Check the following list to make sure you have submitted all the required information to complete your Simpson College Upward Bound application.

☐ Have you answered the questions on all of the pages and the essay?

☐ Have you and your parent/guardian signed page #5 and #6?

☐ Have you enclosed income documentation? See page #3 for the Instructions for Providing Verification of Income.

☐ Have you given the Teacher or Counselor Recommendation forms to two of your teachers/counselors?

☐ To speed up the process, please request a copy of your transcripts and your State Assessment scores from your school registrar and include them with your application. If we do not receive your transcript and testing scores with your application, we will request these, but be aware that this may delay the process up to 4 weeks.

☐ Submit the application. (Mail to Upward Bound, 701 N. C Street, Indianola, IA 50125 or give to a high school counselor listed below)

- **East**: Ms. Duimstra
- **Indianola**: Ms. Schwery
- **Lincoln**: Mrs. Sherman
- **Lincoln Rails**: Ms. Clinton
- **North**: Ms. Foshe/Ms. Hill
- **Norwalk**: Mr. Scallon
- **Southeast Warren**: Mr. Dirkx

An interview cannot be scheduled until we have received all of the necessary documents.
Dear Parent or Guardian:

Your son or daughter has been referred to us as a potential participant in the Simpson College Upward Bound Program. Our program works with fifty high school students from Warren and Polk counties who are required to meet one of the following criteria: they will be among the first generation in their family to graduate from college or they are from a family with low to moderate income.

Please read all of the information in this packet. Naturally, you will want to know more about Upward Bound and will have specific questions which may not be answered here. We would like to encourage you to call us with questions at any time or call to arrange a time to meet.

The Upward Bound program at Simpson College is a valuable opportunity for your child. Our goal is to help her/him develop the academic and personal skills necessary for success in college. The program is funded by a federal grant from the Department of Education and is hosted and supported by Simpson College. All services are provided at no cost to you or your child.

Your child’s application will be evaluated based on the following criteria:
- Student’s commitment to completing high school
- Student’s interest in pursuing a college education
- Student’s academic need
- Educational attainment within your family
- Family income (taxable income does not exceed 150% of the poverty level)

To begin the selection process, we must determine if either parent (biological or adoptive parent) has a degree from a four-year college and gather information regarding your financial level. The information you provide to us will be treated with the strictest confidentiality. If you have any questions about providing this or any other information, please call us at 961-1210.

Thank you for your interest in Upward Bound.

Sandra Erickson
Director, Upward Bound
701 North C St.
Indianola, IA 50125
INSTRUCTIONS FOR PROVIDING VERIFICATION OF INCOME

Please provide 1 form of verification from the applicable types of income listed below:

Foster Children or Wards of the Court: no income verification is required – provide a signed letter from foster parent or guardian detailing foster child/ward of the court status. Include caseworker’s name, address and telephone number.

If parent(s) or guardian(s) file a Federal 1040 Income Tax form: provide a copy of pages 1 & 2 of the **most recent** form showing the number of exemptions claimed and the taxable income. Caution – be sure to provide the form covering the most recent tax year. The USDE uses the size of the student’s family and the family’s taxable income to determine low-income eligibility.

If parent(s) or guardian(s) receive welfare (TANF, AFDC, General Assistance, etc.) request verification of monthly benefits. Ask for a “Passport to Services Form” when contacting your local welfare office.

If parent(s) or guardian(s) receive Social Security payments (SSI, Disability, etc.) request verification of monthly benefits from your local Social Security office.

If you cannot provide any of the above sources of income verification, please attach a letter stating: the parents/guardians yearly income, the source of income, and current number in household, along with a parent/guardian signature and date.

Federal TRIO Programs 2014 Annual Low Income Levels

(Effective January 28, 2014 until further notice)

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>48 Contiguous States, D.C., and Outlying Jurisdictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$17,505</td>
</tr>
<tr>
<td>2</td>
<td>$23,595</td>
</tr>
<tr>
<td>3</td>
<td>$29,685</td>
</tr>
<tr>
<td>4</td>
<td>$35,775</td>
</tr>
<tr>
<td>5</td>
<td>$41,865</td>
</tr>
<tr>
<td>6</td>
<td>$47,955</td>
</tr>
<tr>
<td>7</td>
<td>$54,045</td>
</tr>
<tr>
<td>8</td>
<td>$60,135</td>
</tr>
</tbody>
</table>
APPLICATION

CONFIDENTIALITY: Personal and financial information is collected to determine program eligibility and is protected by the Family Education Rights and Privacy Act of 1974.

PLEASE PRINT

STUDENT INFORMATION

Name: ___________________________________________ Birth Date: ___/___/___________

Address: ___________________________________________ School: __________________________

City: ___________________________________________ Counselor: ________________________

Zip Code: ___________________________ Grade: _______ Age: __________

Home Phone: ___________________________ Cell Phone __________________________

Social Security Number: ___________________________ Email: __________________________

With Whom Do You Live?  Mother___ Father___  Stepfather___

Grandmother___ Grandfather___ Foster Parent___ Other______________________________

How many adults live in the home? ___________ How many children live in the home? ___________

List the names and ages of children living in the home: __________________________________________

Who is your legal guardian?

Name: ___________________________________________ Address: __________________________

Home Phone: ___________________________

Are You a United States Citizen? ________ yes _________ no

If no, are you a permanent resident? _______ yes* _________ no

*If you are a permanent resident, include a copy of your permanent residence card.
PARENT/GUARDIAN INFORMATION: complete for parent(s) with whom the student lives most or all of the time and provides financial support.

