



Muskegon Community College

TRIO Upward Bound Project Application Form

STUDENT PERSONAL INFORMATION Social Security # _____ - _____ - _____

Name: _____

First

Middle

Last

Address: _____

City: _____ State: _____ Zip Code: _____ Home/Cell Phone: _____

Student Cell Phone: _____ Date of Birth: ____/____/____ Sex: ____

School: _____ Grade: _____ Student Email: _____

Citizenship: US Citizen Permanent Resident Other, explain _____

FAMILY INFORMATION

FATHER: _____

MOTHER: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Place of Employment: _____

Place of Employment _____

Occupation and Phone: _____

Occupation and Phone: _____

Circle those applicable: Married Divorced
Living Deceased

Circle those applicable: Married Divorced
Living Deceased

ETHNICITY (optional) (circle one): Hispanic/Latino Non-Hispanic/Latino

RACE (optional): Amer. Indian/ Alaskan Native / Black / White / Asian /Pacific Is. / Other: _____
(Please circle all that apply)

WITH WHOM IS THE STUDENT LIVING: Mother & Father Mother & Stepfather Father & Stepmother
(Circle one) Mother only Father only Grandparent Foster Home Other Legal Guardian

NUMBER OF PEOPLE LIVING AT HOME: ____ List all family members living at home; include complete name & age: _____

THE UPWARD BOUND SUMMER SESSION OCCURS DURING THE MONTHS OF JUNE AND JULY.

Will you be able to attend the summer session? _____YES _____NO **It is mandatory that your child attend the summer program during their first year and at least one other year while they are in Upward Bound. Driver's training, family vacations, sports, working, etc. will not be excused.**

Will your child need any special services because of a physical disability or handicap? Yes No
If yes, explain: _____

IT IS THE POLICY of Muskegon Community College and the Upward Bound Project that no person shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination on the basis of race, color, religion, national origin, or ancestry, age, sex, marital status, or handicap.

SIGNATURE OF PARENT OR GUARDIAN: _____ **Date:** _____

Your signature on this document signifies that the information contained herein is correct to the best of your knowledge.



TRIO Upward Bound Project
Muskegon Community College
221 S. Quarterline Road, Room 2041
Muskegon, Michigan 49442
Phone: (231) 777-0425 Fax: (231) 777-0446

PLEASE READ BEFORE SIGNING:

I hereby give permission for my child, _____, to participate in any and all field trips with the Muskegon Community College TRIO Upward Bound Project. I give the TRIO Upward Bound Project staff permission to transport my child to the scheduled activities, understanding that only fully-licensed adults will be driving to any of the activities. With the understanding that all necessary precautions and safety measures will be taken to ensure the safe transport of the students, I release and agree to hold Upward Bound, Muskegon Community College and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization. I understand that this form will remain in effect until the student either leaves the program or graduates high school.

PLEASE READ BEFORE SIGNING:

I am willing to make the commitment to fully participate in MCC's TRIO Upward Bound Project. I give the TRIO Upward Bound Project permission to collect information about my child's participation in the project, understanding that this information may be used to develop statistical data for reports/publications, to evaluate the project, and to assess my child's academic and career needs. To the best of my knowledge, the information on this form is true and accurate at this time.

_____ (initial) **Photo Release (optional):** I authorize the Muskegon Community College TRIO Upward Bound Project to use still photographs, videotapes, motion pictures, and/or sounded recording of my child without restriction of any sort, including class photos on the Muskegon Community College web page. I understand they may be used in promotional materials developed by Muskegon Community College.

Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Address: _____
Number & Street City State ZIP

Phone Number: _____ **Alternate/Cell Number:** _____

E-mail Address: _____



Muskegon Community College

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 is applying for admission to the Muskegon Community College TRIO Upward Bound Project. 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: In thinking about this student, please respond to each question or statement with a "Yes", "No", or "Sometimes" and give an example to support your response.

1. The student thinks things through and makes good decisions. _____

2. The student demonstrates quality (verbal/written) communication skills. _____

3. Does this student work effectively with others? _____

4. Does the student demonstrate initiative, set goals, and complete tasks on time? _____

5. The student follows rules and shows respect and concern for others. _____

6. Is this student actively involved in positive activities? _____

7. Have you observed a time when the student was challenged academically or socially? How did they handle the situation? _____

8. Do you know how well this student adjusts to change? _____

9. How does the student respond to constructive criticism? _____

10. Does the student demonstrate leadership ability? _____

11. Does the student have a support system outside of school? _____

12. Does the student value the importance of a college education? _____

13. 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? _____

14. Because we have a limited number of spaces available your input is very important. Please provide any additional comments or information you believe our staff should know in consideration of this student's application. _____

Signature

Date

Print Name

E-mail

Home Address

Home Phone #

Business Name/Address (if applicable)

Work Phone #

Muskegon Community College
TRIO Upward Bound Project
221 S. Quarterline Road, Room 2041
Muskegon, MI 49442



Muskegon Community College

Teacher Recommendation Form

_____ is applying for admission to the TRIO Upward Bound Project, a college preparatory program at Muskegon Community College.

