



Upward Bound Program

CSU San Marcos (Craven Suite 3300)
333. S. Twin Oaks Valley Road
San Marcos, CA 92096-0001
OFFICE: (760) 750-4887
FAX: (760) 750-3089

Application Off:

- General Application
- Recommendation #1
- Recommendation #2
- Parent Form #1
- Parent Form #2
- Academic Record Release Form
- Transcript (8th grade or current)
- *STAR Test Scores (CST)
- Tax return or W-2's
- Copy of Social Security Card
- Essay

GENERAL APPLICATION

PLEASE PRINT CLEARLY

A. PERSONAL INFORMATION

Student Name: _____
First Name Middle Name Last Name

Mailing Address: _____
Street or PO Box

City State Zip Code

Telephone: () _____ - _____ () _____ - _____ () _____ - _____
Home Number Student Cell Number Parent Work Number

Email: _____

Social Security: _____ - _____ - _____ **Date of Birth:** ___/___/___ **Gender:** Male Female

Citizenship Status: US Citizen Permanent Resident Other _____

Do you have a disability: Yes No If yes, what is your verified disability? _____

I currently live (Please check one) With Mom With Dad Both Parents Other _____

Language(s) spoken at home: _____

Mother/Guardian Name: _____ **Cell Phone** () _____ - _____

Father/Guardian Name: _____ **Cell Phone** () _____ - _____

Has either of your parents/guardians completed a four-year college degree? Yes No

Ethnic Background (Please circle one):

- | | | |
|---------------------------------------|------------------|--------------------------|
| American Indian or Alaskan Native | Cambodian | Vietnamese |
| Black, non-Hispanic, African American | Filipino | White, European-American |
| Mexican-American, Mexican, Chicano | Guamanian | Other: _____ |
| Central American | Korean | |
| South American | Pacific Islander | |

Transcripts & Test Scores can be requested from your school's registrar's office

B. ACADEMIC INFORMATION

Current Grade: _____ Middle School Attended: _____ High School Attending: _____

Career/Future Interest:

1) _____ 2) _____

College(s) Interested in Attending:

1) _____ 2) _____

C. PARENTAL/GUARDIAN ECONOMIC BACKGROUND

The following information will be kept confidential and be used only to determine eligibility for the Upward Bound Program. It is required to submit this documentation.

Please attach a copy of last year's income tax return (Page 1 & 2 from 1040 or 1040A).

NOTE: If you did not file income taxes last year, please submit verification parent's income (**W-2's etc...**)

1. Number of dependents currently in the household (*include parents*): _____

2. What was your family's total annual Taxable income (after taxes) for last year:

\$ _____ (1040-LINE 43 or 1040A-LINE 27)

D. ACADEMIC NEEDS FOR STUDENT

What academic areas & or college admission activities do you need assistance with:

(Check all that apply)

_____ Math	_____ Writing	_____ English
_____ Study Skills	_____ Science	_____ Goal Setting
_____ Test Anxiety	_____ Academic Counseling	_____ Financial Aid
_____ Career Counseling	_____ College Admission	_____ Time Management
_____ SAT/ACT Prep	_____ Foreign Language	_____ Other _____

E. ESSAY

Essay: The Upward Bound staff is eager to learn more about you and your goals, interest, and hobbies. Please **type** a 1-2 page essay on: "HOW THE UPWARD BOUND PROGRAM CAN HELP YOU REACH YOUR GOAL TO GRADUATE FROM HIGH SCHOOL AND ATTEND COLLEGE?"

SUMMARY: I hereby understand that by signing this document, I am authorizing the above mentioned student to participate in the Upward Bound Program at California State University San Marcos. I also authorize the employees of the program to have access to my student's academic records, to render medical aid if necessary, and I release the CSUSM University and Foundation from responsibility for any harm incurred by the student. I certify that all information on this application is accurate.

PARENT/GUARDIAN NAME (PRINT)

PARENT/GUARDIAN NAME (PRINT)

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE

DATE

RECOMMENDATION # 1

CALIFORNIA STATE UNIVERSITY SAN MARCOS UPWARD BOUND PROGRAM RECOMMENDATION FORM

Applicant's Name: _____
LAST NAME FIRST NAME MIDDLE INITIAL

TO THE STUDENT:

You must have 2 letters of recommendation. Recommendations may be obtained from persons such as teachers, counselors, clergy/ministers, community project leaders, coaches, employees, etc.

