



HOPE COLLEGE TRiO UPWARD BOUND APPLICATION FOR ADMISSION

**PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY
BEFORE COMPLETING THIS APPLICATION**

**The following information is required of you in consideration of your application.
Please type or print clearly.**

Step 1. General Information

Complete pages 2-3 and include student and parent signatures on pages 3-4 of application.

Step 2. Transcript Release Form

Complete the top portion of page 4 including student signature and parent signatures. Turn in pages 2-4 to your school Guidance office; he/she will forward these appropriate information to the Upward Bound Office. Federal regulations require TRiO Upward Bound Programs to document student academic performance at the time of admission and throughout program participation.

Step 3. Teacher Recommendation

Ask THREE academic core teachers to complete a Teacher Recommendation Form; he/she must forward it to your school's Guidance Center or mail directly to the Hope College TRiO Upward Bound Program.

Step 4. Adult Recommendation

Submit ONE additional recommendation from an adult who is not part of the school system and who is not a family member. This person can be someone that knows you outside of school such as a pastor, family friend, employer, etc.

Step 5. Proof of Income

Provide proof of your family income with your application. We recommend a copy of last year's Federal Income Tax Return (Form 1040) or proof of social services assistance. Federal regulations require TRiO Upward Bound Programs to document student family income to verify income and/or first generation qualifying criteria.

Hope College TRiO Upward Bound Program

263 College Avenue

Graves Hall

Holland, MI 49423

(616) 395-7745 or Fax (616) 395-7453

<http://www.hope.edu/admin/upbound/>

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HOPE COLLEGE TRiO UPWARD BOUND

APPLICATION FOR ADMISSION

The purpose of TRiO Upward Bound is to assist Fennville, Holland and West Ottawa High School students improve their academic standing, achieve graduation, college admission and a four-year degree. Participants are expected to put forth the time and work to improve academic progress, follow program regulations and participate in TRiO Upward Bound each year throughout high school.

STUDENT INFORMATION

First Name		Middle Initial		Last Name		Grade
Street Address and/or P.O. Box						
City	State	Zip Code	Parent E-mail Address			
Home Telephone #	Parent Cell Phone #	Student Cell Phone #	Student E-mail Address			
School	Current GPA	GPA in the 8th Grade	Social Security #			
Guidance Counselor		Graduation Year	Resident Alien #			
Ethnic Background		Date of Birth	Age	Sex		
<input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> White				<input type="checkbox"/> Male <input type="checkbox"/> Female		
		U.S. Citizen	INS Evidence showing intent to become a Permanent Resident			
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes			

PARENT/GUARDIAN INFORMATION

With whom does the applicant live?

<input type="checkbox"/> Foster Parent(s)	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Mother and Father	<input type="checkbox"/> Mother and Stepfather
<input type="checkbox"/> Other	<input type="checkbox"/> Father Only	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father and Stepmother

Name of Father or Guardian	Relationship	Address of Employer
Place of Employment	Work #	
Name of Mother or Guardian	Relationship	Address of Employer
Place of Employment	Work #	

Do either of your parents have a degree from a four-year college or university? No Yes

If you answered yes, please complete the following.

<input type="checkbox"/> Father	College/University	
<input type="checkbox"/> Mother	College/University	

Taxable income reported on your parent/guardian's most recent income tax report

Total number of persons claimed on your parent/guardian's most recent income tax report

Does your family receive any form of public assistance? No Yes

If so, what kind?

Social Security #

SI #

AFDC #

Food Stamps #

SSDI #

Medicaid #

Please provide your current course schedule

I need help in the following courses

1st Hour		Teacher	Mr./Mrs.	<input type="checkbox"/>
2nd Hour		Teacher	Mr./Mrs.	<input type="checkbox"/>
3rd Hour		Teacher	Mr./Mrs.	<input type="checkbox"/>
4th Hour		Teacher	Mr./Mrs.	<input type="checkbox"/>
5th Hour		Teacher	Mr./Mrs,	<input type="checkbox"/>
6th Hour		Teacher	Mr./Mrs.	<input type="checkbox"/>
7th Hour		Teacher	Mr./Mrs.	<input type="checkbox"/>

Please explain below what your career goal is and why you would like to be in the Upward Bound Program (you may attach an additional page if necessary).

EDUCATIONAL PLANS

In order of preference, list two occupations you think would best fit your abilities and interests with the opportunity to access the necessary education and required training.

1.	2.
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How did you hear about UB?	Please list the names of any relatives or friends who are currently in Upward Bound or have participated in the program in the past:	
<input type="checkbox"/> Friend <input type="checkbox"/> Teacher <input type="checkbox"/> Relative <input type="checkbox"/> Presentation <input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> Other (please specify)	
	<input type="text"/>	

I certify that all the answers I have given on this application are true and accurate

Parent/Guardian Signature

Date

Student Signature

Date

HOPE COLLEGE TRiO UPWARD BOUND ON-GOING RECORDS RELEASE FORM

To be filled out by the school counselor. The provided information will be treated in a professional manner.

Student Name

Name of School

Date

I hereby request current and on-going copies of school grades, attendance records, special education results, standardized test scores, and Individual Education Plans (IEP) to be forwarded to the Hope College TRiO Upward Bound Program.

Student Signature

Parent/Guardian Signature

NOTE TO SCHOOL: Upward Bound is required by Federal Regulations to document student academic performance through current school transcripts and other available test scores. This information will be held in strict confidence.

