STUDENT APPLICATION
Dear prospective participant:

*The Rock, The River, The Tree*: University of San Diego TRiO Upward Bound is an educational and multicultural learning community of students who want to enroll in -- and succeed in -- college. Our Upward Bound assists 60 high school students from the Kearny High Educational Complex. Our activities include tutoring, mentoring, field trips, Saturday sessions, community service, senior seminars, and a 5-week summer residential program that simulates the college experience.

If you would like to become an Upward Bound participant, you must be about to enter 9th grade, or must currently be enrolled in 9th, 10th or 11th grade at Kearny. Your family must meet certain government income guidelines (see page 5) AND/OR you must be the first person in your family to pursue a college degree in the US. If you meet these guidelines and are serious about attending a four-year university after high school, please complete this application. Use the checklist below to ensure that you have fulfilled all the necessary requirements.

1) ___ Complete and sign the *Student Information and Student Autobiography Forms with photo*.

2) ___ Have your parent/guardian complete the *Parent/Guardian Information Form* using their *1040 or 1040A Income Tax* for the previous year (2015/2016). If you are accepted into our UB program, we will need a copy of the first two pages to verify your family’s income information.

3) ___ Complete and sign the *Release of Authorization Form*.

4) ___ Attach copy of your current *Transcript and Progress Report*

5) ___ Return the completed application to a UB Tutor in Kearny Library, your counselor or mail it to:

   University of San Diego TRiO Upward Bound  
   5998 Alcalá Park, BA 301  
   San Diego, CA 92110

The information that you provide to us in this application will be kept confidential.

Please return the completed application **AS SOON AS POSSIBLE**. We will then schedule an interview with you to complete the process. An orientation for new Upward Bound students and their families will follow.

If you have any questions, please call our office at (619) 260-7555. Remember, your application cannot be processed without all of the requested information.

Thank you for your interest in USD Upward Bound!

*Cynthia Villis*, PhD  
Assistant Provost  
Institute of College Initiatives & TRiO

*Shelley Barajas-Leyva*, MA  
Director
USD TRiO Upward Bound
STUDENT INFORMATION
(Please TYPE or PRINT)

Today’s Date _____ / _____ / _____

1. Student’s Name ____________________________________________________________
   First Name ___________________________ Last Name ____________________________

2. Address _________________________________________________________________
   Number & Street __________________________________ Apt. # ___________
   City ___________ State ___________ Zip Code ______

3. Telephone # (__________)_________________________ 4. Student Cell Phone # (__________)_________________________

5. Student Email _____________________________________________________________

6. Parent Email _____________________________________________________________

7. Kearny Complex □ CTA □ DMD □ SCT □ SIB
10. Gender □ Female □ Male

8. Social Security _______/_______/_______ 9. Date of Birth _______________________

12. Citizenship Status □ U.S. Citizen □ Permanent Resident □ Alien # ___________________

13a. Do you have a disability? □ Yes □ No If yes, what is your verified disability: _______________________

13b. Do you have an IEP on file at your school? □ Yes (Will need a copy if accepted to program) □ No

14. Grade Level □ Rising 9th □ 9th □ 10th □ 11th

15. GPA ___________

16. Ethnicity
   □ Black or African American □ American Indian/Alaskan Native
   □ Asian □ White (other than Hispanic)
   □ Hispanic or Latino □ Native Hawaiian or Other Pacific Islander
   □ Other ____________________________

17. Post-secondary plans
   □ Public 2-year College □ Private 2-year College □ Vocational/Technical School
   □ Public 4-year University □ Private 4-year University □ Armed Forces

18. Career interest: ___________________________________________________________

19. Self-Assess Academic Needs – How can Upward Bound help you? (Check all that apply)
   □ Grades / Homework □ Math □ Study Skills □ Financial Aid / Scholarship
   □ Social Science □ Writing □ Note Taking □ College Applications
   □ Foreign Language □ Science □ ACT / SAT Prep □ Career Education
   □ Reading □ Test Taking □ Goal Setting □ Cultural Awareness

USD Upward Bound prepares me to enroll in and succeed in college. I commit my effort to this preparation with UB through to the completion of my college degree. I will participate in all UB academic year and summer components. Attendance is KEY to my participation. I agree to attend and actively participate in all UB classes, meetings and activities. I will comply with all UB rules and regulations; failure to comply could result in my dismissal from UB. I understand and willingly commit to meeting these expectations.

__________________________________________ ______________________________
Student Signature Date
Name of Student ____________________________________________________________

Write a story about you, a brief autobiography (at least 50 words), in the space below. Use additional pages as necessary. You may type the essay and attach it to this page; also attach a current photo.