TO THE RECOMMENDING PERSON:

1. The Upward Bound Program is designed to assist students with academics in high school and prepare them to successfully enroll in a college or university. Students who show potential, but need motivation, personal and academic assistance to succeed may be nominated and enrolled.
2. Letters of recommendation are very important in the evaluation and selection of students. Your comments regarding the potential and the needs of the student are weighted heavily.
3. Please be as specific as possible in your remarks and provide information asked for on the reverse side.

Your name: _____ **Position:** _____

School/Organization: _____ **Telephone Number:** () _____ - _____

School/Organization Address: _____

(NUMBER AND STREET)

(CITY)

(STATE)

(ZIP CODE)

***If your relationship with the applicant does not allow you to make an evaluation of any item please indicate "N/A."*

PLEASE PRINT OR TYPE

1. How long have you known the applicant? ____ Years ____ Months

Under what circumstances?

2. Based upon your knowledge of the applicant, rate his/her academic skills and potential to succeed.

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	NEEDS IMPROVEMENT
1. Academic Achievement				
2. Writing Skills				
3. Reading Skills				
4. Math Skills				
5. Study Skills				
6. Concentration/Focus Ability				
7. Commitment to Education				

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	NEEDS IMPROVEMENT
1. Self image				
2. Leadership ability				
3. Intellectual curiosity				
4. Willingness to be challenged				
5. Potential for growth				
6. Social Interpersonal Skills				
7. Appreciation for diversity of people				
8. Positive Role Model				

9. Teenage Development				
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3. Please elaborate on the characteristics and other qualities that come to mind which best describe the student (from question #2)

4. Share any circumstances or problems, which might affect the applicant's performance in the UB Program (i.e. such as financial background, family responsibilities, educational preparation, communication, maturity, personal development, health.)

5. What is your assessment of the student's potential and motivation to succeed? What is your evaluation of the applicant's capability for undertaking high school work and the extra Upward Bound homework?

Upward Bound is a rigorous program with mandatory time commitments (including after school tutoring, Saturdays, parent meetings, and a summer component.) Knowing these requirements and based on the potential of this student and their needs for academic support,

- I would: STRONGLY RECOMMEND RECOMMEND WITH RESERVATIONS
 RECOMMEND DO NOT RECOMMEND

_____ to participate in the Upward Bound program at CSU San Marcos.
Name of Student

Signature: _____

Date: _____

***Please return this form to the applicant or submit to:**

Upward Bound Program
California State University San Marcos
San Marcos, CA 92096-001
OFFICE (760) 750-4887
FAX (760) 750-3089
malvarez@csusm.edu

VISIT OUR WEBSITE:
<http://www.csusm.edu/outreach/upwardbound/index.html>

RECOMMENDATION # 2

CALIFORNIA STATE UNIVERSITY SAN MARCOS UPWARD BOUND PROGRAM RECOMMENDATION FORM

Applicant's Name: _____

LAST NAME
FIRST NAME
MIDDLE INITIAL

TO THE STUDENT:
 You must have 2 letters of recommendation. Recommendations may be obtained from persons such as teachers, counselors, clergy/ministers, community project leaders, coaches, employees, etc.

TO THE RECOMMENDING PERSON:

4. The Upward Bound Program is designed to assist students with academics in high school and prepare them to successfully enroll in a college or university. Students who show potential, but need motivation, personal and academic assistance to succeed may be nominated and enrolled.
5. Letters of recommendation are very important in the evaluation and selection of students. Your comments regarding the potential and the needs of the student are weighted heavily.
6. Please be as specific as possible in your remarks and provide information asked for on the reverse side.

Your name: _____ **Position:** _____

School/Organization: _____ **Telephone Number:** () _____ - _____

School/Organization Address: _____

(NUMBER AND STREET)
(CITY)
(STATE)
(ZIP CODE)

***If your relationship with the applicant does not allow you to make an evaluation of any item please indicate "N/A."*

PLEASE PRINT OR TYPE

1. How long have you known the applicant? ____ Years ____ Months
 Under what circumstances?

2. Based upon your knowledge of the applicant, rate his/her academic skills and potential to succeed.

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	NEEDS IMPROVEMENT
1. Academic Achievement				
2. Writing Skills				
3. Reading Skills				
4. Math Skills				
5. Study Skills				
6. Concentration/Focus Ability				
7. Commitment to Education				

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	NEEDS IMPROVEMENT
1. Self image				
2. Leadership ability				
3. Intellectual curiosity				
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5. Potential for growth				
6. Social Interpersonal Skills				
7. Appreciation for diversity of people				
8. Positive Role Model				

9. Teenage Development				
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4. Share any circumstances or problems, which might affect the applicant's performance in the UB Program (i.e. such as financial background, family responsibilities, educational preparation, communication, maturity, personal development, health.)

