

Dear Student Applicant,

Thank you for your interest in the Northwest Missouri State University Upward Bound Program. Before completing the Upward Bound application, it is important to read and understand what being an Upward Bound participant is all about. The purpose of Upward Bound is to assist students in the development of academic skills and motivation necessary to succeeding, both in high school and beyond. Through academic tutoring and instruction, the Upward Bound Program assists participants with high school study and encourages them to pursue a college education. Students are engaged in weekly Field Tutoring sessions at their high school as well as on selected Saturdays on campus at Northwest, called "Saturday Academies". Students will also participate in a 6-week Summer Residential Academic program, which includes one week of travel to a large metropolitan city.

Upward Bound is a federally funded TRIO program that works with 80 students from seven target high schools in the counties of Atchison, Nodaway, Holt and Gentry. Participants are students from one of the following high schools who are interested in sharpening their academic skills and pursuing education after high school graduation. Participants come from these high schools: Rock Port, Tarkio, West Nodaway, Maryville, Nodaway-Holt, Stanberry and King City.

Upward Bound activities must be taken seriously by each participant. Students who are admitted agree to take part in both the academic year and six-week summer program. These important components have the following objectives:

- To increase academic performance of program participants.
- To assist participants in developing motivation to succeed in high school and attend college.
- To provide informative and enriching educational opportunities for all participants.
- To encourage participation in cultural/educational experiences beyond those available at their high schools.
- To provide tutoring, career exploration, and college advising to participants.
- To provide assistance in securing admission to a postsecondary institution and guidance in acquiring financial aid.

We are grateful for the support of the University, the U.S. Department of Education, the area public school system, the community, and our educational partners. We are confident that we can and will continue to help address the academic needs and challenges of our students.

As you go through this application and read more about Upward Bound, please connect with any staff member with questions. We look forward to seeing your completed application by November 20th, 2021!

Sincerely,



John Vanderpool
Assistant Director/Academic Coordinator
TRiO, Upward Bound
Northwest Missouri State University
(660) 562-1630

About the Upward Bound Program....

The Northwest Missouri State University TRIO Upward Bound Program is a pre-college program administered by the U.S. Department of Education and is designed to motivate and prepare high school students for postsecondary education. The program serves 80 students in 9th through 12th grades in the counties of Atchison, Nodaway, Holt and Gentry Missouri. Students who are accepted into the program remain in the program until graduation from high school or until the student is released from the program, either voluntary or involuntary.

Priority is given to applicants whose economic status or taxable income meets the Federal TRIO Income Guidelines (see Part III: Parent/Guardian Information) and who demonstrate academic need. Although grades are important, they are not necessarily used in determining whether or not a student is eligible for Upward Bound; throughout the program, students must demonstrate academic potential.

The following is a brief outline of the services that a student will receive through Upward Bound:

Academic Year Component (September-May):

- Tutoring sessions at your high school each week (Frequency depends on GPA)
- Various activities and guidance meetings at Northwest Missouri State University
- Saturday Academies once per month at Northwest Missouri State University
 - Includes career, college, ACT Prep, Financial Literacy, cultural and academic activities

Summer Component (June-July):

- High school-level instruction (Monday-Thursday for six weeks) at Northwest Missouri State
 - Classes include Math, Science, Languages, English, Social Sciences, ACT Prep, Foreign Language and Electives
 - *Lunch*
 - Evening activities
 - Fridays include Financial Literacy and Job Shadow/Work Study opportunities
- 6th week includes an out of state cultural trip

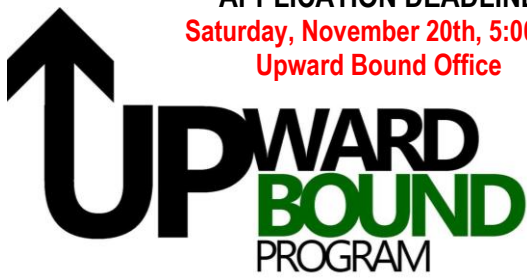
Year-Round Services

- Personal, academic and career counseling/advising
- Stipends-monetary rewards given to students for participation
- ACT/SAT Preparation
- College Tours
- Field Trips
- Financial Aid and Scholarship Education

