

Student Application For:

UPWARD BOUND PROJECTS

CHESAPEAKE COLLEGE

This application is valid for the three Chesapeake College, Upward Bound Projects. Upward Bound is a federally funded TRIO program. There is no cost to participate.

The **Upward Bound Projects** are year-round programs geared toward students who are currently in **9th, 10th, and 11th grades** with academic potential who are interested in pursuing a college education attending **Easton High School, North Carolina High School, Colonel Richardson High School, or Kent County High School.** However, students currently in the **8th grade in Caroline or Kent County or transitioning to Easton High School** are welcome to apply.

APPLICATION DEADLINE:

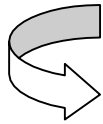
March 5, 2023

TRIO
UPWARD BOUND

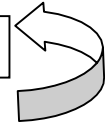


Application Checklist

Visit our web page at – www.chesapeake.edu/upwardbound



Completed applications must be postmarked by March 5, 2023



You need to have...

- Fully completed your application and obtained all necessary signatures and required supplemental documentation:
 - Completed Intake Information
 - Completed Parent Information
 - Completed Educational and Career Information
 - Completed Writing Sample (250 – 500 word essay)
 - Completed and signed release forms
- Recommendation Form from Counselor or Teacher
- Copies of all income verification information (see instructions below)
- A clear copy of your Social Security card
- A clear copy of **both** sides of your Alien Registration Card (if applicable)

INSTRUCTIONS FOR PROVIDING VERIFICATION OF INCOME

please provide verification for each of the applicable types of income listed below:

Foster Children or Wards of the Court: no income verification is required – provide a signed letter from your foster parent or guardian detailing foster child/ward of the court status. Include caseworker's name, address, and telephone number.

If your parent(s) or guardian(s) file a Federal 1040 Income Tax form: provide a copy of pages 1 & 2 of **last year's** form showing the number of exemptions claimed and the taxable income. Caution – be sure to provide the form covering the correct year. Please refer to the Parent Information section for more details.

If your parent(s) or guardian(s) receive welfare (TANF, AFDC, General Assistance, etc.) request verification of monthly Benefits by contacting your local social services office.

<u>County</u>	<u>Social Services Office Address</u>	<u>Telephone #</u>
Caroline	207 S 3 rd St, Denton, Maryland 21629	410 819-4500
Kent	350 High Street, Chestertown, Maryland 21620	410 810-7600
Talbot	301 Bay St #5, Easton, Maryland 21601	410 770-4848

If your parent(s) or guardian(s) receive Social Security payments (SSI, Disability, etc.) request verification of monthly benefits from your local Social Security office or online at www.ssa.gov.

<u>Counties</u>	<u>Social Security Office Address</u>	<u>Telephone #</u>
Caroline, Kent, Talbot	828 Airpax Road Suite 500A, Cambridge, Maryland 21613	800 772-1213

Intake Information

To Student: The application must be typewritten or printed neatly in blue or black ink. Answer all questions; failure to do so will delay the processing. If a question is not applicable, mark "N/A" in the space provided.

To parent or legal guardian: The personal information, including financial status and educational levels, given to the Upward Bound Projects is used for reporting purposes with the United States Department of Education. No one may access, view, or utilize the information unless they work with or for Upward Bound at Chesapeake College or unless they are given specific or legal authorization to the information. This information is required to determine if your child meets federal eligibility guidelines established by the regulation of the United States Department of Education. All information is protected under the Family Educational Rights and Privacy Act (FERPA, 20 USC 1231a).

Name of Applicant _____
FIRST MIDDLE LAST

Mailing Address _____ City _____ Zip _____

Home Phone _____ Birthdate _____ Male Female

Social Security Number _____ - _____ - _____ Birthplace _____

Email Address _____ Message Phone Number _____

What languages are spoken in your home? _____

What is the preferred language of your parents or guardians? _____

Current School _____ Grade _____ Counselor _____

Name of school you attended in 8th Grade _____ City _____

If you are an 8th grader, name of high school you plan to attend _____

Are you currently a participant of: Upward Bound Educational Talent Search

If yes, name and phone number of program director _____
NAME PHONE NUMBER

Ethnicity: African-American Caucasian/White Native American
 Hmong Mexican American/Latino East Indian
 Other/Decline to state

Are you a US Citizen? Yes No
 If you are not, are you a Resident Alien? Yes No

Alien Registration Number							

NOTE: You must be a US citizen or legal resident of the United States in order to participate in and receive services from Upward Bound. If you are not a US citizen, enter your Alien Registration Number. If your number is only eight digits, enter a zero after the "A".

How did you hear about Upward Bound? _____

Parent and Family Information

Please give the name(s) of the people who are living in your home (add additional piece of paper if necessary).