5. What is your assessment of the student's potential and motivation to succeed? What is your evaluation of the applicant's capability for undertaking high school work and the extra Upward Bound homework?

Upward Bound is a rigorous program with mandatory time commitments (including after school tutoring, Saturdays, parent meetings, and a summer component.) Knowing these requirements and based on the potential of this student and their needs for academic support,

I would: STRONGLY RECOMMEND RECOMMEND WITH RESERVATIONS
 RECOMMEND DO NOT RECOMMEND

_____ to participate in the Upward Bound program at CSU San Marcos.
Name of Student

Signature: _____

Date: _____

***Please return this form to the applicant or submit to:**

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San Marcos, CA 92096-001
OFFICE (760) 750-4887
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malvarez@csusm.edu

VISIT OUR WEBSITE:
<http://www.csusm.edu/outreach/upwardbound/index.html>

PARENT FORM #1

CALIFORNIA STATE UNIVERSITY SAN MARCOS UPWARD BOUND PROGRAM

PARENT/GUARDIAN QUESTIONARRE

PLEASE PRINT (BLACK INK) OR TYPE:

NOTE: Your answers are kept confidential and are used to assess your child's needs for help and potential.

1. Why do you want your son/daughter to be in the Upward Bound Program?
2. Are you willing to support our goal of having your child pursue academic excellence with classes in high school and extra work with Upward Bound classes? How will you assist in being sure your child studies and completes all assigned school and UB work?
3. How do you think your child could do better in school? What are some difficult subjects for him/her? What are reasons why he/she is not always focused on academics?
4. What are some personal or motivational issues/problems for your child?
5. What chores and/or responsibilities does your child have around the house?
6. Being aware the Upward Bound is a five-year commitment, are you willing to make the necessary arrangement for your child and your family to participate in all aspects of the program until their first year in college (i.e. transportation, homework time, communication with staff, planning family events around UB events, parent meetings)?

(Parent/Guardian Signature)

(Parent/Guardian Signature)

PARENT FORM #2

CALIFORNIA STATE UNIVERSITY SAN MARCOS UPWARD BOUND PROGRAM PARTICIPANT ELIGIBILITY STATEMENT

Student Name: _____

SSN: _____

US Citizen Permanent Resident

Parent Financial Information:

Marital Status: Single Married

Number of Dependents: ____ (Include Self)

THIS SECTION TO BE COMPLETED BY UB STAFF

Type of Income Documentation:

Income Taxes (1040 or 1040A)

W-2's

Self Reported

Other _____

TOTAL TAXABLE INCOME (Line 43 on 1040 tax return): \$ _____

Has either parent received a 4-year college degree?

Yes

No

First Generation

Low-Income

Both

I, _____, hereby declare that the above information is true and accurate at the time of selection to participate in the California State University San Marcos Upward Bound Program.

STAFF SIGNATURE

DATE



ACADEMIC RECORD RELEASE FORM

PLEASE PRINT

Student Name _____

SS# _____

Middle School _____

High School _____

Parent/Guardian _____

Parent/Guardian _____

The above named student has applied for and has received acceptance into the Upward Bound Program at CSU San Marcos. The student & parent(s) / guardian(s) have given permission for all grades, progress reports, transcripts, test scores, and communications with counselor(s) and teachers regarding such matters as academic motivation and/or performance issues to be submitted to the Upward Bound Program via fax (760) 750-3089.

This approval shall commence with the date of the signatures below and conclude upon notification from the Upward Bound Coordinator. One signature denotes one parent/guardian.

Parent/Guardian signature

Date

Parent/Guardian signature

Date

TRANSCRIPT WAIVER

I hereby give my permission for my child to participate in the activities of the Upward Bound Program. I understand that the purpose of the program is to improve the motivation and academic performance of my student so that she/he will complete secondary school and successfully pursue graduation from a post-secondary educational institution.

I hereby authorize my student's school(s) to provide California State University San Marcos access to and copies of my student's academic records through the completion of the 12th grade. I understand that these records will be kept in confidence and will be use to monitor my student's educational progress or to determine when extra scholastic services are needed on his/her behalf.