



HOPE COLLEGE 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
- ❑ Complete items 1-18
- ❑ Include student and parent signatures on application
- ❑ Complete the top portion of the Transcript Release form and turn into your school counselor. She/he will complete appropriate section of the form and forward it 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.
- ❑ Ask **THREE** academic teachers (preferably teachers who know you well) to individually complete and return a Teacher Recommendation form to your school Counseling Center or mail directly to the Hope College TRiO Upward Bound Program.
- ❑ Submit **ONE** additional recommendation from an adult who is not part of the school system and is not a family member. This person can be someone that knows you outside of school such as a pastor, family friend, employer, etc.
- ❑ 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
P.O. Box 9000
Graves Hall
Holland MI 49422-9000
(616) 395-7745 or Fax (616) 395-7453
<http://www.hope.edu/admin/upbound/>

Elizabeth Colburn
colburn@hope.edu

Yolanda Vega
vega@hope.edu

Andrea Mireles
amireles@hope.edu

**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 will be 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.

PLEASE PRINT OR TYPE

1. Full Name: _____ Gender M F
First Middle Last

2. Address: _____ Email Address _____
Street Address and or Post Office Box City, State, Zip

3. Telephone Number _____ Message Telephone Number _____

4. Social Security # _____ Age: _____ Birth Date: / /

5. Your racial/ethnic background (circle one) 6. Preferred Language Spoken at Home _____

1 - American Indian/Alaskan Native	2 - Asian	3 - Black or African American	4 - Hispanic or Latino
5 - White	6 - Native Hawaiian or Other	7 - More than one race	

7. Citizen Documentation: U.S. Citizen Permanent Resident _____ Resident Alien No.
 INS Evidence showing intent to become a Permanent Resident

8. Current School _____ Current Grade 8 9 10 11 12

9. Grade Point Average (GPA) in 8th Grade: _____ Current Grade Point Average (GPA) _____

10. School Counselor: _____ PLAN Score _____ Expected Date of Graduation: _____

11. Father's Name: _____ Home Address: _____

Employed by: _____ Work Phone: _____

Mother's Name: _____ Home Address: _____

Employed by: _____ Work Phone: _____

12. Do either of your parents have a degree from a four year college or university? Yes No
 If you answered yes, please indicate which parent(s) and from where he/she graduated.

Parent: _____ College/University: _____

Parent: _____ College/University: _____

13. Taxable income reported on your parent's/guardians most recent income tax report _____

14. Total number of persons claimed on your parent's/guardians most recent income tax report _____

15. Does your family receive any form of public assistance? Yes No If so, what type?

16. What classes are you presently enrolled in?

1st Hour _____ Teacher Mr./Ms. _____

2nd Hour _____ Teacher Mr./Ms. _____

3rd Hour _____ Teacher Mr./Ms. _____

4th Hour _____ Teacher Mr./Ms. _____

5th Hour _____ Teacher Mr./Ms. _____

6th Hour _____ Teacher Mr./Ms. _____

7th Hour _____ Teacher Mr./Ms. _____

17. In which subjects would you benefit from tutoring?

Subject _____ Subject _____ Subject _____

18. 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.)

19. Please list the names of any relatives or friends who are currently in Upward Bound or have participated in the program in the past:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

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

Signature of Student

Signature of Parent/Guardian

Date

Date

HOPE COLLEGE UPWARD BOUND TRANSCRIPT RELEASE FORM

(Give this page to your school counselor.)

I hereby request _____ to forward a copy of my current
(Name of School)
school transcript, attendance records and any available test scores to the Hope College Upward
Bound Program.

Signature of Student: _____ Signature of Parent/Guardian: _____

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.

TO BE FILLED OUT BY THE SCHOOL COUNSELOR.
The information provided will be treated in a professional manner.

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

a. Vocational _____ b. General _____ c. College Prep _____

2. This student is: _____ Behind level _____ On level _____ Above level _____

Grade Point Average (GPA) in 8th Grade: _____ Plan Score _____
(if applicable)

3. This student would benefit from:

4. I do _____ do not _____ recommend this student for participation in the Upward Bound
Program for the following reasons:

Counselor's Signature

Date

HOPE COLLEGE UPWARD BOUND PROGRAM 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 or is not a member of your family.)

Student's Name _____

How long have you known this student? _____

Please explain briefly below how you came to know him/her:

This student has applied for admission to the Hope College Upward Bound Program. The following questions are designed to help our staff better evaluate him/her during the selection process. Please fill out and mail directly to the address listed on page 2 of this form or give to the student in a sealed envelope.

Instructions: Please circle the response that best describes this student

Scale: 4=Always 3=Most of the time 2=Sometimes 1=Never

The Student:

- | | | | | | |
|----|--|---|---|---|---|
| 1. | thinks things through and makes good decisions | 4 | 3 | 2 | 1 |
| 2. | demonstrates quality (verbal/written)communication skills | 4 | 3 | 2 | 1 |
| 3. | works effectively with others | 4 | 3 | 2 | 1 |
| 4. | demonstrates initiative, sets goals, completes tasks on time | 4 | 3 | 2 | 1 |
| 5. | is involved, follows rules, shows respect and concern for others | 4 | 3 | 2 | 1 |
| 6. | accepts challenges | 4 | 3 | 2 | 1 |
| 7. | adjusts well to change | 4 | 3 | 2 | 1 |

8. **Do you believe this student has the potential to pursue a four-year college degree from a college or university if he/she were provide with consistent academic and personal support?**

Please comment:

9. **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.**

_____ Signature	_____ Date
_____ Print Name	_____ Date
_____ Home Address	_____ Home Phone #
_____ Business Address	_____ Work Phone #
_____ Title	

**Hope College Upward Bound Program
263 College Avenue
P.O. Box 9000
Graves Hall
Holland MI 49422-9000**