



Student's Application

Dear Prospective Upward Bound Student and Parent/Guardian:

The Upward Bound Program at Minnesota State University, Mankato is designed to help high school students who have the ability to go on to a college, a vocational/technical school or a professional school, but who might not do so without some extra help and support. A student can qualify for Upward Bound if he or she has academic potential to attend a postsecondary institution and his or her family meets federal low income guidelines or neither of his or her parents has graduated from a four-year college.

THE UPWARD BOUND PROGRAM IS A TOBACCO-FREE, DRUG-FREE, AND ALCOHOL-FREE PROGRAM!!! We serve the following high schools: Kato Public Charter, Madelia, Mankato East and Mankato West. We can also serve small numbers of students from other schools in Blue Earth and Watonwan Counties.

For a student to be considered for the Upward Bound Program, he or she must provide detailed personal and family information by completing the remaining pages of this application. **All such information is kept confidential and will remain in the Upward Bound office.**

The information we request from you is used to determine your eligibility for our program, follow your academic progress, and develop programs and activities for Upward Bound participants. The personal information you give to the Upward Bound Program director may be sent to the federal government (Department of Education). The information may be protected by the Privacy Act. No one may see the information unless they work for or with the Upward Bound Program or are specifically authorized to determine if you are eligible to participate in the program and helps the government to measure your success. The Department of Education has the authority to gather information to help make Upward Bound a better program (20 USC 1231a).

George Corey
Upward Bound Director

To complete this application, fill in the requested information using a dark ink pen. After completing the application, submit it, the school records release, the requested financial information and the reference form, and submit it directly to us or to your school guidance counselor, who will then send it to us.

If you have questions, e-mail us at: george.corey@mnsu.edu

www.mnsu.edu/upward-bound

Upward Bound
Minnesota State University, Mankato
324 Wiecking Center
Mankato, MN 56001
Phone: (507) 389-1211
Fax: (507) 389-6372

Minnesota State University, Mankato is an Affirmative Action/Equal Opportunity University.

This document is available in alternative format to individuals with disabilities by calling the Upward Bound Program at (507) 389-1211 (V) or (800) 627-3529 (MRS/TTY).



PART I: STUDENT INFORMATION

Student: Begin here and complete the rest of the application, in ink.

Date of Application: _____

Name: _____
First Last

Address: _____
Street

_____ City State Zip

Telephone: _____

Birthdate: _____ Age: _____

Birthplace (city or town): _____

Are you a U.S. citizen? Yes ___ No ___
 If not, are you a permanent resident? Yes ___ No ___

Social Security No.: _____

School you attend: _____

Grade: _____ Gender: M ___ F ___

Ethnic-racial background (optional) Are you Hispanic/Latino? Yes ___ No ___
 Check all that apply:
 American Indian/Alaskan Native ___ Asian ___ Black/
 African American ___ White ___
 Native Hawaiian/Other Pacific Islander ___

Student's email address: _____

Name(s) of your Legal Guardian(s): _____

Their Address (if different than yours): _____

Their Telephone (if different than yours): _____

Do you participate in the Educational Talentsu Search Program at MSU? Yes or No

Continue onto page 2

FOR OFFICE USE ONLY - DO NOT COMPLETE THIS SECTION

Date Received: _____

Date Interviewed: _____

Date Entered UB: _____

Dates Reviewed: _____

Items Missing: _____

Applicant Accepted: Yes ___
 No __, because _____





PART II: FAMILY INFORMATION AND CONFIDENTIAL FINANCIAL INFORMATION

This section will require help from your parents/guardians.

- 1A. If you are a foster child (ward of the county, state or social services) complete numbers 2, 3, 4 and 7 only (skip numbers 5 & 6).
- 1B. If you are not a foster child, skip number 2 and complete items 3 through 7.
- 2. How much money do your foster parents/guardians receive monthly for your support? _____
- 3. List the names of the people who support you (or if you are a foster child, your foster parents) and indicate their relationship to you (for example, father, stepmother, foster mother...), their age, and the type of work they do.

	First & Last Names	Age	Relationship	Type of Work
A.				
B.				
C.				

- 4. List all the other people you live with and their ages. Indicate each's relationship to you (for example, sister, step-brother, foster sister, grandmother...).

First & Last Names	Age	Relationship	First & Last Names	Age	Relationship
A.			E.		
B.			F.		
C.			G.		
D.			H.		

- 5. Did the people who support you file an income tax return this year or last year? Yes ___ or No ___ If yes, please list the amount of Taxable Income from the appropriate lines of their **most recent** federal tax return (line 15 of 2023) _____ .
(Remember to attach a copy of the return.)

- 6. List the family's monthly income, if any, from the following sources.

- a. Social Security \$ _____
- b. MFIP/TANF \$ _____
- c. Unemployment \$ _____
- d. Other federal, state or county assistance \$ _____
- e. General Assistance \$ _____
- f. Pension \$ _____
- g. Child Support \$ _____

- 7. As the parent/guardian of the applicant, I declare that all of the information provided on Part I and Part II of the application form is correct.

Signature of Parent/Guardian

Date





PART III: RELEASES

PICTURE RELEASE

I hereby give permission for my picture to be taken in connection with the activities of the Upward Bound Program at Minnesota State University, Mankato and its agencies for use in newspapers, on television, in magazine articles, in brochures, in the yearbook and in presentations concerning the program.