Additional Offerings

- Academic, Career, and Personal Counseling
- Information on Colleges and Career Opportunities
- Leadership Training and Development Opportunities
- Assistance in Completing College Entrance and Financial Aid Applications
- Assistance in Preparing for the ACT Test and College Entrance Exams
- Work Study Positions to Expose Students to Careers Requiring a Post-Secondary Degree
- Assistance with Scholarships and Dual Credit Expenses
- Travel to a Variety of College and University Campuses around the Midwest

All expenses for participating in the Upward Bound programs, activities, and events are paid for by the Program. For more information, please call (660) 562-1630



APPLICATION DEADLINE
Saturday, November 20th, 5:00pm
Upward Bound Office

For Office Use Only				
Eligibility:	LI	FG	LI/FG	DNQ
Interviewed: Y / N	Date:			
Status:	Accepted	Wait List		
	Declined	Ineligible		
Received:	Income Info	Transcript		
	Counselor Rec	Teacher Rec.		
Attended:	Field Tutoring	Saturday Academy		

Upward Bound Participant Application

Part I: Student Information

Today's Date _____ Social Security Number _____

Name _____
First M.I. Last

Home Address _____

City _____ State _____ ZIP Code _____

PO Box Address _____ Home Phone Number _____

Student Cell # _____ Student Email Address _____

Parent/Guardian Cell # _____ Parent Email Address _____

Date of Birth / / Age _____
Mon Day Year

Gender (circle one) M F

High School _____ Current Grade 9 10 11 12

Expected Year of High School Graduation: 2022 2023 2024 2025

Ethnic Background: (mark all that apply, needed for federal reporting)

- Asian Hispanic
 Black or African American Native Hawaiian or other Pacific Islander
 American-Indian/ Alaskan Native White

U.S. Citizen: Permanent Resident: Applying for Citizenship:

Permanent Resident #: _____
 (Please provide a copy of your Permanent Resident Card with your application.)

Place of Birth: _____

Have you ever applied to an Upward Bound program before? Yes No

Have you ever been a member of an Upward Bound program? Yes No

DO YOU HAVE A PHYSICAL OR DOCUMENTED LEARNING DISABILITY? IF YES, PLEASE ATTACH COPY OF CURRENT IEP.
 Yes No

Please attach a recent student photo of yourself

Student Goals

What is your career interest? _____

Do you plan to attend college? ____Yes ____No

Do you want to attend college? ____Yes ____No

If yes, which college(s) are you interested in attending? _____

Student Interests

What are your hobbies and/or interests? _____

What school activities, clubs or other extracurricular activities in which you participate? _____

What is your favorite subject? _____ Least favorite? _____

In what subject area(s) would additional tutoring be beneficial? _____

What is the title of the last book you read that was not assigned to you by a teacher? _____

Student Commitment

Why do you want to join the Northwest Missouri State University Upward Bound Program? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Academic support/enrichment | <input type="checkbox"/> Tutoring services |
| <input type="checkbox"/> Personal support/counseling | <input type="checkbox"/> Encouraged to apply by family |
| <input type="checkbox"/> Career counseling | <input type="checkbox"/> Field trips |
| <input type="checkbox"/> Assistance with college admission | <input type="checkbox"/> Saturday Academies |
| <input type="checkbox"/> Assistance with financial aid | <input type="checkbox"/> Assistance with the ACT |
| <input type="checkbox"/> To make friends | <input type="checkbox"/> Other |
| <input type="checkbox"/> Six-Week Summer Component | |

Are you able to participate in an academic program held on the Northwest campus approximately one Saturday morning each month? ____Yes ____No