We appreciate your assistance in helping us evaluate the students who apply. We can only provide academic support to a limited number of students, therefore, your evaluation will be taken into consideration, but the student's ability to participate will not hinge solely on your comments.

How long have you known the applicant? _____

In what capacity? _____

For the following charts, please use this scale in evaluating the student:

1 = excellent 2 = very good 3 = good 4 = average 5 = fair 6 = poor NA = Not Applicable

ACADEMIC SKILLS

- Problem solving _____
- Language usage _____
- Reasoning _____
- Writing _____
- Discipline _____

GENERAL

- General attitude _____
- Manners _____
- Participation _____
- Initiative _____
- Working with others _____

Considering your responses above, if the student was given a rating below a 4, please provide additional comments that will help us to know him/her better.

Using the scale provided, please mark each of the following:

1=All of the Time 2=Most of the Time 3=Some of the Time 4=None of the Time

- _____ Student is meeting their academic potential.
- _____ Student is meeting behavioral or conduct standards.
- _____ Student is motivated to succeed in school.
- _____ Student demonstrates leadership in class, school and/or among peers.
- _____ Student is punctual for class.
- _____ Student adheres to attendance policies.
- _____ Student comes prepared for classes.
- _____ Student reacts to failure in a positive manner.
- _____ Student shows potential for successfully completing a college or university education.

Considering your responses above, if the student was given a rating of 3 or 4, please provide additional comments that will help us to know him/her better.

In light of the limited number of students selected for this opportunity, would you recommend this student for participation in the MCC TRIO Upward Bound Project? Why, or why not?

Please provide any additional comments about this student that will help us to know him/her better and their interest in the Upward Bound Project.

Your Name (please print) / Position

Date

Signature

School/Work and phone number

**Please place in a sealed envelope and return to one of the following:
The guidance office, to Ms. Brown at the Upward Bound office located at the school, or
mail it to: Muskegon Community College, TRIO Upward Bound,
221 S. Quarterline Road, Room 2041, Muskegon, MI 49442.**

TRIO Upward Bound Project

Needs Self-Assessment

When we accept students into the Muskegon Community College TRIO Upward Bound Project, our goal is to help that student successfully complete high school and college. The list below contains factors that have been found to effect student's success. Rate yourself by reading the statement and deciding if it describes what you are presently doing or if it is something that you need assistance in learning to do.

Please circle each statement in areas where you need to improve:

1. I always organize my day and use my planner to track assignments, due dates, appointments and other events.
2. Because I am a leader, I ask for help when needed, avoid negative peer pressure and maintain a positive attitude with family, peers and teachers.
3. I know what I am good at and the career path I will take after high school.
4. I know how to prepare, plan and pay for college.
5. I always plan my study time and turn in my homework on time.
6. I can get and maintain an A/B average in all subject areas.
7. I know how to study for tests, and I do well on all kinds of tests.
8. I may consider joining the military as a career choice after high school.
9. I know about the cost of college, the financial aid process and how to research information about grants and/or scholarships.
10. I can accept challenges and I know how to overcome failures and setbacks.
11. I can admit when I make a mistake and apologize for them and I do not try to cover up my weaknesses to impress others.
12. I am comfortable meeting new people, working in groups and making new friends.
13. I know how to find out about college requirements and the programs they offer.
14. I usually get anxious when taking tests and could use more time to complete them.
15. I can usually motivate myself to set and reach my goals and I know my own strengths and weaknesses.
16. I can successfully complete high school and college without additional support.
17. I know how to choose the best college for me.
18. I would do better on tests if I could have the questions read to me.
19. I enjoy solving math and science problems.
20. Successfully completing high school and college is important to me and my family.



