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

*Upward Bound is a free program that provides fundamental support to high school participants in their preparation for college entrance. The goal of Upward Bound is to increase the rate at which participants successfully graduate from high school and earn a college degree.*

**STUDENT INFORMATION**

Legal Name: _____ _____ _____ **Social Security #: _____-_____-_____**
Last First Middle **(Mandatory per Federal Guidelines)**

Home Address: _____ _____ _____ _____
(Apt. #) City State Zip

Mailing Address: _____ _____ _____ _____
City State Zip

**Home Phone #:**_____ **Student Cell #**: _____

**Student Email Address**: _____

Date of Birth: _____ / _____ / _____ Age: _____ Sex: ☐ M ☐ F

School Attending: _____ City: _____ Grade Level: _____

**Race/Ethnic Background:**

Do you identify as Hispanic/Latino ☐ Yes ☐ No

What is your race/ethnicity (please check all that apply):

☐ American Indian/Native American ☐ Asian ☐ Black/African American
☐ White/Caucasian ☐ Native Hawaiian/Pacific Islander

**Primary Residence:**

☐ Parent(s) ☐ Foster Home ☐ Legal Guardian (relationship) _____ ☐ Someone other than Legal Guardian

Are you an emancipated minor (independent from parents)? ☐ No ☐ Yes If yes, please attach documentation

What is the primary language used in your home? _____

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

**Parent 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 Upward Bound activities. I agree that it is pertinent that my child not only participate during the academic year, but also 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 lunch meetings, tutoring and special activities during the academic year**.
- **I agree to strive to achieve satisfactory academic progress in all classes and to maintain at least a 2.5 GPA.**
- **I agree to exhibit positive, friendly, cooperative and respectful behavior toward Upward Bound staff and student participants.**
- **I agree to provide proof of application for admission to a post-secondary education institution before graduating from high school.**
- **I agree to maintain communication with Upward Bound for six years after graduating from high school to report my academic progress towards a college degree.**

**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**: _____ email address: _____

Address: _____

Occupation: _____ Employer: _____

Cell#: _____ Home#: _____ Work#: _____

**Highest Grade Completed by Natural or Adoptive Mother:**

☐ Unknown ☐ Elementary ☐ High School ☐ College ☐ Received 4-year degree (bachelor's degree)

**Father's Name**: _____ email address: _____

Address: _____

Occupation: _____ Employer: _____

Cell#: _____ Home#: _____ Work#: _____

**Highest Grade Completed by Natural or Adoptive Father:**

☐ Unknown ☐ Elementary ☐ High School ☐ College ☐ Received 4-year degree (bachelor's degree)

**Guardian/Step--Parent Name**: _____ email address: _____

Address: _____

Occupation: _____ Employer: _____

Home# _____ Work#: _____ Cell#: _____

**With whom does applicant live?** ☐ Mother ☐ Father ☐ Both Mother & Father ☐ Other (specify): _____

**Who financially supports the applicant?** ☐ Mother ☐ Father ☐ Both Mother & Father ☐ Other (specify): _____

**Is the applicant a (select one)**: ☐ U.S. Citizen or ☐ Eligible Non-citizen #: _____

Country of Birth: _____

What was your family's **Taxable Income for 2019?** Your TAXABLE income is less than your adjusted gross income and can be found on **line 10** of your federal tax return. Please attach a SIGNED COPY of your most recent federal tax return.

**Taxable Income for 2019**: _____ ☐ I had **no** taxable income for 2019

**Number of persons supported by this income during 2019: _____ (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

**Student Name:** _____

In order to obtain, exchange, and report information regarding participation in the **Upward Bound** program, I grant **Upward Bound** permission to obtain school records, transcripts, grade reports, and test results. I also grant the **Upward Bound** staff permission to speak with teachers, counselors, advisors and other school administrators at the participant's high school (and Feather River College if taking college courses) for the same purposes.

►_____ _____/_____/_____
**Parent's Signature** **Date**

►_____ _____/_____/_____
**Student'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 high school campus and/or Feather River Community College District campus and be **transported** by the **Upward Bound** staff in Feather River Community College District vans/buses **and/or other authorized transportation systems (PUSD, PCS and/or 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 Upward Bound promotional materials without notifying me, such as FRC-sponsored web sites, newsletters, brochures, broadcasts, advertisements, newspaper articles 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 Essay Questions

**The following questions should be answered in short, well-organized paragraphs.**

What do you expect from the Upward Bound program?

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

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

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

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