MILES COLLEGE UPWARD BOUND

APPLICATION PACKAGE
HOW TO APPLY
Complete the entire application form. SEE THE CHECKLIST ON THE LAST PAGE.

QUALIFICATIONS

1. Student must be entering the 9th or 10th grade.
2. Student must have a grade point average no less than 2.0.
3. Student must have an interest in post-secondary education.
4. Student must meet low-income guidelines and/or be a potential first-generation college student.

RETURN APPLICATION TO:
UPWARD BOUND PROGRAM
MILES COLLEGE
P.O. BOX 39800
BIRMINGHAM, AL 35208
(205) 929-1526

FEDERAL TRIO PROGRAMS ANNUAL LOW-INCOME LEVELS
(Effective January 24, 2014 until further notice)

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>48 Contiguous States, D.C., and Outlying Jurisdictions</th>
<th>Alaska</th>
<th>Hawaii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$17,505</td>
<td>$21,870</td>
<td>$20,130</td>
</tr>
<tr>
<td>2</td>
<td>$23,595</td>
<td>$29,490</td>
<td>$27,135</td>
</tr>
<tr>
<td>3</td>
<td>$29,685</td>
<td>$37,110</td>
<td>$34,140</td>
</tr>
<tr>
<td>4</td>
<td>$35,775</td>
<td>$44,730</td>
<td>$41,145</td>
</tr>
<tr>
<td>5</td>
<td>$41,865</td>
<td>$52,350</td>
<td>$48,150</td>
</tr>
<tr>
<td>6</td>
<td>$47,955</td>
<td>$59,970</td>
<td>$55,155</td>
</tr>
<tr>
<td>7</td>
<td>$54,045</td>
<td>$67,590</td>
<td>$62,160</td>
</tr>
<tr>
<td>8</td>
<td>$60,135</td>
<td>$75,210</td>
<td>$69,165</td>
</tr>
</tbody>
</table>

For family units with more than eight members, add the following amount for each additional family member: $6,090 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; $7,620 for Alaska; and $7,005 for Hawaii.

The term “low-income individual” means an individual whose family’s taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register.
PART I: STUDENT INFORMATION

(Please print or type)

Application Date: _____/_____/_______(month/day/year)

First Name: ___________________ Last Name: ___________________ M.I.:_____  
Age: ______  Date of Birth: ____/____/______(month/day/year)

Gender: Male □Female □  Place of Birth: ________________________________

Home Address: ___________________________________________ Apt. No: ________  
City: ___________________________________________ State: ______ Zip Code: ________  
Phone Number: (  ) _____________ E-mail:______________________________

Mailing Address (if different): ______________________________________ Apt. No: ________  
City: ___________________________________________ State: ______ Zip Code: ________

Email Address ________________________________________________

Ethnic and Racial Background  
Please respond to each of the following questions. This information is used for the purpose of reporting to the United States Department of Education.

Ethnicity (please check all that apply):

___ Black or African American     ___American Indian, Alaska Native
___ Asian                        ___ Native Hawaiian or other Pacific Islander
___ White

FRIENDS/RELATIVES in UPWARD BOUND  
Do you have any friends or relative who are now or have been Upward Bound participants? If so, please name them here: ________________________________

______________________________________________________________
PART II: EDUCATION INFORMATION

Name of school: _____________________________ Grade: ____________

Name of school Guidance Counselor: _____________________________

*Please check the box below that represents the highest level of education that you (the student) expect to complete:*

GED □ High School □ Career or Vocational Degree Program □
Two-year College □ Four-year College □ Master's Degree □
Doctoral Degree □

**Extracurricular Activities**

*Please list any Extracurricular Activities (athletics, part time employment, clubs, etc.) in their order of importance to you. Put your grade level(s) in the appropriate place.*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Grade</th>
<th>Position Held</th>
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What are your current plans for work or education after graduation from high school?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**On separate sheets of paper write two essays that answer the following questions. Use at least one page per question.**

1. What does education mean to you?

2. Why are you interested in the Upward Bound Program? What do you hope to gain from the Program?
PART III: FAMILY INFORMATION

TO BE COMPLETED BY PARENT/GUARDIAN

Mother/Female Guardian
First Name: ____________________ Last Name: ____________________ Apt. No: __
Address (if different from student's): ____________________________________________ Apt. No: ___
City: ____________________ State: ______ Zip Code: __________
Daytime phone number: ( ) _______________ Evening phone number: ( ) _______________ email __________________________