TRIO Upward Bound Project Qualifying Statement

CONFIDENTIAL FINANCIAL STATEMENT

To be in compliance with Federal guidelines, you must report the Family Taxable Income for the most recent year. For the 2019 tax year the taxable income is reported **on line 11b of the form 1040**. **Do not leave this space blank. Report a taxable income, even if it is zero.**

Family Taxable Income for 2019 was: \$_____

Federal TRIO Programs Current-Year Low-Income Levels

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$19,140	\$23,925	\$22,020
2	\$25,860	\$32,325	\$29,745
3	\$32,580	\$40,725	\$37,470
4	\$39,300	\$49,125	\$45,195
5	\$46,020	\$57,525	\$52,920
6	\$52,740	\$65,925	\$60,645
7	\$59,460	\$74,325	\$68,370
8	\$66,180	\$82,725	\$76,095

For family units with more than eight members, add the following amount for each additional family member: \$6,720 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,400 for Alaska; and \$7,725 for Hawaii. (Effective **January 15, 2020** until further notice)

INCOME VERIFICATION

I hereby certify, under penalty of perjury, that my family taxable income **(circle one) DOES or DOES NOT** exceed the levels listed above based on the size of my family unit. I understand that my family unit includes myself, my spouse (if applicable) and my dependents. If I am a ward of the court, my family unit includes only myself.

DEGREE ATTAINMENT

I also certify that neither parent/guardian of the applicant has a four-year (Baccalaureate) degree.

(Circle one) No Degree Yes, at least one has a BA/BS degree

I also understand that this is a federally funded program, and that this information is subject to review by Federal authorities if the Upward Bound project to which I have applied is audited, and I will be held responsible for the certification made by my signature. I affirm that this information is true and accurate to the best of my knowledge.

Printed name: _____

Parent/Guardian Signature

Date



Muskegon Community College

TRIO Upward Bound Project Medical Statement

The following information is necessary if we are to provide the best medical and health services for each participant. Unless changes in the student's health occur, this form will remain in effect for as long as the student is involved with the Upward Bound Project. Applicants will not be excluded from the project because of health factors, but the director and staff should be aware of any special conditions that must be considered or avoided.

NOTE: This form must be notarized.

Student's Full Name: _____ Date of Birth: _____
First Middle Last

Name of person completing this form: _____ Relationship to student: _____

Emergency Contact: _____ Relationship to student: _____

Home Phone: _____ Work/Cell Phone: _____

Primary Care Physician: _____ Office phone: _____

Student's Medical History

General Health: _____ Any current health problems or injuries? _____

Allergies? (Medicine, Food, or other) _____

Current medications? _____

Has student ever been seriously ill, had serious injuries, or had surgery? _____ If yes, describe below.

RELEASE OF INFORMATION/CONSENT OF TREATMENT

I HEREBY GRANT PERMISSION for the information provided on this form to be used if necessary as an aid to provide the necessary health care while my child is a student in the Upward Bound Project.
I UNDERSTAND that should a health emergency arise, I will be notified, but if I cannot be reached by telephone, such x-ray examination, medical, dental, or surgical diagnosis or treatment and hospital services as deemed necessary by competent medical personnel is authorized.

AUTHORIZATION FOR PRESCRIBED/ OVER THE COUNTER MEDICATION OR TREATMENT

The following is necessary for any student to use prescribed or over the counter medications or to receive treatment while participating in Upward Bound activities.
I AM REQUESTING PERMISSION for my child to use medication that has been prescribed to him/her. I will assume responsibility for safe delivery of the medication to the Upward Bound staff. I will notify the Upward Bound staff immediately if there is any change in the use of the prescribed medications or treatments. I also am acknowledging that my child may receive over the counter medications for headaches, upset stomachs, etc. from the Upward Bound staff. Additionally, should my child require medical treatment while participating in Upward Bound activities, I agree to authorize the Upward Bound staff to act in the best interests of my child until I can be reached.
I release and agree to hold Upward Bound, Muskegon Community College and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

SIGNATURE: _____ DATE: _____ PHONE: _____

ADDRESS: _____

NOTARY: _____ DATE: _____ TERM: _____



Authorization to give the MCC TRIO Upward Bound Project access to the student's school records.

Request

Records to be released or requested: Student's complete educational records (such as): Academic Records (including grades), Standardized Test Scores, Behavior, Enrollment, and Attendance Records. Also include any exchange of information, both written and verbal, to facilitate services for the student with any agency with which the student is involved.

Name of Requester: Robert G. Ross, Upward Bound Director

Reason for Request: Records will be used by the Upward Bound Project staff to determine student needs, progress, facilitate services, and complete required reports to the U. S. Department of Education.

Consent

I understand that the U.S. Department of Education requires the Upward Bound Project to monitor the educational attainment of its participants. Due to these requirements, our signatures on this release will allow MCC's Upward Bound Project to monitor my child's progress during their participation in the project, and after they leave the project for up to 6 years after high school graduation. In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I hereby give my permission for my son's/daughter's (in case of parent or guardian) or my permission (in case of program participant) high school and/or postsecondary institution to release records to the Upward Bound Project; and further, for the Upward Bound Project to release said information to professional Project staff, Muskegon Community College, and as required, to the U.S. Department of Education which funds this program.

Student Name **(Please Print):** _____

High School your child will be attending: _____

Parent/Guardian Signature

Date