Are you able to participate in required weekly tutoring held at your school? (may be held before or after school) ____Yes ____No

Are you able to participate in a six-week residential summer program where you will be required to live on the Northwest campus?
Residential Summer Component Dates: June 5 – July 8, 2022
Summer Component Trip Dates: July 11 – July 15, 2022 ____Yes ____No

If you answered "NO" to any of the above three questions, please explain:

Part IV: Parent/Guardian Information

Note, this information is necessary for determining program eligibility and is required of all families whose children are served by the Upward Bound Program. Your cooperation is needed in filling out the information completely. All information provided is kept confidential.

Student Name _____

Please check only one blank for father and one blank for mother within the boxes:

*The student's natural/adoptive **father's** highest level of education:*

Some high school
 High school degree
 Some college
 Associate's degree (2 year)
 Bachelor's degree (4 year)
 Master's or Doctorate degree

*The student's natural/adoptive **mother's** highest level of education:*

Some high school
 High school degree
 Some college
 Associate's degree (2 year)
 Bachelor's degree (4 year)
 Master's or Doctorate degree

Does the student live with the natural/adoptive father?
 Yes No

Does the student live with the natural/adoptive mother?
 Yes No

Is the natural/adoptive father deceased?
 Yes No

Is the natural/adoptive mother deceased?
 Yes No

Please complete the following:

Name: _____
 Occupation: _____
 Work Phone: _____
 Cell Phone: _____

Please complete the following:

Name: _____
 Occupation: _____
 Work Phone: _____
 Cell Phone: _____

The following numbers correspond to 2020 taxable income on the federal forms. Check **only one box** and complete the corresponding instructions. If the student is married or has legal dependents other than a spouse (i.e. a child), use the student's tax information.

****(This information is required to help determine eligibility for acceptance into Upward Bound.)****

Did you complete an Income Tax Return last year? Yes No

- If you answered **yes**, **please submit a copy of last year's signed tax return**, which includes your 1040. List all household members in the box below.
- If you answered **no**, enter your information below and attach a **signed statement**, which summarizes your financial situation.

HOUSEHOLD MEMBERS List the names of everyone currently residing in the household including the applicant	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony, Public Assistance	MONTHLY Payments from Pensions, Retirement, Social Security, Veteran Benefits	Any other Monthly income
	Job 1	Job 2			
1.					
2.					
3.					
4.					
5.					
6.					
7.					

I hereby certify that the above-stated is, to my knowledge, correct and true.

Parent/Guardian Signature: _____ Date: _____

Part V: Consent for Medical Treatment

Student's Name

In case of emergency, please contact the following:

_____ Physician	_____ Phone number
_____ 1 st person to contact in case of emergency	_____ Home phone
_____ Work Phone	_____ Cell Phone
_____ Address	_____ Relationship to student
_____ 2 nd person to contact in case of emergency	_____ Home Phone
_____ Work Phone	_____ Cell Phone
_____ Address	_____ Relationship to student
_____ 3 rd person to contact in case of emergency	_____ Home Phone
_____ Work Phone	_____ Cell Phone
_____ Address	_____ Relationship to student

Please describe any allergies or dietary restrictions or needs your child may have:

Please list ALL medicines/prescriptions your child will take/is currently taking:

Medication/Prescription	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are (if any) the anticipated side effects and/or drug interactions from these medications?

Please describe any dietary restrictions or needs your child may have:

I understand that my child will administer his/her own medication at the prescribed dosage and time listed above. I understand that it is my child's responsibility to take over the counter medications according to package directions.

I hereby give my permission for my child to receive any medical attention, including preventative, routine and emergency care, as deemed necessary by qualified medical personnel, in the event such treatment is necessary during the entire time the student is enrolled in Upward Bound. I also understand that neither Northwest Missouri State University nor the Upward Bound Program staff can be held responsible for accidents or injuries.