Father’s name: _____________________________________________________________

Address: __________________________________________________________________

City/State/Zip ______________________________________________________________

Email address: __________________________________________________________________

Home phone: ______________ Work Phone: ______________ Cell Phone: ______________

Best time to call: _________________________ Employer: _________________________

Highest Grade Completed in High School: 9 10 11 12 College: 1 2 3 4 bachelor’s degree

Mother’s name: _____________________________________________________________

Address: __________________________________________________________________

City/State/Zip ______________________________________________________________

Email address: __________________________________________________________________

Home phone: ______________ Work Phone: ______________ Cell Phone: ______________

Best time to call: _________________________ Employer: _________________________

Highest Grade Completed in High School: 9 10 11 12 College: 1 2 3 4 bachelor’s degree

The information I have provided on this application is true to the best of my knowledge.

Student Signature: ___________________________ Date ________________

Parent/Guardian Signature: ___________________________ Date ________________

PLEASE ATTACH A COPY OF THE CURRENT FEDERAL INCOME TAX FORM FOR PARENT(S) LIVING IN THE STUDENT’S HOME. IF THIS FORM IS NOT AVAILABLE, SEE THE INSTRUCTIONS FOR PROVIDING VERIFICATION OF INCOME ON Page #3
AUTHORIZATION FOR RELEASE OF INFORMATION
Secondary Education Records

I hereby consent to the release of my secondary education records (including transcripts, grade report cards, standardized test scores and other information regarding my school performance) from my high school to Simpson College Upward Bound. This release is effective during my application process, through high school, and includes my final transcript upon graduation from high school. Upward Bound staff including the director, advisors, tutors and office assistants may view this information solely for the purposes of assessment, identifying tutoring needs, educational planning and advising during my enrollment in the Upward Bound program.

This release of information is effective for one year post high school graduation. To revoke this release, written notice must be provided to Simpson College Upward Bound.

Student Name (Print) __________________________________________________________

Student Signature ___________________________ Date ____________________________

Social Security # ________________________ Expected High School Graduation Date ______________________

Parent/Guardian Name (Print) __________________________________________________

Parent/Guardian Signature ___________________________ Date __________________________

Post-Secondary Admissions, Enrollment, Academic Standing and Graduation Status

Simpson College Upward Bound is funded by a grant from the United States Department of Education. We are required to report follow-up data on all former participants for up to six years following the date of high school graduation. We need to track college admission, enrollment status and financial aid awards.

I hereby authorize Simpson College Upward Bound to request and obtain information regarding my post-secondary admissions status, financial aid awards, enrollment status, academic standing, transfer status and graduation status from the post-secondary institution(s) I attend for six years post high school graduation.

Simpson College Upward Bound considers this information confidential and will release this information only to the United States Department of Education.

This release of information is effective for six years following the expected graduation date listed above. To revoke this release, written notice must be provided to Simpson College Upward Bound.

Student Name (Print) __________________________________________________________

Social Security # ________________________

Student Signature ___________________________ Date ____________________________

Parent/Guardian Name (Print) __________________________________________________

Parent/Guardian Signature ___________________________ Date __________________________

This release is valid through ________________________________________
**STUDENT ESSAY** Please answer the following questions in complete sentences. Attach additional paper if necessary.

What are your plans after you graduate from high school?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

What classes are you currently taking?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

In which classes are you doing well and with which classes do you need help?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Are you involved in extracurricular activities and/or do you have a job? If so, what is the time commitment for each?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

How may Simpson College Upward Bound assist you in achieving your goals now and when you have completed high school? ____________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
The following information is requested for federal reporting and financial aid information purposes.

Gender:  

Female ☐  Male ☐

Ethnicity: Applicant is Hispanic/ Latino  ☐ Yes  ☐ No ☐

Race: If applicable, please select one or more of the following.

☐ American Indian/ Alaskan Native  
☐ Asian 
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

Have you ever received English as a second language instruction?  

Yes ☐  No ☐

Is there a language other than English spoken in your home?  

Yes ☐  No ☐

If so, what is that language?  

Do you have a current Individual Education Plan (IEP)?  Yes ☐  No ☐

If you have a disability that requires accommodations in order to participate in the Upward Bound program, please contact the Program Director, Sandra Erickson at (515) 961-1479.

Please return these forms to the counseling office or mail to:  Upward Bound,  
701 North C St., Indianola, IA 50125

For Office Use Only: Both ☐ FG ☐ LI ☐

Date Received: ____________________
Simpson College Upward Bound is a federally funded program designed to generate academic skills, motivation and life skills which will enable students to complete high school and to successfully enter a college program of their choice. We appreciate your willingness to take the time and effort to recommend this student to our program. Please return this form to the counseling office or mail to Upward Bound at: 701 North C St., Indianola, IA 50125

Name of student: ____________________________ School: ____________________________
Name of Reference: __________________________
Relationship to Student: __________________________ How long have you known student?: ______

Please rate the student in the following areas based on your observations:

<table>
<thead>
<tr>
<th>Basic Academic Skills</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Low</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Motivation</td>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What are this student’s strengths?

Why do you believe this student has academic potential?

In what areas does the student need support? Check any that apply, and feel free to add comments or additional items.

- General study skills preparation (organization, test-taking skills, etc.)
- Encouragement to develop potential
- Enhancement of interpersonal skills
- Improvement in self-esteem and self-confidence
- Assistance with math, science, reading, writing curriculum or foreign language (specify)
- Support in managing own behaviors
- Cultural enrichment/exposure
- Career Exploration
- Preparation for ACT
- Assistance with college, scholarships, and financial aid applications

Please note any other information that would be helpful in our consideration of this student.
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For Office Use Only: Date Received ________________