

Participant Application

Dear Student:

Thank you for your interest in the Upward Bound (UB) Program at Norco College. The Upward Bound Program prepares **First-Generation College-Bound and/or low-income students** for college and strengthens their academic and personal skills. Upward Bound students participate in academic coaching, college tours, career assessments, cultural events, tutorial sessions, and Saturday & Summer Academies. Best of all, the program is **FREE** of charge.

This packet contains an application for participation the Upward Bound Program. In order to be considered for the Upward Bound Program, please submit the following documentation (See checklist below):

APPLICATION PACKET CHECKLIST

Items included in this packet:

- ☐ Student Information
- ☐ Essay (*attach one page, see bottom of Student Information*)
- ☐ Family & Financial Information
- ☐ Authorization for Release of Records
- ☐ First Generation Status Form
- ☐ Teacher Recommendation Form (*Please detach and give to one of your teachers*)
- ☐ Counselor Recommendation Form (*Please detach and give to your counselor*)

THIS APPLICATION MUST BE TYPED OR COMPLETED NEATLY IN BLUE OR BLACK INK!

Once we receive your completed application, a staff member will verify your eligibility for participation in the program. If you qualify, you will be contacted for an interview. **Both you and your parent(s)/legal guardian(s) must attend the interview in order to be considered for participation in Upward Bound.**

If you have any questions after you have reviewed the attached information, please contact the Upward Bound office at **(951) 738-7721** or via email upwardbound@norcocollege.edu.

The Riverside Community College District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies or practices:

District Compliance Officer, 3801 Market Street, Riverside, CA 92501, or (951) 222-8039.



Student Information

High School: ☐ Centennial (CNUSD) ☐ Corona (CNUSD) ☐ Norte Vista (AUSD) **Grade:** _____

Student's Name: _____
First MI Last

Ethnicity: *(for reporting purposes)* ☐ Asian ☐ Black or African American ☐ Hispanic/Latino ☐ White ☐ Other

Date of Birth: _____
MM DD YYYY

Gender: ☐ Male ☐ Female

Citizenship/Residency Status: ☐ U.S. Citizen ☐ U.S. Permanent Resident
☐ Other _____

Student's Cell Phone Number: _____ - _____ - _____

Student's E-mail address: _____ @ _____ .com

Mailing Address: _____
Street Apt. #

City State Zip

For Upward Bound Office use only:

Student Identifier Information _____



This program is 100% federally funded by the U.S. Department of Education and sponsored by Norco College.

Student Information (continued)

Please select the educational program(s) you are currently involved in, if any.

- ☐ AVID
- ☐ Early Academic Outreach Program (EAOP)
- ☐ PUENTE
- ☐ Educational Talent Search (ETS)
- ☐ Advanced Placement (AP)
- ☐ Honors
- ☐ Other _____

Please select your educational goal(s). You may select more than one.

- ☐ High School Diploma
- ☐ Associate's Degree
- ☐ Vocational/Technical Certificate
- ☐ Bachelor's Degree from a **public** college/university
- ☐ Bachelor's Degree from a **private** college/university
- ☐ Other _____

ESSAY

On a separate piece of paper, please provide a minimum **1 page typed response** to the following questions. Make sure to answer **all** of the questions.

- What are your educational and/or career goals? Why?
- Why are you interested in participating in the Upward Bound Program?
- What do you think the Upward Bound Program can do for you?

Family Information

**Parent 1/
Guardian 1
Name:** _____

First

MI

Last

Relation to student: ☐ Mother ☐ Father ☐ Guardian *(Please specify)* _____

Home Phone: _____

Cell Phone: _____

**Parent 1/
Guardian 1
E-mail address:** _____ @ _____ .com

**Parent 1/Guardian 1 highest level of education
completed** (only check one)

☐ Bachelor's degree or higher

☐ Associate's degree

☐ Some college or university

☐ High School Diploma or GED

☐ Other

**Parent 2/
Guardian 2
Name:** _____

First

MI

Last

Relation to student: ☐ Mother ☐ Father ☐ Guardian *(Please specify)* _____

Home Phone: _____

Cell Phone: _____

**Parent 2/
Guardian 2
E-mail address:** _____ @ _____ .com

**Parent 2/ Guardian 2 highest level of education
completed** (only check one)

☐ Bachelor's degree or higher

☐ Associate's degree

☐ Some college or university

☐ High School Diploma or GED

☐ Other

Primary language spoken in the home: _____

Family Financial Information

List the total number of people living in your home. _____
Please include parent(s)/guardian(s), siblings, and any relatives living in the home.

1. Did your parent(s)/guardian(s) file taxes for the most **current** tax year?

☐ Yes ☐ No ☐ Unknown

If you answered **yes**, please complete **section 2**. If you answered **no/unknown** please complete **section 3**.

