

STEP 1: Student Information

- a. What is your full legal name? _____
 Last Name First Name Middle Initial
- b. What is your mailing address? _____
 Street Address or P.O. Box Apt. #

 City State Zip
- c. What is your home/main contact phone number? [][][] [][][] [][][][]
- d. Student cell phone number (if applicable): [][][] [][][] [][][][]
- e. Student e-mail address? _____ @ _____
- f. Are you currently participating in any of these programs? GEARUP Educational Talent Search AVID
- g. What is the name of your school? _____ h. What grade are you in? [][]th
- i. What is your date of birth (mm/dd/yyyy)? [][] [][] [][][][] Age: [][]
- j. What is your Social Security Number? [][][] [][] [][][][][]
- Please note: We cannot enroll a student if their Social Security Number is not provided. All numbers will remain strictly confidential. If you have questions regarding this, please contact the TRIO Office @ (530) 242-7690**
- k. Are you Hispanic or Latino? YES NO
- l. How do you describe your racial/ethnic background?
 American Indian or Alaska Native Asian Black or African-American
 Native Hawaiian or Other Pacific Islander White Other (please specify): _____
- m. What gender do you identify with? Female Male
- n. Are you a U.S. Citizen or Permanent Resident? YES NO
 (if Permanent Resident, please list your Alien Registration Number) [][][][][][][][][][]
- o. Do you have a physical or learning disability? YES NO If yes, please specify: _____

STEP 2: Parent/Guardian Information

PARENT/GUARDIAN CONTACT INFORMATION	
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Email:	Email:
Occupation:	Occupation:
Employer:	Employer:

- a) Student Lives With:
 Both Mother and Father Mother Only
 Father Only Foster Parent or Legal Guardian
 Other: _____
- b) Please indicate the highest level of education **completed**:
- | | Parent 1* | Parent 2* |
|-----------------------------------|--------------------------|--------------------------|
| Elementary (K-8) | <input type="checkbox"/> | <input type="checkbox"/> |
| High school (9-12) | <input type="checkbox"/> | <input type="checkbox"/> |
| Some college | <input type="checkbox"/> | <input type="checkbox"/> |
| 2-year college degree | <input type="checkbox"/> | <input type="checkbox"/> |
| 4-year college degree (or higher) | <input type="checkbox"/> | <input type="checkbox"/> |
| Unknown | <input type="checkbox"/> | <input type="checkbox"/> |

STEP 3: Income Verification

DEPENDENCY EVALUATION:

- a. Is student in foster care or a ward of the court? YES NO
- b. Is student an emancipated minor or does he/she have a court-appointed legal guardian? YES NO
- c. Is student less than 18 years of age and an orphan with no legal guardian? YES NO
- d. Has a school representative or other agency determined student to be an unaccompanied youth who is homeless? YES NO

Parent should answer the following questions if all answers above are NO.

Student should answer the following questions if they answered YES to any question above.

Family Size: Total number of people currently living in the household and supported by parent or guardian, including children under 24 who are away and attending college.

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My family receives assistance from the following sources (optional):

- General Assistance (G.A.)
- Social Security (SSI)
- CalWORKs (Welfare)
- Subsidized Housing
- Medi-Cal
- Food Stamps
- Unemployment
- Other: _____

Taxable Income Information

My family had no taxable income during the last calendar year

OR

My family was **not required** to file taxes but earned an annual income of: \$

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 .00

From the following source: _____

My family's exact **taxable income** from last calendar year: \$

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 .00
 (Please reference your federal income tax return: IRS Form 1040 (2020), line 11B)

***** Please include a copy of pages 1 and 2 of your tax return for verification *****

CERTIFICATION

IN ACCORDANCE WITH THE TRIO UB ELIGIBILITY REQUIREMENTS SET FORTH BY THE UNITED STATES DEPARTMENT OF EDUCATION, I HEREBY CERTIFY AND ATTEST UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS INCOME VERIFICATION IS TRUE AND CORRECT.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STUDENT NEEDS ASSESSMENT

Please help us get to know you better by filing this out completely and honestly

Student Name: _____

After I graduate from high school, I plan to:

- | | |
|---|--|
| <input type="checkbox"/> Attend a 4-year college/university | <input type="checkbox"/> Attend a community college |
| <input type="checkbox"/> Attend a trade/technical school | <input type="checkbox"/> Work full time |
| <input type="checkbox"/> Join the military | <input type="checkbox"/> I am not sure of my plans yet |

I am interested in joining TRIO Upward Bound because I would like help with/information about:

- | | |
|--|---|
| <input type="checkbox"/> College Admissions/Application Assistance | <input type="checkbox"/> Learning More about Myself |
| <input type="checkbox"/> Choosing my Classes | <input type="checkbox"/> Goal Setting |
| <input type="checkbox"/> Visiting College Campuses | <input type="checkbox"/> Money Management |
| <input type="checkbox"/> Career Choices | <input type="checkbox"/> SAT/ACT Testing |
| <input type="checkbox"/> Financial Aid for College | <input type="checkbox"/> Study Skills/Habits |
| <input type="checkbox"/> Finding Scholarships | <input type="checkbox"/> Time Management |

Would you like information on tutoring? Yes No If yes, which subjects? _____

Why do you want to go to college? _____

What career(s) are you interested in? _____

Have you visited any colleges? Yes No Which ones? _____

Which campuses would you like to visit? _____

What do you like most about school? (include academic and social aspects) _____

What do you like least about school? (include academic and social aspects) _____

How much effort do you put into your studies? A lot Some Not Much None

Do your parent(s)/guardian(s) want you to attend college? Yes No Not Sure

Do you have a computer with Internet access at home? Yes No

What is the primary language spoken in your home? _____

STUDENT'S SIGNATURE: _____ DATE: _____

RELEASE STATEMENT & AGREEMENT

Please read carefully then sign and date where indicated:

- By signing this application, I certify that all information provided above is true and accurate to the best of my knowledge.
- I/We understand that all information on this application, as well as that released from the school, will be held in strict confidence by the TRIO Upward Bound program staff.
- I/We authorize the release of academic records (e.g. copies of school transcripts, test scores, ACT/SAT or GED scores, and school lunch program eligibility) to the Shasta College TRIO Upward Bound program in order to assess need/eligibility for program services, discern academic progress, evaluate the effectiveness of program activities, and fulfill program reporting requirements.
- I/We consent to the disclosure of any personally identifiable information as defined by FERPA of my education records to the Shasta College TRIO Upward Bound program staff for the purpose of confirmation of the student's postsecondary enrollment status as reported on the National Student Clearinghouse Student Tracker.
- This authorization will remain in effect for six years following high school graduation.
- I/We authorize the release and exchange of student financial aid information from colleges and federal government to the TRIO Upward Bound program.
- I/We understand there is a zero tolerance policy in regard to blatant or implied gang insignia, dress, hand signs, harassing or threatening behavior, weapons, alcohol, and drugs.
- I/We authorize the TRIO Upward Bound program to share and discuss information with school personnel in support of my student's academic success.
- I/We give permission for the student to participate in activities and field trips supervised by TRIO Upward Bound personnel.
- I/We also give permission for the TRIO Upward Bound program to take photographs during activities and trips, and grant permission to use the student's name, comments, and/or photos/videos for educational and/or promotional purposes.
- I/We understand if the student should need accommodation for a disability in order to participate in TRIO Upward Bound or any of its scheduled activities, I/we must contact TRIO Upward Bound at (530) 242-7690 at least 30 working days prior to the activity.
- I/We understand that this authorization will remain in effect while the student is enrolled in the Shasta College TRIO Upward Bound program or until written notice is provided to revoke the authorization.

STUDENT'S PRINTED NAME

STUDENT'S SIGNATURE

DATE

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE

REQUIRED SUPPLEMENTAL DOCUMENTATION

- TRANSCRIPT:** *Please attach a copy of your current transcript (your application will be incomplete without your most current grades).*
- ESSAY:** *On a separate piece of paper write a one page essay introducing yourself (your home life, cultural background, interests or hobbies) and why you are interested in participating in the Shasta College TRIO Upward Bound program.*
- RECOMMENDATIONS:** *Please list the names of two teachers or counselors at your school site that we may contact for a recommendation:*

Teacher/Counselor Name: _____ Email Address: _____

Teacher/Counselor Name: _____ Email Address: _____

*****Incomplete or unsigned applications will be returned for completion before being considered for enrollment*****