****

**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 three recommendations— two of these must be a teacher or counselor.

Name Title

1.

2.

3.

* **Confirmation of the following statement:**

I am interested in being considered as a participant in the Simpson College Upward Bound program. I understand that I am NOT required to attend Simpson College if I am accepted into this program. The information I have provided on this application is true to the best of my knowledge.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may mail the completed application toSimpson College Upward Bound, 701 N. C Street, Indianola, IA 50125, or you may scan the application back to [reahnna.singleton@simpson.edu](mailto:reahnna.singleton@simpson.edu).

Please contact Reahnna Singleton if you need assistance completing this application; (515) 901-6126.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grad Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_ t-shirt size \_\_\_\_\_\_

Are you a United States Citizen? Yes \_\_\_ No \_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, are you a permanent resident? \*Yes \_\_\_ No \_\_\_ \*If yes, please provide a copy of your green card

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? \_\_\_\_\_\_\_\_\_\_

Please list the names and ages of the children living in the home:

**PARENT/GUARDIAN INFORMATION**

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Essay**

Please write a short essay including the following:

* Introduce yourself.
* State why you are interested in joining Upward Bound.
* What are your academic goals and future plans?
* What obstacles may you encounter to getting into college and how you can overcome these challenges?
* How do you believe Upward Bound can help you reach your goals and assist in being a successful high school student and future college student?