2. For students whose parent(s)/guardian(s) filed taxes:

What type of tax form did your parent(s)/guardian(s) file?

☐ 1040 EZ ☐ 1040 A ☐ 1040 ☐ Other

List the number of exemptions on the tax return. _____ *(line 6d on page 1 of all 1040 forms)*
List the **taxable** income. _____ *page 2 on most 1040 forms (\$ amount)*

3. For students whose parent(s)/guardian(s) DID NOT file taxes.

Please list your parent(s)/guardian(s) annual income for the most **current** tax year. _____ *(\$ amount)*

Please check any of the following financial assistance received by you or your parent(s)/guardian(s).

- | | |
|---|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Free or Reduced School Lunch |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Temporary Assistance for Needy Families |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Nutrition Program for Women, Infants, and Children (WIC) |
| <input type="checkbox"/> Other <i>(please specify below)</i> | |

By signing below, I certify that the above information is true and accurate to the best of my knowledge.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Authorization for Release of Records

I, parent/guardian of:

Student's Name

hereby authorize the Norco College Upward Bound Program, to have access to my child's permanent school records during:

- The participant application process
- Throughout the period they are enrolled in high school
- The period following high school graduation, as needed for reporting purposes

I understand that the Upward Bound Program will review grades at the conclusion of each grading period and transcripts/test scores periodically.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

I, _____
Student's Name

hereby give permission to the Norco College Upward Bound Program to have access to all of my postsecondary education (college/university) records throughout my academic career. I understand that this information is necessary for documentation of my academic success, record keeping, and reporting purposes.

Student Name (Print)

Student Signature

Date

First Generation Status Form

The definition of a first generation college student is an individual whose parent(s) or guardian(s) **has not** earned a bachelor's degree from a U.S. four-year college institution, or the equivalent of a bachelor's degree from an institution outside the U.S.

Based on the above definition, please indicate below whether you qualify as a first generation college student.

- ☐ Of my parents/guardians, neither has a bachelor's degree. **I am** a first generation college student.
- ☐ Of my parents/guardians, at least one has a bachelor's degree. **I am NOT** a first generation college student.

Student Name (Print)

Student Signature

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Teacher Recommendation

APPLICANT: Fill out the top portion of this form. Detach this page from your application and kindly ask a teacher to complete on your behalf.

Student's Name: _____ **Grade:** _____

Teacher's Name: _____ **Subject:** _____

TO THE TEACHER: The student named above is applying for admission to the Norco College Upward Bound Program (UB). The main goal of UB is to prepare students to enroll in an institution of postsecondary education. Admission to the UB program is selective and competitive; admitted students have demonstrated success in academics and/or the desire to pursue higher education. UB admits those students who seem best qualified to contribute to and profit from this free educational program. *Please return directly to the student in a sealed envelope or to the UB office.*

How long have you known the student? ☐ Less than 1 semester ☐ 1 semester ☐ 1 year ☐ More than 1 year

The student's attendance record is: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

The student's overall classroom behavior is: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

The student is motivated to go to college: ☐ Yes ☐ No ☐ Unknown

1. Are you aware of any circumstances (personal, financial or academic) that may affect the student's performance in school? ☐ Yes ☐ No If yes, please explain.

2. How will the student benefit from participating in the Upward Bound Program?

3. Do you recommend this student to the Upward Bound Program? Please select one and provide any feedback.
I ☐ highly recommend ☐ recommend ☐ recommend with reservation ☐ do not recommend this student

Teacher's Signature _____

Date _____



Counselor Recommendation

APPLICANT: Fill out the top portion of this form. Detach this page from your application and kindly ask your counselor to complete on your behalf.

Student's Name: _____ **Grade:** _____

Counselor's Name: _____ **Date:** _____

TO THE COUNSELOR: The student named above is applying for admission to the Norco College Upward Bound Program (UB). The main goal of UB is to prepare students to enroll in an institution of postsecondary education. Admission to the UB program is selective and competitive; admitted students have demonstrated success in academics and/or the desire to pursue higher education. UB admits those students who seem best qualified to contribute to and profit from this free educational program. ***Please return directly to the student in a sealed envelope or directly to the UB office.***

How long have you known the student? ☐ Less than 1 semester ☐ 1 semester ☐ 1 year ☐ More than 1 year

The student's attendance record is: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

The student is motivated to go to college: ☐ Yes ☐ No ☐ Unknown

1. Are you aware of any circumstances (personal, financial or academic) that may affect the student's performance in school? ☐ Yes ☐ No If yes, please explain.

2. How will the student benefit from participating in the Upward Bound Program?

3. Do you recommend this student to the Upward Bound Program? Please select one and provide any feedback.
I ☐ highly recommend ☐ recommend ☐ recommend with reservation ☐ do not recommend this student

Counselor's Signature

Date



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