



## Application Checklist

Feather River College  
 Upward Bound  
 570 Golden Eagle Ave.  
 Quincy CA, 95971  
 (530) 283-0202 ext. 266  
 (530) 283-3890

**IMPORTANT! Your application will not be considered until it is complete. Please do not submit incomplete applications.**

### You need to have...

1. **Fully** completed application (4 pages)
  - a. **Did you edit & check the spelling on your paragraphs?**
  - b. **Did you sign on all applicable lines?**
  - c. **Did your parents sign?**
2. A copy of your most recent transcript  
 (This can be obtained from the front office at your school)
3. A copy of your most recent
  - a. CST (STAR) Reading/ Language Arts score
  - b. CST (STAR) Math score
 (These can be obtained from your high school guidance counselor)
4. A **completed & signed** Teacher Recommendation form

**When complete, please return items 1-4 listed above to the counselor or UB advisor at your school or drop in the mail using the prepaid envelope attached.**

Should you be invited to participate in the Upward Bound program, you will be required to provide the following documents prior to participation in the program.

1. A **copy** of your Social Security Card;
  - a. Upward Bound is a federally funded program therefore citizenship documentation is required.
2. A signed copy of the 2<sup>nd</sup> page of your parent/guardian's tax return verifying taxable income.
  - a. This info is not required if you are in foster care.



**UPWARD BOUND**  
**Feather River College**  
**570 Golden Eagle Avenue**  
**Quincy CA 95971**  
**1-800-442-9799 ext. 266**

Legal Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Last First Middle (Mandatory as per Federal Guidelines)

Home Address: \_\_\_\_\_  
 (Apt. #) City State Zip

Mailing Address: \_\_\_\_\_  
 City State Zip

*The Upward Bound Program is a free program designed to assist high school students who wish to continue their studies after graduation with the goal of completing college.*

Phone #: \_\_\_\_\_ Parent e-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Sex:  M  F

School Attending: \_\_\_\_\_ City: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Citizenship:  U.S. Citizen or  Eligible Non-citizen #A: \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_

**Ethnic Background:**

- American Indian/ Native American  Asian/Pacific Islander  Black/ African American  
 Hispanic  White/Caucasian  Other: \_\_\_\_\_

**Primary Residence:**

- Parent(s)  Foster Home  Legal Guardian (relationship) \_\_\_\_\_  someone other than Legal Guardian

What is the primary language used in your home? \_\_\_\_\_

Do you have a documented disability?  Yes  No If yes, please attach documentation

Name(s) of sibling(s) currently participating in UPWARD BOUND or EDUCATIONAL TALENT SEARCH: \_\_\_\_\_

**Parent's Statement of Agreement:**

I agree to support my child in his/her endeavors for academic success. I agree to encourage his/her active participation in the Upward Bound Program. I agree to monitor the progress of my child. I agree to call the office at 530-283-0202 ext.266, if I have questions about a scheduled activity. I agree that it is pertinent that my child not only participate during the academic year, but also that they participate in the summer component of Upward Bound.

**Participation Partnership Agreement:**

Students participating in Upward Bound agree to commit themselves to the goals of graduating from high school and continuing in a post-secondary educational program. All of the following are expected:

- I agree to observe the rules and regulations of Upward Bound and my school district.
- I agree to participate in the Upward Bound 6-week summer program.
- I agree to attend classes, tutoring, and special activities during the academic year.
- I agree to attend school regularly.
- I agree to strive to achieve satisfactory academic progress in all classes, earn no incompletes, and to maintain at least a 2.5 GPA.
- I agree to exhibit positive, friendly, cooperative, and respectful behavior toward Upward Bound staff, fellow students, and school teachers.
- I agree to provide proof of application for admission to a post-secondary education institution before January of my senior year in high school.
- I agree to maintain communication with Upward Bound for five years after graduating from high school to report on academic progress and the continuation of my education.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Information, Eligibility, and Certification**

**To Parent or Legal Guardian:** The personal information that you give to the Upward Bound Program is for the U.S. Dept. of Education. The information is protected by the Privacy Act. No one may see the information unless they work with or for the Upward Bound Program or are specifically authorized to see it. The information is necessary to determine if your child is eligible to participate in the Upward Bound Program and helps the U.S. Dept. of Education to measure his/her success. The U.S. Dept. of Education has the authority to gather such information (20 USC 1231a). Your child is not eligible for any services from the Upward Bound Program unless the information is given.