Father/Male Guardian
First Name: ____________________ Last Name: ____________________ Apt. No: ___
Address (if different from student's): ____________________________________________ Apt. No: ___
City: ____________________ State: ______ Zip Code: __________
Daytime phone number: ( ) _______________ Evening phone number: ( ) _______________ Cellular phone number: ( ) _______________ email __________________________

Emergency Contact: First Name: _______________ Last Name: ____________________
Daytime phone number: ( ) _______________ Evening phone number: ( ) _______________ Relationship to student: __________________________

FIRST GENERATION VERIFICATION

With whom does the student live?
_____ Both parents _____ Father only _____ Mother only _____ Guardian(s)
_____ Other __________________________________________________ (please specify)

Please check the highest education level completed:

Elementary School   GED/High School   2 Year College   4 Year College
(Received Bachelor’s Degree)

Mother  O  O  O  O
Father  O  O  O  O

If either parent(s) graduated from a four-year college in what country was the degree completed and what degree was received?

Mother Country: ____________________ Degree: ____________________

Father Country: ____________________ Degree: ____________________

__________________________________  ____________________
Parent Signature  Date
PART IV: INCOME & U.S. CITIZENSHIP VERIFICATION

TO BE COMPLETED BY PARENT/GUARDIAN

INCOME VERIFICATION
I, _____________________________, parent or guardian of _____________________________ do hereby state that my family’s taxable income for the previous calendar year was $__________ and that my family size last year was _____ people.

☐ Parent(s)/guardian(s) must attach INCOME VERIFICATION: a copy of their income tax form (1040 or 1040EZ) or a letter from the Department of Human Resources and/or Social Security Office documenting family income.

☐ If the family receives Temporary Assistance for Needy Families (TANF) or Department of Human Resources (DHR) or Supplemental Security Income (SSI) benefits, please check here: O

VERIFICATION OF U. S. CITIZENSHIP/ RESIDENCY

Child’s Social Security Number: ____________________________________________________

Is your child a United States citizen? Yes O No O

If not, what is your child’s country of citizenship _____________________________

If your child is not a U.S. citizen, Permanent Resident Card (Green Card)

No. _____________________________

Note: Please provide a copy of your child’s Social Security Card and, if applicable, a copy (both sides) of his/her Permanent Resident/Green Card. Your child’s application will be considered incomplete if you do not provide copies of these documents.

CERTIFICATION
All of the information provided by me or any other person on this form is true and complete to the best of my knowledge.

________________________________________________________
Parent/Guardian Signature Date

________________________________________________________
Student Signature Date
Please fill out the form below with your parent(s)/guardian(s). This form is valid for as long as you are a member of the Program.

HOLD HARMLESS AGREEMENT

I, __________________________________________, as the parent or legal guardian
(Parent/Guardian) of ____________________________________ and I, __________________________
(Child) hereby on behalf of myself and my heirs, assignees, etc., release any and all
claims against and hold harmless Miles College for any and all personal injury,
property damage or any other claims of whatever nature and however incurred
arising from the transportation to and from any location as well as participation by
him/her in the activities of the Miles College Upward Bound Program.

MEDICAL TREATMENT PERMISSION

I, __________________________________________, as parent or legal guardian further give my
(Parent/Guardian) permission for the Miles College Upward Bound Program Director or any
appropriately designated staff person to obtain for my child, __________________________
______________________________, any medical or other emergency services that in
(child)
his/her judgment seem appropriate.

__________________________________________  ______________________________
Parent/Guardian Signature  Date
PART VI: MEDICAL HISTORY

First Name: ______________________ Last Name: ______________________
Date of Birth: ___/___/____ (month/day/year)
Address: __________________________________ Apt. # ___________
City: __________________ State: ___ Zip Code: ______________________
Parent(s) phone numbers Home: ( ) ___________ Work: ( ) ___________
If the parent(s) are not available, whom to call:
First Name: ______________________ Last Name: ______________________
Relationship __________ Phone number: ( ) ___________
Medical Insurance Company: ________________________________
Policy #: ________________________________________________
Student’s Doctor’s Name: __________________ Phone number: ( ) ___________
Name of hospital student receives services from:
__________________________________________________________ Phone Number: ( ) ___________
Allergies: _____________________________________________________
Diseases/Special Conditions:
____________________________________________________________
____________________________________________________________
____________________________________________________________
Allergic to any medication? Yes ____ No ____
If yes, please list the name(s) of the medication(s):
____________________________________________________________
____________________________________________________________
Is student taking any medication? Yes ____ No ____
If yes, please list the name(s) of medication(s) the student is taking:
____________________________________________________________
____________________________________________________________
Please provide any instructions for the dispensation of the medication:
____________________________________________________________
____________________________________________________________
____________________________________________________________
PART VII: PARENT CONTRACT OF PARTICIPATION

I will meet the following REQUIREMENTS as an Upward Bound participant’s parent(s)/guardian(s).

