4 5 6 7 8 9 10 11 12</td>
<td>3 4 5 6 7 8 9 10 11 12</td>
</tr>
<tr>
<td>College: 1 2 3 4 5 6 7 8</td>
<td>College: 1 2 3 4 5 6 7 8</td>
</tr>
</tbody>
</table>

Does your father/guardian have a Bachelor’s degree? ○ Yes ○ No

Does your mother/guardian have a Bachelor’s degree? ○ Yes ○ No

If you have more than 8 people in your household, add $6,090 per additional person.
#3 Priority - Participant Shows Academic Need: Applicant shows a need for academic support in order to pursue successfully a program of education beyond high school (Bachelor’s degree) (34 CFR §645.3 (c)). “Academic Need” is determined through transcripts, test scores and any other pertinent information about the applicant.

Transcript Release Authorization
In order for academic need to be determined, the applicant’s transcripts must be accessed

I give permission to Upward Bound staff and administrators to view or print any and all information pertaining to my child’s academic progress in high school. This not only includes during the application process, but also the duration of my son/daughter’s involvement in Upward Bound. You have my consent to release grades, records, and test scores to the Upward Bound program:

Print Parent Name: _____________________  Parent Signature: _____________________

Applicant Academic Need Documentation

Cumulative GPA: ____________  Credits earned to date: ______

What core subjects do you anticipate needing the most help in?

English  Math  Science (Biology, Physics, Chemistry)  History  None

Are you behind on credit for high school graduation?
○ Yes, I am behind.  ○ No, I am on track  ○ I don’t know.

Test Scores (IOWA, CRT, ACT) most recent: Reading: _______ Writing: _______ Math: _______

Do you have a current I.E.P. at your high school?
○ Yes  ○ No  ○ I don’t know

What career(s) or major(s) are you interested in?: ____________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Do you plan to receive at least a Bachelor’s degree?
○ Yes  ○ No

What college(s) have you considered attending? ____________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Upward Bound Medical Consent Form

I, (we), the undersigned, parent(s)/guardian(s) of ____________________________, a minor, do hereby authorize the Director of Upward Bound at Dixie State University as an agent for the undersigned to consent to any x-ray examinations, anesthetic, medical, or surgical diagnosis, treatment(s), and/or hospital care which is deemed advisable by, and is rendered under general supervision of any physician and/or surgeon licenses under the provisions of the Medical Practice Act. In return, the participant and his/her parent(s) or legally appointed guardian(s) hereby agree to indemnify, hold harmless and release and forever discharge Dixie State University and their employees and agents from all claims and demands which the participants, his/her parent(s) or legal guardian(s) or the representatives and/or their employees and agents by reason of acts, illness, injury, or other consequences arising or resulting directly or indirectly from the participants of aforementioned Upward Bound Program, or any time subsequent thereto.

I understand that there will be an occasional field trip(s) and give permission for my son/daughter to participate in them. Should he/she elect to attend the summer program, I give my permission with the understanding that the applicant will be covered by accident insurance and will be appropriately supervised and chaperoned.

This authorization shall remain in effect as long as the applicant (son/daughter) is in the Dixie State University Upward Bound Program.

_________________________________________             _____________________________________
Print Parent/Guardian Name                      Parent/Guardian Signature

____________________________________
Print Parent/Guardian Name                      Parent/Guardian Signature

Applicant Medical and Insurance Information

Is the applicant child covered by health insurance?  ○ Yes  ○ No  Name of Insurance: ______________________

Does the applicant child have a personal doctor you wish to have called in case he/she needs medical attention?
○ Yes, Name of doctor: __________________________ Telephone: ____________________  ○ No

Please describe the applicant child’s statement of health (list any physical complaints of past and present and any medications the student is or has been on and why):
____________________________________________________________________________________________
____________________________________________________________________________________________

Is the applicant child allergic to anything?  ○ Yes  ○ No  Please list allergens: ______________________

Is the applicant child up to date on all their shots?

Any other medical or health information about the applicant child you’d like to share?
____________________________________________________________________________________________
____________________________________________________________________________________________
Statement of Truth & Commitment Contract

I understand the purpose of the Upward Bound project, which is to prepare participants to successfully complete a program of post-secondary education. As part of my personal effort in this preparation, I commit to Upward Bound and intend to participate in all academic year and summer components of the project. I understand that attendance is an integral part of participating in Upward Bound. Therefore, I agree to attend and actively participate in ALL classes, meetings, seminars, college tours and activities sponsored by Upward Bound. I will comply with all rules and regulations of the Upward Bound project, and I am aware that failure to comply could result in dismissal from the project. Below is a list of Upward Bound expectations:

- Maintain at least a 2.0 GPA and avoid receiving D’s, F’s, I’s, or NG’s grades. This includes turning in homework assignments on time and having good class attendance.

- I understand that if I receive any poor grades, I will be placed on Academic Probation.

- I plan to attend (or support my child in attending): 2 Parent Meetings, 1 college tour, 3 seminars, and 1 summer session per year.

- Show respect to all persons involved in Upward Bound, including staff and other students.

- I realize that when I participate in Upward Bound activities, I am a representative of the program and I will conduct myself in a positive, responsible manner. This includes refraining from any rude, disruptive, and/or immature behavior.

- I agree to enroll in college my Fall AND Spring semester AFTER I graduate high school, as well successfully complete a Bachelor’s Degree.

- I understand and willingly commit to the meeting these expectations. If I fail to comply with any of these, I may be dismissed from the Upward Bound program.

I attest to the fact that the above information is true and accurate to the best of my knowledge.

Applicant Signature: _______________________________ Date: ____________

Parent/Guardian Signature: _______________________________ Date: ____________