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

Home# \_\_\_\_\_ Work#: \_\_\_\_\_ Pager/Cell#: \_\_\_\_\_

**Highest Grade Completed By Birth Mother:**  Unknown  Elementary  High School  College  Received 4 yr degree

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

Home# \_\_\_\_\_ Work#: \_\_\_\_\_ Pager/Cell#: \_\_\_\_\_

**Highest Grade Completed By Birth Father:**  Unknown  Elementary  High School  College  Received 4 yr degree

**Guardian's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

Home# \_\_\_\_\_ Work#: \_\_\_\_\_ Pager/Cell#: \_\_\_\_\_

**With whom does applicant live?** \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ both Other (specify): \_\_\_\_\_

What was your family's **Taxable Income for 2011**? Your **TAXABLE** income is less than your adjusted gross income. Please attach A SIGNED COPY of page 2 of your most recent Federal tax return.

Taxable Income for 2011: \_\_\_\_\_

**Number of persons supported by this income during 2011:** \_\_\_\_\_ (including parent(s) and /or guardian(s))

I certify that all of the information (provided by me or my child) contained in this application is true and correct.

▶ \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FEATHER RIVER COMMUNITY COLLEGE DISTRICT – UPWARD BOUND –  
SCHOOL RECORDS, TRANSPORTATION, PHOTO, INTERNET, & MEDICAL RELEASE**

In order to obtain and exchange information as part of the services provided by the **Upward Bound** program, as the parent and/or legal guardian of \_\_\_\_\_, I grant **Upward Bound** permission to obtain school records, transcripts, grade reports, and test results. I also grant the **Upward Bound** staff my permission to speak with teachers, counselors and other school administrators at my child's school for the same purposes.

▶ \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
**Parent's Signature** **Date**

I authorize and permit my student to participate in field trips, activities, and events sponsored & conducted by the **Upward Bound Program**. I understand that my child may be leaving his/her school campus and/or Feather River Community College District, Feather River College campus and be **transported** by the **Upward Bound** staff in Feather River Community College District vans/buses **and/or other authorized transportation systems (PUSD, WUSD, and Plumas Transit)**. I agree that Feather River Community College District, **Upward Bound**, and anyone associated with the college will not be held liable for any loss, injury, or death related to any field trip, activity or event. Furthermore, I agree to hold Feather River Community College District and its Board of Directors, administration, staff, and volunteers harmless from any claims whatsoever occasioned in any of the situations that I have agreed that Feather River Community College District shall not be liable.

▶ \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
**Parent's Signature** **Date**

I grant permission to **Upward Bound** to take and use visual/audio images of my child. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. The images may be used in any manner or media without notifying me, such as FRC-sponsored web sites, publications, promotions, broadcasts, advertisements, and posters. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

▶ \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
**Parent's Signature** **Date**

I grant permission for my child to access networked computer services such as Internet, World Wide Web, and electronic mail for instructional purposes.

▶ \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
**Parent's Signature** **Date**

In the event that my child is involved in a medical emergency, I authorize the **Upward Bound** staff of Feather River Community College District to make decisions regarding immediate medical attention (hospitalization, administration of prescribed medications, doctor treatment, etc.) if I am unable to be contacted or reached for verbal authorization.

**Please provide facts concerning your student's medical history including allergies, medications, and any physical impairment to which a physician may be alerted:**

Allergies \_\_\_\_\_ Medications \_\_\_\_\_  
 Insurance Name &  
 Number \_\_\_\_\_

▶ \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
**Parent's Signature** **Date**

**FEATHER RIVER COLLEGE  
UPWARD BOUND SHORT PARAGRAPHS FORM**

**THE FOLLOWING QUESTIONS SHOULD BE ANSWERED IN SHORT, WELL ORGANIZED PARAGRAPHS**

What do you expect from the Upward Bound program?

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What do you want out of life? What are your goals?

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What are your thoughts about attending college after high school? Why?

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What do you see as the most important event in your life so far? Why?

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Please write a **descriptive** paragraph regarding where you see yourself in five years.

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# Teacher/Counselor Recommendation Form

STUDENT \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ GRADE \_\_\_\_\_

This recommendation completed by: \_\_\_\_\_ Title \_\_\_\_\_

**Please rate the student on each of the following areas of personal competence:**

Grasps fundamental ideas and concepts:  Above average  Average  Below Average

Integrates complex information:  Above average  Average  Below Average

Completes assignments, fulfills contracts:  Above average  Average  Below Average

Accepts criticism:  Above average  Average  Below Average

Assumes responsibility:  Above average  Average  Below Average

Is motivated to achieve:  Above average  Average  Below Average

Has good work habits:  Above average  Average  Below Average

Has positive sense of self:  Above average  Average  Below Average

Shows potential for more advanced study:  Above average  Average  Below Average

Has foundation in basic skills:  Above average  Average  Below Average

Please √ student's academic program:  College Bound  Non-College Bound

**Teacher / Counselor Statement**

I recommend this student for participation in Upward Bound. I feel they have the potential to succeed and would benefit from participation in the Upward Bound program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Additional Comments:



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