Signature of Student

Date

ACTIVITY AND MEDICAL RELEASE

(A more comprehensive medical history and release will be requested for students attending the Summer Program and/or extended trips out of the area.)

I hereby give permission for my child, _____, to participate in all Upward
Bound activities, trips, and events and to receive all necessary medical attention when the
need arises.
First & Last Names

Signature of Parent/Guardian

Date

PARTICIPANT'S RELEASE

I hereby release and hold harmless the State of Minnesota, Minnesota State, Minnesota State University, Mankato and their employees from any and all claims and liabilities of any type whatsoever and for injury to or death of any person or persons which may now or hereafter arise out of, result from, or be in any way connected directly or indirectly with Upward Bound Program and its activities.

Signature of Parent/Guardian

Name of Student

Printed Name of Parent/Guardian

Date



PART IV: ACADEMIC YEAR GUIDELINES FOR UPWARD BOUND STUDENTS

The guidelines all Upward Bound students are expected to follow during the academic year are listed below.

1. Upward Bound students must attend school daily, unless their absence has been properly excused by their parents. An excessive number of absences, either un-excused or excused, will not be acceptable.
2. Upward Bound students must attend and participate in weekly tutoring sessions.
3. If an Upward Bound student needs to miss a weekly tutoring session, she/he must contact the Upward Bound office as early as possible, but no later than 7:30 am. (389-1211) of the day of the tutoring session.
4. Upward Bound students must attend each Saturday Session. Students may miss these sessions only if they are involved in a school related activity that conflicts with the session. Missing these sessions for work is not acceptable. (However, if we change the date of a session, students will be given leeway if a work conflict occurs.) Students with un-excused absences from Saturday Sessions will no longer be eligible for Upward Bound scholarships.
5. If an Upward Bound student needs to miss a Saturday Session, she/he must contact the Upward Bound office (389-1211) by the date and time stated in the letter reminding students of the session. This will usually be 4:30 pm. on the Thursday before the session.
6. Upward Bound students must maintain an acceptable grade point average, as determined by the Upward Bound program and discussed with individual students. (Unless otherwise stated a minimum of a 'C' average is expected of all students.)
7. Upward Bound students must enroll in classes that will prepare them for education beyond high school.
8. Upward Bound students must complete and submit any progress report forms the Upward Bound Program may require.
9. Upward Bound students must meet all deadlines established by the Upward Bound Program.
10. Special activities, such as plays, offered by the Upward Bound Program are privileges. Failure to meet the guidelines and expectations of the Program may, and in most cases will, result in exclusion from these activities.
11. Eligibility for any trip we might go on this year will be based on school attendance, attendance at tutoring and Saturday Sessions, academic performance, and the rest of the guidelines listed above. If we do plan such a trip, we will provide you with a more detailed eligibility schedule.
12. While involved in any Upward Bound activity, students may not use tobacco products, alcohol or other drugs, e-cigarettes, nor may they be involved in sexual activity.

I agree to follow these guidelines as long as I remain a member of the Upward Bound program.

Signature of Student Date

I have read and discussed the above guidelines with my son/daughter:

I agree with the above conditions. I disagree with the above conditions. Please contact me.

Signature of Parent/Guardian Date





PART V: STUDENT SELF-EXPRESSION

Your short answers to the following questions will give you the opportunity to express your opinions and attitudes and will help us determine whether the services provided by the Upward Bound Program would be beneficial to you. Honest and accurate information is important. Read each question carefully, and then answer it completely. You should print or write your own answers.

1. Of what value do you feel successful completion of high school will be to your future?

2. About how many hours each week outside of school do you spend doing your homework?

3. In your opinion, what is the importance, or lack of importance, of regular attendance at school? _____

4. Are good grades in school important to you? Yes ___ or No ___ Why or why not?

5. How and with whom do you work out problems at home and at school? _____

6. What problems do you have now at home or at school that may affect your education after high school? _____



7. What are your strengths and weaknesses? _____

8. What do you hope Upward Bound will do for you? _____

9. What is your grade average (A, B-, C+, etc.) _____
10. What is your educational goal (college, tech school, etc.)? _____
11. What is your career goal (teacher, electrician, etc.)? _____
12. Do you have a part-time job? No ___ or Yes ___ If yes, what is it? _____

How do the following people or things help or hinder you in being successful, furthering your education, and choosing your career?

Teachers _____

School _____

Parents/Guardians _____

Home life _____

Friends _____

Boyfriends/Girlfriends _____

Money _____

Part-time job (if you have one) _____





PERMISSION FOR ACCESS TO RECORDS

Student's Name: _____
First Last

To the officials of _____ :
Name of High School

and _____ :
Name of middle school/junior high if still in 8th grade

I hereby grant permission for the Minnesota State University, Mankato **Upward Bound Program** to have access to the educational records of the student named above, including, but not limited to, the transcripts, grade reports, and test results, in either paper or electronic forms. This information will be used in determining eligibility, providing services to the student, monitoring the student's educational progress, and in collecting aggregate data for reporting purposes. All information will remain confidential. This release remains valid until rescinded in writing.

Signature of Student

Date

Signature of Parent/Guardian

Date

Upward Bound
Minnesota State University, Mankato
324 Wiecking Center
Mankato, MN 56001
Phone: (507) 389-1211