PLEASE SUBMIT A COPY OF THE FOLLOWING:

- 8th Grade Point Average (GPA) (*Grade Reports and Transcript to date included*)
- State Standardized Test Scores (*copy attached if applicable*)
- PLAN Scores (*copy attached if applicable*)
- Special Education Testing (*copy attached if applicable*)
- Individual Education Plan (IEP) (*copy attached if applicable*)

Which of the following best describes this student's current or last academic program?

- Vocational General College Prep Special Education

This student is: Behind level On level Above level

This student will benefit from:

Please indicate your assessment of the student's potential for success in a formal post-secondary educational institution and include specific sources of supportive information.

I do I do not recommend this student for participation in the Hope College TRiO Upward Bound Program.

School Guidance Counselor Signature

Date

HOPE COLLEGE TRiO UPWARD BOUND TEACHER RECOMMENDATION

This section of the Hope College TRiO Upward Bound student application is to be completed by the student's math, science, English, history or foreign language instructor. Once completed, the form should be returned to the school Counseling Center or the Upward Bound Program.

APPLICATION	
Name of Student Applicant	Name of Recommending Teacher
Name of School	How long have you known this student?
Please identify the course(s) in which you have provided instruction and/or academic support for the student.	

EVALUATION
Please identify the student's academic needs and provide evidence of how Hope College TRiO Upward Bound services can support the student's efforts to graduate high school and achieve a college degree.

RATE SKILL AREAS BASED ON YOUR ASSESSMENT OF THE STUDENT	Always	Sometimes	Never
EFFORT: Tries his/her best in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARTICIPATION: Joins discussions and appears eager to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUNCTUALITY: Reports to class on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY ASSIGNMENTS: Follows instruction and meets the daily course requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE: Is a self-starter and appears to do more than required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOPERATION: Is responsible, tactful and works well with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE IN CLASS: Demonstrates a cooperative, motivated, interested and enthusiastic demeanor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION SKILLS: Turns in assignments on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIME MANAGEMENT : Uses class time appropriately and works in a timely, thorough manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please identify how the student demonstrates the potential to pursue a college education.

Please identify specific academic and/or personal needs.

Teacher Signature	Date

HOPE COLLEGE TRiO UPWARD BOUND TEACHER RECOMMENDATION

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APPLICATION	
Name of Student Applicant	Name of Recommending Teacher
Name of School	How long have you known this student?
Please identify the course(s) in which you have provided instruction and/or academic support for the student.	

EVALUATION
Please identify the student's academic needs and provide evidence of how Hope College TRiO Upward Bound services can support the student's efforts to graduate high school and achieve a college degree.

RATE SKILL AREAS BASED ON YOUR ASSESSMENT OF THE STUDENT	Always	Sometimes	Never
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TIME MANAGEMENT : Uses class time appropriately and works in a timely, thorough manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please identify how the student demonstrates the potential to pursue a college education.

Please identify specific academic and/or personal needs.

Teacher Signature	Date

HOPE COLLEGE TRiO UPWARD BOUND TEACHER RECOMMENDATION

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APPLICATION	
Name of Student Applicant	Name of Recommending Teacher
Name of School	How long have you known this student?
Please identify the course(s) in which you have provided instruction and/or academic support for the student.	

EVALUATION
Please identify the student's academic needs and provide evidence of how Hope College TRiO Upward Bound services can support the student's efforts to graduate high school and achieve a college degree.

RATE SKILL AREAS BASED ON YOUR ASSESSMENT OF THE STUDENT	Always	Sometimes	Never
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PUNCTUALITY: Reports to class on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY ASSIGNMENTS: Follows instruction and meets the daily course requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE: Is a self-starter and appears to do more than required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOPERATION: Is responsible, tactful and works well with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE IN CLASS: Demonstrates a cooperative, motivated, interested and enthusiastic demeanor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION SKILLS: Turns in assignments on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIME MANAGEMENT : Uses class time appropriately and works in a timely, thorough manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please identify how the student demonstrates the potential to pursue a college education.

Please identify specific academic and/or personal needs.

Teacher Signature	Date

HOPE COLLEGE TRiO UPWARD BOUND ADULT RECOMMENDATION FORM

This form is to be filled out by someone who knows you well and who can comment on the areas listed below (this may include a pastor, youth leader, employer, neighbor, etc. as long as the individual does not work in the school system and is not a member of your family).

PERSONAL INFORMATION

Student Name		Name and Job Title of Recommending Adult		
Home Address/P.O. Box	City	State	Zip Code	
Business Address/P.O. Box	City	State	Zip Code	
Home Phone #	Work # and Extension	How long have you known this student?		

Please briefly explain how you came to know this student in the space provided below:

This student has applied for admission to the Hope College TRiO Upward Bound Program. The following questions are designed to help our program staff in the evaluation and selection process. Please fill out and mail directly to the address listed on page two of this form or give to the student in a sealed envelope.

CIRCLE THE RESPONSE THAT BEST DESCRIBES THE STUDENT	Always	Sometimes	Never
Thinks things through and makes good decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates quality communication skills (verbal/written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates initiative, sets goals and completes tasks on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is involved, follows rules, and shows respect/concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusts well to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you believe this student has the potential to pursue a four-year college degree from a college or university if he/she were provided with consistent academic and personal support? *Please comment in the space provided below:*

Please feel free to provide additional comments or information you believe is important for our staff to know in consideration of this student's application.

Name
(please print)

Date

Signature

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