Parent/Guardian printed name: _____ Parent/Guardian Date of birth _____

Parent/Guardian Signature: _____ Date: _____

Part VI: Parent/Guardian Statement of Permission and Support

I hereby grant permission for my child, _____, to participate in the Upward Bound program at Northwest Missouri State University.

I pledge to support my child in his/her endeavors for academic success and to encourage his/her participation in the Northwest Missouri State University Upward Bound program. I understand that my child will be required to attend approximately 8 Saturday Academies and weekly tutoring at his/her high school during the academic year and the six-week residential summer component on the Northwest Missouri State University campus each year.

I hereby give the Northwest Missouri State University TRIO Upward Bound Program permission to receive copies of educational records and other materials necessary for participation in the Program. Further, permission is granted to request academic and financial aid information and records from any and all postsecondary institution in order to track college progress. I understand all of my records will be kept in confidence and in accordance with the Privacy Act of 1974.

You have our consent to release grades, test scores, and any other academic records to the Northwest Missouri State University TRIO Upward Bound Program.

<i>Student Signature:</i> _____	<i>Date:</i> _____
<i>Parent/Guardian Signature:</i> _____	<i>Date:</i> _____

Media Release Form

I give permission for my son/daughter's photo image to be used on the Northwest Missouri State University's Upward Bound website or in other program promotional materials.

<i>Parent/Guardian Signature:</i> _____	<i>Date:</i> _____
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<p>I attest to the fact that the above information is true and accurate to the best of my knowledge.</p> <p>I understand the purpose of the Northwest Missouri State University TRIO Upward Bound Program, which is to prepare participants to successfully complete a program of postsecondary education. As part of my personal effort in this preparation, I commit to Upward Bound and intend to participate in all academic year and summer components of the program. I understand that attendance is an integral part of participating. Therefore, I agree to attend and actively participate in all classes, meetings and activities sponsored by Upward Bound. I will comply with all rules and regulations of the TRIO Upward Bound Program, and I am aware that failure to comply could result in dismissal from the program.</p> <p>I understand and willingly commit to meeting these expectations.</p> <p><i>Student Signature:</i> _____ <i>Date:</i> _____</p> <p><i>Parent/Guardian Signature:</i> _____ <i>Date:</i> _____</p>
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Part VII: Northwest Missouri State University Waiver of Liability Agreement

BRING WITH YOU OR RETURN TO UB BY YOUR FIRST SATURDAY ACADEMY VISIT

**ASSUMPTION OF RISK, COVENANT NOT TO SUE, RELEASE,
AND WAIVER OF LIABILITY AGREEMENT**

(YOUTH PARTICIPANT FORM)

