

Bluegrass Community & Technical College (BCTC) Upward Bound Application

Thank you for your interest in BCTC Upward Bound program. In order for your application to be considered, please complete the following:

- _____ Print clearly using blue or black ink.
- _____ Student must sign pages 3 and 7, and complete a short essay on page 6.
- _____ Parent/guardian must sign pages 2, 3, and 7.
- _____ Teachers must complete pages 4 or 5 (two recommendations are required).

Please attach:

- _____ Signed copy of Federal Income Tax Report for the most recent year, if filed. (Do not send W-2 forms and disregard if the family did not file a Federal Income Tax Report).
- _____ Copy of any legal court-appointed guardianship document for a student in foster care, ward of the state, or one in a legally appointed guardianship. (If applicable)
- _____ **Student:** Attach a copy of your most recent high school transcript. This can be obtained from your high school counselor. *Freshman should include their most recent report card instead of a transcript.*
- _____ A copy of any IEP or 504 plan (if applicable).
- _____ **Teacher:** Have two different teachers complete the Teacher's Recommendation Form (page 5 and 6).
- _____ **Student:** Complete a one-page essay titled "Why I Am Interested in the Upward Bound Program, and How I Might Benefit If Selected" (page 7).

If you have any questions regarding the application please contact our office at 859-246-6579 or visit our website at www.bluegrass.kctcs.edu/upward_bound.



Bluegrass Community and Technical College 2017-2018 funding is through a TRiO grant from the United States Department of Education totaling \$1,526,120

Please complete **ALL** sections of the application with **REQUIRED** signatures and dates noted by "★"

Student's Full Name: _____ Goes by: _____
First Name Middle Name Last Name

Social Security No: _____ - _____ - _____ (Held confidentially) Gender: Male Female

Birth Date: ____/____/____ Age: ____

Mailing Address: _____ City _____ Zip Code _____

Home Phone: (____) _____ Student Cell Phone: (____) _____ N/A

Student Email Address: _____ N/A

School: _____

Current Grade Level: 9 10 11 (Only accept 1st semester junior)

* Program does not accept 12 graders

If taken, score for: _____ KCCT _____ ACT

Current Grade Point Average: _____ Expected High School Graduation Year _____

Do you have a current Individual Education Plan (IEP) or 504 Plan? YES NO

Do you participate in the Gear Up Program? YES NO

Students can only participate in one TRIO Program at a given time, (Upward Bound, Upward Bound Math/Science, or Educational Talent Search).

- I am not a participant in any other TRIO Program.
- I am a participant in _____ (TRIO Program), but wish to become a participant in the BCTC Upward Bound Program.

STUDENT IS: (select one)

- A U.S. Citizen
- A Permanent Resident of the U.S.
- In the U.S. for other than temporary purpose (must provide evidence of intent)
- A permanent resident of Guam, The Northern Mariana Islands, or Trust Territory of Pacific Islands
- A resident of the Freely Associated States, Federated States of Micronesia, Republic of the Marshall Islands.

ETHNIC BACKGROUND: Ethnic information is for statistical summaries only, and will not be a factor in participant eligibility. (Select all that apply)

- Hispanic/Latino American Indian/Alaskan Native Asian Black/African American
- White/Caucasian Native Hawaiian/Pacific Islander Specify Other _____

Received: _____	FOR OFFICE USE	Accept Date: _____
Comments: _____		LI/FG AR LI FG
		Director _____

PARENT/GUARDIAN INFORMATION THE STUDENT LIVES WITH:

- Both Parents One Parent One Parent & Step Parent
- Foster Parent – **Attach Court Documents** Legal Guardian – **Attach Court Documents**
- Other, please specify: _____

Parent/Guardian Current Marital Status:

- Single Married Separated Divorced Widowed

Parent/Guardian's Information:

Name: _____
 Email Address: _____
 Cell Phone: _____
 Employer: _____
 Work Phone: _____
 This parent has a 4-year college degree: YES NO

Parent/Guardian's Information:

Name: _____
 Email Address: _____
 Cell Phone: _____
 Employer: _____
 Work Phone: _____
 This parent has a 4-year college degree: YES NO

CONFIDENTIAL FAMILY INCOME AND INFORMATION

We are required by the U.S. Department of Education to obtain family income and other eligibility information from all participants served by the Upward Bound Program. All information will be held in strict confidence.

STUDENT'S FULL NAME _____ SOCIAL SECURITY NO. _____
 SCHOOL _____ GRADE _____

YES NO Student is a participant in the school free lunch program.

YES NO A biological/adoptive parent (with whom the child lives) graduated from a 4-year college.

(If YES, indicate Parent's Name, College, & Degree earned, below):

Parent's Name	Name of College/University	Bachelor's Degree Earned	Graduation Year
1. _____	_____	_____	_____
2. _____	_____	_____	_____

NUMBER OF PEOPLE LIVING IN HOUSEHOLD: _____ (including students away at college)

DID THE FAMILY FILE A FEDERAL INCOME TAX REPORT LAST YEAR? YES NO

If YES, please provide a signed copy of your most recent federal income tax income report with this application.

WILL THERE BE ANY SIGNIFICANT CHANGES TO YOUR FAMILY INCOME THIS YEAR? (Unemployment, business or farm loss, divorce, major illness, etc.) YES (please attach a written explanation) NO

I verify by signing this document and submitting the requested documentation that the information I have provided is accurate to the best of my knowledge. I understand that this information will be held in complete confidence by the Upward Bound (UB) Program at Bluegrass Community and Technical College.