1. I will work with my child toward maintaining at least a 2.5 or C+ average in all of his/her high school classes.
2. I will ensure that my child follows the rules and regulations of the Program.
3. I will enforce all rules and regulations of the Program as they pertain to my child.
4. I will ensure that my child attends the six-week summer program, which is residential.
5. I will ensure that my child attends classes, tutoring, and special activities during the academic year and summer program including making certain that my child attends all academic intervention tutorials offered after school.
6. I will not allow my child to be involved with drugs or alcohol. I understand that the use or possession of drugs or alcohol is not tolerated and will result in my child’s immediate dismissal from the Program.
7. I will answer all inquiries from the Program staff regarding my child.
8. If my commitment is found to be lacking in any of these areas, I understand it may result in disciplinary action against my child if she/he is not making progress in the program.
9. Briefly state the ways you plan to support your student’s participation in Upward Bound:

________________________________________________________________________

________________________________________________________________________

I, ____________________________________________, the parent/guardian of ______________________________________________ do hereby agree to the terms and rules of the Upward Bound Program.

Parent/Guardian Signature ___________________________ Date _________________
I will meet the following requirements as an Upward Bound participant:

1. I will work toward maintaining at least a 2.5 or C+ average in all my high school classes.
2. I will respect teachers, tutors, and my fellow students.
3. I will not disturb classes and I will hand in all assignments.
4. I will attend the six-week summer program, which is residential, and I will obey all rules of the summer program.
5. I will not tease or fight with anyone in the program.
6. I will attend classes, tutoring, and special activities during the academic year and summer program including making certain that I attend all academic intervention tutorials offered after school. I understand that three (3) or more absences within a stipend period may be reason for disciplinary action or termination.
7. I will not be involved with drugs or alcohol. I understand that the use or possession of drugs or alcohol is not tolerated and will result in my immediate dismissal from the program.
8. I will ensure that my parent(s) call the program in the event of a cancellation for any trips/activities that I have signed up to be part of. In the event of a cancellation without prior notice, I understand that I will be responsible for the cost of my cancellation.
9. I will follow the rules and regulations of Upward Bound.
10. I will develop myself fully for graduation from high school and college.

If my commitment is found to be lacking in any of these areas, it will result in disciplinary action or dismissal from the program.

_________________________________________  _______________________________________
Student Signature                      Date

PART VIII: STUDENT CONTRACT PARTICIPATION
MEDIA RELEASE

I hereby give my permission to Miles College to photograph, film, videotape and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements in Miles College educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs, news stories or publications that Miles College considers appropriate for release to magazines, newspapers, Miles College World Wide Web site, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of Miles College and that neither my child nor I am entitled to any compensation for or rights in these materials. I release Miles College from all liability with respect to the matters covered by this release.

Parent’s/Guardian’s Name: __________________________________________

Parent’s/Guardian’s Signature: _______________________________________

Date: ______________________
RECORDS RELEASE FORM
To Be Completed By Student and Parent As Indicated Below:

_____ I hereby give my permission for the release of any school records from my son's/daughter's file to the Miles College Upward Bound Program. [Parent or legal Guardian]

_____ I hereby give permission for you to release any of my school records to the Miles College Upward Bound Program. [Program Participant]

I authorize the release of school records from my son's/daughter's file that may be requested by the Miles College Upward Bound Program. I understand that the United States Department of Education funds the Miles College Upward Bound Program and will use these records to provide academic advisement and enrichment for my son/daughter. I also understand that these records will be handled in a confidential manner. Specifically, they will be made available only to program staff and representatives from the Federal Department of Education.

This authorization extends to the following records:
- Official school Transcripts
- Test Results (PSAT, SAT, ACT, HSCT, AHSGE if available)
- Basic Skills Test Results
- Attendance Records for 8th through 12th grades
- Student grades/progress reports & GPAs
- Information concerning disciplinary actions

Student's Name: __________________________________________

Student's School I.D. #: _____________________________________

Student's Social Security Number: ____________________________

Parent or Guardian’s Name: __________________________________

NOTE: A photocopy of this record release form should be accepted as an original. This release is intended to be of CONTINUING EFFECT. The date indicated below simply shows the beginning date of authorization and does not prohibit Miles College Upward Bound from receiving information requested whether that information was generated before or after the date that this release was signed.

