

2017-2018

Student Application



REQUIRED DOCUMENTS/ACTIONS

- Participant Application** – complete the sections related to personal and parent information.
- Demographic Information** – this information is gathered for reporting purposes and has no bearing on your application status.
- Authorization for Release of Information** – by completing this section, it grants Simpson College Upward Bound access to obtain records from your current high school.
- Student Essay** – allow us to get to know you by sharing a little bit about yourself and why you are interested in being considered for Upward Bound.
- Income Verification** – please attach a copy of pages 1 & 2 from your most recent 1040 tax form. If this documentation is not available, please contact our office for other ways to verify income.
- Recommendations** - list name and title of two recommendations—must be a teacher or counselor.

Name Title

1.

2.

- Confirmation of the following statement:**

I am interested in being considered as a participant in the Simpson College Upward Bound program. The information I have provided on this application is true to the best of my knowledge.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Priority Application Deadline: Friday, October 13, 2017

Simpson College Upward Bound Participant 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.

PERSONAL INFORMATION – Please Print

Full Name: _____ Preferred First Name: _____

Gender: _____ Date of Birth: _____

Email address: _____

Local Address: _____

Phone Number(s): _____

School: _____ Grad Year: _____ Social Security Number: _____

Are you a United States Citizen? Yes ___ No ___ If no, are you a permanent resident? Yes ___ No ___

With whom do you live? Mother ___ Father ___ Stepmother ___ Stepfather ___ Legal Guardian ___
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 the children living in the home:

PARENT/GUARDIAN INFORMATION

Parent Name: _____ Preferred First Name: _____

Email address: _____

Local Address: _____

Phone Number(s): _____ Best time to call: _____

Employer: _____ Gender: _____

Highest grade/year completed: High school - 9 10 11 12 College – 1 2 3 4 ___

Parent Name: _____ Preferred First Name: _____

Email address: _____

Local Address: _____

Phone Number(s): _____ Best time to call: _____

Employer: _____ Gender: _____

Highest grade/year completed: High school - 9 10 11 12 College – 1 2 3 4 ___

Demographic Information

CONFIDENTIALITY: The following information is requested for federal reporting and financial aid purposes only.

ETHNICITY

Applicant is Hispanic/Latino Yes ___ No ___

RACE

American Indian/Alaskan Native ___ Asian ___ Black or African American ___

Native Hawaiian or Other Pacific Islander ___ Caucasian ___ Multi ___

LANGUAGE

Is there a language other than English spoken in your home? Yes ___ No ___

If so, what is that language? _____

DIABILITY

Do you have a current Individual Education Plan (IEP) or 504? Yes ___ No ___

Do you have a documented learning or physical disability? Yes ___ No ___

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. **INK MUST BE USED ON THIS FORM.**

Student Name: _____ Expected High School Graduation Date: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

SIMPSON COLLEGE



TEACHER OR COUNSELOR RECOMMENDATION FOR SIMPSON COLLEGE UPWARD BOUND

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 TO: Reahna Singleton, Administrative Assistant at Simpson College Upward Bound.
711 N. D Street -- Indianola, IA 50125. Office: (515) 961-1210 E-mail: reahna.singleton@simpson.edu

Name of Student: _____

School: _____

Name of Reference: _____

Title/Position: _____

How long and in what capacity have you worked with this student? _____

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

	Excellent	Good	Average	Low	Not Observed
Basic Academic Skills					
Motivation & Interest					
Leadership Qualities					
Responsibility & Maturity					
Communication Skills					
Interpersonal Skills					

What are this student's strengths?

What are this student's limitations?

In what areas does the student need support? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> General study skills | <input type="checkbox"/> Support in managing behaviors |
| <input type="checkbox"/> Encouragement and motivation | <input type="checkbox"/> Cultural enrichment/exposure |
| <input type="checkbox"/> Enhanced interpersonal skills | <input type="checkbox"/> Career exploration |
| <input type="checkbox"/> Improved self-esteem and self-confidence | <input type="checkbox"/> ACT Preparation |
| <input type="checkbox"/> Assistance with core content areas | <input type="checkbox"/> College guidance |

Please note any other information that would be helpful in our consideration of this student. Any additional comments.

Signature _____

Date _____

Position/Title _____

SIMPSON COLLEGE



TEACHER OR COUNSELOR RECOMMENDATION FOR SIMPSON COLLEGE UPWARD BOUND

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 TO: Reahna Singleton, Administrative Assistant at Simpson College Upward Bound.
711 N. D Street -- Indianola, IA 50125. Office: (515) 961-1210 E-mail: reahna.singleton@simpson.edu

Name of Student: _____

School: _____

Name of Reference: _____

Title/Position: _____

How long and in what capacity have you worked with this student? _____

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

	Excellent	Good	Average	Low	Not Observed
Basic Academic Skills					
Motivation & Interest					
Leadership Qualities					
Responsibility & Maturity					
Communication Skills					
Interpersonal Skills					

What are this student's strengths?

What are this student's limitations?

In what areas does the student need support? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> General study skills | <input type="checkbox"/> Support in managing behaviors |
| <input type="checkbox"/> Encouragement and motivation | <input type="checkbox"/> Cultural enrichment/exposure |
| <input type="checkbox"/> Enhanced interpersonal skills | <input type="checkbox"/> Career exploration |
| <input type="checkbox"/> Improved self-esteem and self-confidence | <input type="checkbox"/> ACT Preparation |
| <input type="checkbox"/> Assistance with core content areas | <input type="checkbox"/> College guidance |

Please note any other information that would be helpful in our consideration of this student. Any additional comments.

Signature _____

Date _____

Position/Title _____