In consideration of the services provided by Northwest Missouri State University, its board, employees, volunteers, participants, and all other persons or entities acting in any capacity on its behalf (collectively, "UNIVERSITY") in conjunction with the UPWARD BOUND program ("Event"), I hereby agree to release, hold harmless, covenant not to sue, and discharge UNIVERSITY, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. _____ ("Minor") will participate in the Event. I understand that each Academic Year, the Upward Bound program will have eight Saturday Academies involving participating in sessions on campus and traveling to other colleges for campus visits. I understand that some of such activities will not take place on Northwest Missouri State University property.
2. I acknowledge that Minor's participation in Upward Bound entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to Minor, to property, or to third parties. I understand that such risks include activities at and away from UNIVERSITY. I understand that such risks simply cannot be eliminated.
3. I acknowledge that the unlawful possession/consumption/use/distribution of alcohol or any controlled substance, including the unauthorized possession/consumption/use/distribution of prescription medications, is strictly prohibited. I agree that any violation of this policy may result in Minor's immediate removal from Upward Bound. I understand that UNIVERSITY will not store or administer prescription medication(s) for Minor. If Minor will be in possession/utilize medication(s) during Upward Bound, I hereby represent that I have explained to Minor the Event's policy on alcohol and controlled substances. I further represent that I have discussed with Minor the proper use/administration of the medication(s), including frequency and dosages. I understand and agree that Minor is solely responsible for storing/administering any medication(s) as directed by Minor's physician or healthcare professional.
4. I expressly agree and promise to accept and assume all of the risks associated with Minor participating in Upward Bound. Minor's participation in Upward Bound is purely voluntary, and I elect to allow Minor to participate despite the risks. If Minor is injured during Upward Bound, I hereby give my consent for UNIVERSITY to contact appropriate medical professional(s) and further consent to any medical treatment that may be required, as determined by a medical professional. I understand that the cost of any such treatment will be Minor's or my sole responsibility; UNIVERSITY will not be responsible for any cost related to such treatment in any way. I also understand that UNIVERSITY will not be responsible for any medical treatment that Minor receives.
5. I hereby voluntarily release, waive, covenant not to sue, and forever discharge any and all claims of negligence against UNIVERSITY that relate in any way to any activity Minor undertakes in conjunction with Upward Bound, including transportation to, during, and from the Event.
6. Should UNIVERSITY, or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.
7. I understand that UNIVERSITY does not maintain an insurance policy that would provide coverage if Minor is injured during the Event or causes any injury during Upward Bound. I certify that I have adequate insurance to cover any injury or damage Minor may suffer or cause while participating in Upward Bound, or else I agree to bear the costs of such injury or damage myself.
8. I understand that UNIVERSITY may photograph, film, and/or record ("Medium") Minor's participation in Upward Bound. I authorize UNIVERSITY to use Medium and Minor's likeness in conjunction with any UNIVERSITY marketing and/or promotional materials, including, but not limited to, social media accounts. I understand that neither Minor nor I will be compensated in any way for such use.

In the event that I file a lawsuit against UNIVERSITY, I agree to do so solely in the State of Missouri, and I further agree that the substantive law of Missouri shall apply without regard to conflict of law rules. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I expressly state that I have had sufficient opportunity to read this entire Agreement and agree to be bound by its terms.

I further acknowledge that this document contains a negligence waiver and indemnification provisions.

Parent or Guardian: _____ Print Name: _____

Date: _____

Parent or Guardian: _____ Print Name: _____

Date: _____

Application Checklist:

Part I: Student Information

- Are all appropriate boxes and blanks filled in completely (if a question does not apply to you, please write "none")?
- Did you sign the appropriate fields?

Part II: Personal Statement

- Did you include your personal statement in the exact format requested?
- Did you answer all of the questions and complete all five paragraphs?

Part III: Essay Prompt

- Did you include your essay in the exact format requested?
- Did you provide a complete answer to the prompt?

Part IV: Parent/Guardian Information

- Are all appropriate boxes and blanks filled in completely?
- If your parents filed an income tax return last year, did you include a copy?
- If your parents did not file an income tax return last year, did you fill out your income information in the appropriate box?
- Did your parents/guardians sign the application?

Part V: Consent for Medical Treatment

- Are all appropriate boxes and blanks filled in completely (if a question does not apply to you, please write "none")?
- Did you sign the appropriate fields?

Part VI: Information Release Form

- Are all appropriate boxes and blanks filled in completely (if a question does not apply to you, please write "none")?
- Did both you and your parents/guardians sign the appropriate fields?

Part VII: Northwest Missouri State University Waiver of Liability Agreement

- Are all appropriate lines filled in?
- Did your parents/guardians sign the appropriate fields?

Part VIII: Counselor Recommendation Form

Part XI: Faculty/Teacher Recommendation Form

Finally:

- Did you make a copy of this application for your records?

If the answer is "yes" to all of these, you are ready to submit your application! You may turn it in to your high school's school counselor OR send it directly to the Northwest Missouri State University TRIO Upward Bound Office at 372 Administration Building, 800 University Drive, Maryville, MO 64468, or fax it to our office 660-562-1631. Please call 660-562-1630 or email UB.NWMSU@gmail.com if you have any questions.