Signature of Parent or Guardian (Required if student under 18) ___________________________ Date ___________________________

Signature of Student (Required if student is over 18) ___________________________ Date ___________________________
Recommendation Form
GUIDANCE COUNSELOR

To Whom It May Concern:

The student listed below has expressed an interest in joining the Upward Bound Program. Upward Bound is a higher educational opportunities program offered by Miles College for students who are interested in obtaining post-secondary education after graduating from high school. During the academic year, the students come to Miles College for Saturday classes and tutoring. During the summer, the students live on Miles College campus and have a full schedule of academic activities for six weeks.

Upward Bound requires a commitment from the students and cooperation from their parents. To help in the decision-making process, we require two recommendation letters; at least one of the forms must be filled out by the student’s guidance counselor and the second form can be from a teacher or other school official. Please assist us by providing an informative evaluation.

To the Student:
Fill in the information below and give this form to someone you feel will provide an objective and informative opinion about you. This form should be completed by your Guidance Counselor.
First Name: ___________________ Last Name: ___________________ MI: ______
Grade: ___________________ Name of School: ___________________

Please Print or Type
Name: ______________________________
Position: ______________________________
Address: ______________________________
Name of School: ______________________
How long have you known this student and in what capacity?
_________________________________________________________________________

What are the first three words that come to mind when describing this student?
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
Please use the space below to assess the student’s potential to be a successful participant in the Program. We would appreciate your comments on the student’s ability in any of the following areas: initiative, sense of responsibility, intellectual curiosity and imagination, writing and oral expression, working with and relating to others, common sense and good judgment, and persistence in completing tasks. **If you need more space, please attach additional pages.**

Please attach a copy of the student’s transcript or official record that includes grades, GPA, and test scores.

I recommend this student to the Upward Bound Program:

___ With Reservation
___ Somewhat
___ Strongly
___ Enthusiastically

_______________________________________  __________________
Signature                                      Date

You may either return this recommendation to the student or send by mail or fax to:

*Miles College*
*Upward Bound Program*
*5500 Myron Massey Blvd.*
*Fairfield, AL 35064*
*Fax#: 205-929-1822*

*Please keep in mind that we will not review the student’s application without this recommendation form. Thank you for your time and support of this student.*
Recommendation Form
TEACHER

To Whom It May Concern:

The student listed below has expressed an interest in joining the Upward Bound Program. Upward Bound is a higher educational opportunities program offered by Miles College for students who are interested in obtaining post-secondary education after graduating from high school. During the academic year, the students come to Miles College for Saturday classes and tutoring. During the summer, the students live on Miles College campus and have a full schedule of academic activities for six weeks.

Upward Bound requires a commitment from the students and cooperation from their parents. To help in the decision-making process, we require two recommendation letters; at least one of the forms must be filled out by the student’s teacher and the second form can be from the guidance counselor or other school official. Please assist us by providing an informative evaluation.

To the Student:
Fill in the information below and give this form to someone you feel will provide an objective and informative opinion about you. One of these forms must be completed by your teacher and the other one can be from a community agency or a school official.

First Name: ______________________ Last Name: ______________________ MI: _____
Grade: ________________ Name of School: _______________________________

Please Print or Type

Name: ____________________________________________________________
Position: __________________________________________________________
Address: __________________________________________________________________
Name of Organization: ______________________________________________
How long have you known this student and in what capacity?
__________________________________________________________________________

What are the first three words that come to mind when describing this student?
1. _________________________________________________________________
2. _________________________________________________________________
3. _________________________________________________________________
Please use the space below to assess the student’s potential to be a successful participant in the Program. We would appreciate your comments on the student’s ability in any of the following areas: initiative, sense of responsibility, intellectual curiosity and imagination, writing and oral expression, working with and relating to others, common sense and good judgment, and persistence in completing tasks. **If you need more space, please attach additional pages.**

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STUDENT APPLICATION CHECKLIST

- COMPLETED APPLICATION with all appropriate SIGNATURES
- COMPLETED ESSAYS
- INCOME VERIFICATION
- INCOME DOCUMENTATION
- RECOMMENDATION #1 (1st and 2nd Pages)
- RECOMMENDATION #2 (1st and 2nd Pages)
- TRANSCRIPT(S) & TEST SCORES
- INTERVIEW

KEEP THIS SHEET IN A PLACE THAT YOU CAN EASILY VIEW.
CHECK OFF EACH ITEM AS IT IS COMPLETED.

GOOD LUCK!