NAME	RELATION	AGE	NAME	RELATION	AGE

Is your birth or adoptive father living in the home? Yes No Name _____

Occupation _____ Social Security Number _____ / _____ / _____

Is your birth or adoptive mother living in the home? Yes No Name _____

Occupation _____ Social Security Number _____ / _____ / _____

Legal guardian(s) name(s) _____ Social Security Number _____ / _____ / _____

Circle the highest year in school/college completed by your **male parent or legal guardian**:

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

Degrees earned (Check all that apply:) HS Diploma Associate's Bachelor's Other _____

Circle the highest year in school/college completed by your **female parent or legal guardian**:

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

Degrees earned (Check all that apply:) HS Diploma Associate's Bachelor's Other _____

Information to be completed by parent or legal guardian:

Does the applicant live in a foster home or is (s)he a ward of the court? Yes No If **YES**, skip to signature section.

Do you file Federal Income Taxes? Yes No If **YES**, please refer to the box below.

If taxes have not been completed for 2021, please attach a copy of pages 1 & 2 of your 2020 Federal 1040. This will help us to estimate eligibility; however, 2021 taxes are required. ***The earlier you can submit a final copy of your 2021 taxes to Upward Bound Projects the sooner we will be able to determine your child's eligibility.***

PLEASE NOTE: In order to receive services and participate in UB, final 2021 Federal Income Taxes **MUST** be postmarked and sent to the Upward Bound Projects office no later than **April 17, 2023**.

Do you (parent/guardian) receive: Social Security? Yes No Welfare/TANF? Yes No

Disability? Yes No Veterans Benefits? Yes No General Assistance? Yes No

If **YES** to any of the above, please attach appropriate form from agency showing amount of monthly benefits (see instructions on Upward Bound Projects Application Checklist).

Parent/Guardian Signature: _____ Date: _____

Educational, Career and Extracurricular Information

To be completed by Student

Name _____ Social Security Number _____ / _____ / _____
first middle last

Educational Plans – Check the statement(s) which best describe(s) your present plans:

- I plan to work during both the school year and summer.
- I plan to work only during the summer.
- I plan to work only during the school year.
- I plan to go to work full-time after high school graduation.
- I plan to enter military service after high school graduation.
- I plan to complete an associate's degree (2 years of community college) after high school graduation.
- I plan to complete a bachelor's degree (4 years of university) after high school graduation.
- I am currently undecided about my educational plans after high school graduation.

Educational Plans – List in order of preference, two occupations you think would best fit your abilities and interests if you were given the necessary education and required training:

1. _____ 2. _____

Community Service and/or Volunteer experience:

If none, check this box.

Description (or title)	Hours/week	From month/year To month/year

Extracurricular activities (organizations, clubs, sports, etc.):

If none, check this box.

Description (or title)	Officer? (If yes, position)	Year(s) involved (8 th , 9 th , & 10 th)

List any honors/awards you have received:

If none, check this box.

Description (or title)	Year(s) received (8 th , 9 th , & 10 th)

Upward Bound Projects

Chesapeake College, 1000 College Circle, PO Box 8, Wye Mills, MD 21679 - 410-304-2180
upwardbound@chesapeake.edu

Visit our web page at – www.chesapeake.edu/upwardbound

Name _____ Social Security # _____ / _____ / _____

Writing Sample

Upward Bound

PLEASE NOTE: If you are applying for Upward Bound please choose from **ONE** of the following topics for your essay.

Your essay will be used to judge your writing ability. Your essay needs to be between 250 – 500 words (written neatly or typed on a separate sheet of paper). Remember, it is always to your advantage to have your paper proofread before submitting the final copy! Please note, we do not expect a formal research paper; instead, we want a well written and detailed essay based on your knowledge, interest, and goals of **ONE** of the topics listed below.

- | | |
|---|--|
| <input type="checkbox"/> My favorite teacher or class | <input type="checkbox"/> The most embarrassing moment in my life |
| <input type="checkbox"/> In ten years, I see myself... | <input type="checkbox"/> The happiest day in my life was... |
| <input type="checkbox"/> Your plans after high school | <input type="checkbox"/> How do you plan to change the world? |
| <input type="checkbox"/> The world in 10 years and your role in it. | <input type="checkbox"/> Describe a topic, idea or concept that you find engaging. |
| <input type="checkbox"/> How college will enhance your future? | <input type="checkbox"/> Write an essay about a topic of your choice. |
| <input type="checkbox"/> My favorite subject is... | <input type="checkbox"/> How you overcame obstacles and what you learned about yourself? |

Upward Bound Projects

Chesapeake College
1000 College Circle
PO Box 8
Wye Mills, MD 21679
410-304-2180

RECOMMENDATION FORM

Student _____ Social Security # _____ / _____ / _____ Grade _____

Teacher _____ Title (subject taught) _____

To the student: *This form needs to be completed by a teacher or counselor.*

To the teacher/counselor: The Upward Bound Projects are designed to prepare and motivate students with academic potential for success in postsecondary education. Your evaluation of the nominee is extremely beneficial to us in determining if the student will succeed in this highly intensive program. Please rate the student on each of the following areas of personal competence. If you would like to add additional comments or special considerations on why this student should be accepted, please feel free to continue on the back. Thank you!