★ PARENT/GUARDIAN SIGNATURE _____ DATE _____

STUDENT RECORDS RELEASE FORM

I give permission for the Upward Bound Program at Bluegrass Community & Technical College to have access to records of:

Print Student's Full Name

This information may be used to determine eligibility to receive services from the Upward Bound Program, to monitor the status and progress in secondary and post-secondary education, and to meet the needs of the student while participating in Upward Bound. Necessary records may include, but are not limited to, educational records for secondary and post-secondary institutions, and may also include medical, court, and other records. It is my understanding that these records will be released only to those who have legitimate educational interest, or otherwise are required by law to be disclosed by BCTC.



Student Signature

Date



Parent/Guardian Signature

Date

PUBLICITY PERMISSION FORM

I give permission for the BCTC Upward Bound program, its employees, and volunteers to record my likeness and voice on video, audio, photographs, electronic medium, or other news sources and mediums to:

- (1) Recognize UB participants and increase awareness about UB services and activities;
- (2) Share group photos on social media (i.e. Facebook and Instagram), brochures, and to recognize student achievement in press releases.

Your signature below grants permission, without any further consideration, for BCTC and UB to use photographs, student's name, school, writings, accomplishments, and other identifying information.



Student Signature

Date



Parent/Guardian Signature

Date

Teacher's Recommendation (To be completed by a Classroom Instructor)

Teacher's Name _____ Class _____

Note: The purpose of this assessment form is to provide an efficient way by which to evaluate students keeping in mind the Upward Bound goal, which is to generate the necessary skills and motivation to achieving success in postsecondary education.

Please check the most appropriate performance rating.

Performance Factors	PERFORMANCE RATING					
	Excellent	Above Average	Average	Below Average	Poor	Inferior
Quality of Work Accuracy, completeness, thoroughness, neatness						
Quantity of Work Completes required amount of work						
Dependability Follows instructions, attendance, punctuality						
Cooperativeness Initiative, constructive attitude, helpfulness						
Creativity Imagination, originality						
Adjustability Security, stability, adaptability						
Discipline Follows rules and regulations						
Sociability Self-esteem, peer relations, group acceptance						
Postsecondary Education Potential for success						

Would you classify this student as?

At risk? Yes No

If yes, explain: _____

Additional comments:

Teacher's Recommendation (To be completed by a Classroom Instructor)

Teacher's Name _____ Class _____

Note: The purpose of this assessment form is to provide an efficient way by which to evaluate students keeping in mind the Upward Bound goal, which is to generate the necessary skills and motivation to achieving success in postsecondary education.

Please check the most appropriate performance rating.

	PERFORMANCE RATING					
	Excellent	Above Average	Average	Below Average	Poor	Inferior
Quality of Work Accuracy, completeness, thoroughness, neatness						
Quantity of Work Completes required amount of work						
Dependability Follows instructions, attendance, punctuality						
Cooperativeness Initiative, constructive attitude, helpfulness						
Creativity Imagination, originality						
Adjustability Security, stability, adaptability						
Discipline Follows rules and regulations						
Sociability Self-esteem, peer relations, group acceptance						
Postsecondary Education Potential for success						

Would you classify this student as?

At risk? Yes No

If yes, explain: _____

Additional comments:

UPWARD BOUND FAMILY COMMITMENT

I understand the purpose of the Upward Bound Program is to prepare participants to successfully complete a program of postsecondary education. As part of my personal efforts in this preparation, I commit to the Upward Bound Program through completion of high school. I agree to participate in all academic year and summer program components of Upward Bound.

I understand that attendance is an important and integral part of participation. Therefore, I agree to attend and actively participate in all classes, meetings, and activities sponsored by Upward Bound. I will comply with the rules and regulations of the Upward Bound Program and am aware that failure to comply could result in dismissal from the program.

Student Commitment

I, the student, understand and am willing to commit to meeting the following expectations:

- Participate in all activities during the academic year and summer program.
- Attend all meetings.
- Comply with the program's rules and regulations.
- Maintain a good academic record.

★ Student Signature _____ Date _____

Parent/Guardian Commitment

I give permission for _____ to participate in Upward Bound

Student's Name

activities during the 2017-2018 academic year beginning June 1, 2017 thru May 31, 2018. I understand the purpose of Upward Bound is to prepare my child to successfully complete a post-secondary education.

I agree to be involved in the following ways:

- Allow my child to participate in the required Saturday Academies and summer residential program
- Keep informed of my child's progress in school
- Allow and encourage my child to attend all Upward Bound activities, meetings, trips (college and cultural) and the summer residential component
- Participate in parent Upward Bound events when scheduled
- Share concerns about my child's education with Upward Bound staff
- Support the Upward Bound staff in their efforts on behalf of my child

I confirm that all information in this application is true and correct.

★ Parent/Guardian Signature _____ Date _____

Thank you for completing this application!
Upward Bound Staff will be contacting you as soon as possible.

RETURN APPLICATION AND DOCUMENTS TO:

Bluegrass Com & Tech College
Upward Bound Program
470 Cooper Drive, AT-Building RM# 204, Lexington, KY 40506
Phone: 859-246-6579
Visit us online at: www.bluegrass.kctcs.edu/upward_bound