First paragraph: Introduce yourself; include information about your school and your family.
Second paragraph: Detail your plans for the future, including college and career plans.
Third paragraph: Explain what role our USD Upward Bound program will have in your life.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Remember to attach your photo!
Student’s Name ____________________________________________________________

First Name ___________________________ Middle _______ Last Name ________________

Language(s) spoken at home _______________________________________________________

<table>
<thead>
<tr>
<th>Father/Guardian</th>
<th>Mother/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>First Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Last Name</td>
<td>Last Name</td>
</tr>
<tr>
<td>Earned a 4-year college degree:</td>
<td>Earned a 4-year college degree:</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, was it in the United States:</td>
<td>If yes, was it in the United States:</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Phone # ____________________________</td>
<td>Phone # ____________________________</td>
</tr>
<tr>
<td>Cell Phone # ________________________</td>
<td>Cell Phone # ________________________</td>
</tr>
</tbody>
</table>

Number of family members living in the same household (include self, parents/guardian) ____________

I/we certify that our annual family income for (circle the year you are reporting) __2015 / 2016__ was approximately $________________ and our TAXABLE income for (circle the year you are reporting) __2015 / 2016__ was $________________ (line 43 on form 1040 or line 27 on form 1040A)

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>48 Contiguous States, D.C., and Outlying Jurisdictions</th>
<th>Alaska</th>
<th>Hawaii</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Number of Exemptions claimed)</td>
<td>$17,820</td>
<td>$22,260</td>
<td>$20,505</td>
</tr>
<tr>
<td>1</td>
<td>$24,030</td>
<td>$30,030</td>
<td>$27,645</td>
</tr>
<tr>
<td>2</td>
<td>$30,240</td>
<td>$37,800</td>
<td>$34,785</td>
</tr>
<tr>
<td>3</td>
<td>$36,450</td>
<td>$45,570</td>
<td>$41,925</td>
</tr>
<tr>
<td>4</td>
<td>$42,660</td>
<td>$53,340</td>
<td>$49,065</td>
</tr>
<tr>
<td>5</td>
<td>$48,870</td>
<td>$61,110</td>
<td>$56,205</td>
</tr>
<tr>
<td>6</td>
<td>$55,095</td>
<td>$68,880</td>
<td>$63,345</td>
</tr>
<tr>
<td>7</td>
<td>$61,335</td>
<td>$76,680</td>
<td>$70,515</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please check one:

☐ I/we filed income tax return. A copy of my 1040 or 1040A is attached.
☐ I/we DID NOT file an income tax return because I am/we are (check one below)
    ☐ Receiving public assistance. I am/we are enclosing a copy of my AFDC eligibility.
    ☐ Receiving Social Security. I am/we are enclosing a copy of my Social Security benefits.
    ☐ Not required to file because of low-income status. I am/we are enclosing copies of all my W-2 forms or IRS form 1099 and/or other appropriate documentation or a signed written explanation.

Please check any Non-Taxable benefits the student’s family receives:

☐ Free Lunch ☐ Veteran’s Benefits
☐ Unemployment Compensation ☐ Other: ____________________________

I hereby affirm that all information in this application is true and correct. I also understand that a false statement or misrepresentation will make the applicant ineligible for the Upward Bound project.

Name of Parent/Guardian (PRINT) ___________________________ Date ____________

5
AUTHORIZATION OF RELEASE
(Please TYPE or PRINT)

Student’s Name ___________________________ Social Security Number _____ / _____ / _____

Date of Birth _____________________________ Kearny Complex □ CTA □ DMD
School ID # _____________________________ □ SCT □ SIB

Counselor’s Name ________________________

1) I hereby grant authorization for my educational records (progress reports, grades, transcripts, IEP, test scores) to be released to the University of San Diego TRiO Upward Bound.

2) I understand and grant authorization USD TRiO Upward Bound staff to request progress reports every quarter and final grades at the conclusion of each grading period; transcripts, class schedules, and any state-mandated test scores at least annually.

3) I authorize USD TRiO Upward Bound to use photographs, writing, and/or videos with my image in Upward Bound publications, web pages, and news releases.

4) I understand that USD TRiO Upward Bound provides educational opportunities to USD graduate and undergraduate student volunteers, and I am willing to cooperate with and participate in their activities.

5) I further give permission for my son/daughter to participate in all educational, cultural, and recreational field trips and events as scheduled by Upward Bound staff, and to receive any medical attention, including preventive, routine, and emergency care as deemed necessary by qualified medical personnel in the event such treatment is necessary during the entire time the student is enrolled in the USD TRiO Upward Bound program.

Student Signature ___________________________ Date __________

Parent/Guardian Signature ________________________ Date __________

Information provided will be kept confidential.