Grasps fundamental ideas and concepts	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Integrates complex information	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Completes assignments, fulfills contracts	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Accepts criticism	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Assumes responsibility	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Is motivated to achieve	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Has good work habits; is disciplined	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Has positive sense of self	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Is sensitive to the needs of others	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Has foundation in basic skills	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Demonstrates leadership skills	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Is emotionally mature	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Student has potential for postsecondary success in math, science or technology	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A

For ESL Students:

Compared to native English speakers in the same grade level, this student's English *WRITING* skills are:

Better Same Not as good

Compared to native English speakers in the same grade level, this student's English *READING* skills are:

Better Same Not as good

Signature _____ Date _____

Please return to student for inclusion in application packet. A sealed envelope may be used

Upward Bound Projects

Participant Health, Medical Release & Emergency Contact

****Please complete all information and sign****

Participant (Student) Information:

Name: _____ Age: _____

Gender: Male Female

Swimming Ability: 0 1 2 3 4 5 6 7 8 9 10 (0 = Never Swam; 10 = Excellent)

Health, Medical and Emergency Contact Information

Does the participant have health insurance?

Yes Insurance Carrier: _____

No

Does participant have any serious health issues? Yes No

Please Explain: _____

Does participant have any allergies (include food, environmental, medications)? Yes No

Please Explain: _____

List reactions (if any): _____

Is participant taking any medications? Yes No

Medications: _____

Additional information about participant's health, physical limitations, or any restrictions:

Emergency Contact 1: _____ **Relationship:** _____ **Phone:** _____

Emergency Contact 2: _____ **Relationship:** _____ **Phone:** _____

Liability Waiver/ Medical Treatment Consent

In consideration for my and/or my family members' participation in the Chesapeake College Upward Bound Program, I voluntarily RELEASE Chesapeake College, Chesapeake College Upward Bound Program, Caroline County Public Schools and Kent County Public Schools, and the officers, agents, employees, and volunteers (hereinafter referred to as "releasees") from any and all liability for injuries or death or property damage to me and/or my family members resulting from, arising out of, or in any way connected with my and/or any of my family member's participation in the Upward Bound Program or use of Caroline and Kent County Public Schools and/or Chesapeake College facilities in connection with this/these program(s). I understand that this waiver and release is applicable even through or if the negligent activities of the releasees may have contributed to the injury or death, or property damage suffered by me or any of my family members participating in this/these program(s). I further agree to indemnify and hold harmless the releasees from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation-related expenses such as attorney and expert witness fees) resulting from participation in this/these program(s) whether caused by any negligent act or omission of the releasees.

I further understand that serious accidents may occur in the Upward Bound Program that I am applying for, that participant in this/these program(s) may sustain mortal or serious personal injuries, and/or property damage, because of their participation in this/these program(s). Knowing the risks of said events, nevertheless, I hereby agree to assume those risks and to release and hold harmless to the fullest extent allowed by law all of those persons mentioned above who through passive or active negligence or carelessness might otherwise be liable to me for damages.

It is further understood and agreed that this waiver, release, hold harmless, and indemnification agreement is to be binding on me, any of my participating family members, and all of our heirs, representatives, and assigns.

I hereby authorize qualified physicians to render medical treatment or care that they deem necessary for me or my family members in case of illness or accident during such program(s). In the event of injury of a program participant, and if parent/guardian(s) or emergency contacts cannot be reached, emergency services will be contacted to transport the injured to a nearby local hospital.

Student Signature: _____ **Date:** _____

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

Upward Bound Projects

FIELD TRIP/ EXPERIENCE RELEASE FORM

****Please Print All Information****

- Please complete this form in its entirety.
- Complete the student and emergency contact information.
- Review, complete and sign the Field Experience Acknowledgement and Release
- Return this form to the Upward Bound Staff immediately.

Student's Name: _____

Emergency Contact Person(s): _____ **Phone:** _____

_____ **Phone:** _____

Field Experience Acknowledgement and Release:

I, hereby grant permission for my son/daughter to participate and attend the Field Trips provided by and for the Upward Bound Program for which he/she is registered. My child also has my permission to participate in swimming activities on field trips, including aquatic amusement park activities. I am in accord with the purposes of and procedures governing the trip. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless the Chesapeake College Upward Bound Program and its releasees, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I, hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return from the trip independently for reasons of health, accident, failure to conform to rules established by the teacher/staff in charge, etc., the Upward Bound Program is not responsible for and will not pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as acknowledgment that the student and parent(s) understand and agree to the guidelines from each teacher/staff.

Student Name: _____ **Signature:** _____ **Date:** _____

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____