Note: All applicants must also attend at least one field tutoring and one Saturday Academy (by December 4th to complete participant application. Dates available for visitors to attend: October 16, November 20, and December 4. Below is the bus schedule to assist in transportation to the Northwest campus. Applicants must also ask their school counselor and a faculty/teacher to complete a recommendation form (pgs. 12 & 13).

Bus Schedule

School	Pick Up Time	Drop Off Time	Location
King City	7:30 a.m.	2:10 p.m.	High School
Stanberry	7:45 a.m.	1:55 p.m.	High School
Nodaway-Holt	7:50 a.m.	1:45 p.m.	High School
Rock Port	7:30 a.m.	2:20 p.m.	High School
Tarkio	7:45 a.m.	2:05 p.m.	High School
West Nodaway	8:10 a.m.	1:40 p.m.	High School

* Busses typically stop at Hy-Vee/Taco Bell after the Saturday Academy from 12:45-1:15pm

Part VIII: School Counselor Recommendation

To be completed by your school counselor

Counselor's Name _____
Student's Name _____ Current Grade 9 10 11 12
High School _____ How long have you known the student? _____

Which best describes the student's high school curriculum?
_____ college preparatory _____ general _____ vocational or technical
_____ other (please explain) _____

How would you rate the student's attendance?
_____ excellent _____ good _____ fair _____ poor

How would you rate the student's general conduct?
_____ excellent _____ good _____ fair _____ poor

What is the present reading level of the student?
_____ above grade level _____ at grade level _____ below grade level

Please select the subject areas in which you feel this student has an academic need (please include courses in which the student needs credit or subjects in which the student would benefit from enhancement):

_____ Writing _____ Reading _____ Math
_____ Science _____ Foreign Language _____ History
_____ Career Information _____ Self-concept _____ Edu. planning
_____ Other (please specify) _____

Does this student have the potential for college success? Yes No

Would this student take full advantage of college preparatory assistance? Yes No

Why or why not?

Please make any additional comments that would help us evaluate this applicant.

Would you recommend this student for the Northwest Missouri State University Upward Bound program?
_____ highly recommend _____ recommend _____ not recommend

Federal Reporting Required information:

Student's Previous Year's GPA is _____/4.00. ** Student's class rank is _____ of _____.
**If the student is in 9th grade, was the student's 8th grade GPA at or above a 2.50/4.00? ___Yes ___No

Student's 8th MAP Reading/LA score(s) were _____. Student's 8th MAP Math score(s) were _____.
Student's 1st ACT Composite Score _____ Student's 2nd ACT Composite Score _____
Students Aspire Composite Score _____

Important! Please return a copy of the following items with this form:

- 1. Student's official high school transcript
- 2. Student's most current high school four-year plan
- 3. Student's most recent report card/progress report
- 4. A copy of student's middle school academic record

Please sign below and attach this form to the other required forms. Please insert all forms in an envelope and return this evaluation directly to the Upward Bound office by Saturday, November 20th, 2021.

Signature of Counselor _____ Date _____

Part IX: Faculty/Teacher Recommendation

To be completed by a teacher who had had this student enrolled in their class within the past year.

Student's Name _____ Current Grade 9 10 11 12

High School _____

Faculty/Teacher's Name _____ Academic Area _____

How long have you known the student? _____

Upward Bound is a federally-funded college preparatory program for high school students. Program participants must exhibit the potential for postsecondary success in addition to a need for our services.

Please rate the applicant, from 1 through 5, according to your observations and/or knowledge, compared to all other students in the same grade. If unable to rank, please leave the space blank.

	1 – superior	2 – above average	3 – average	4 – fair	5 – poor
Academic skills _____		Social skills _____		Time management _____	
Analytical skills _____		Respects authority _____		Career planning _____	
Teamwork _____		Class preparedness _____		Study habits _____	
Attendance _____		Oral communication _____		Test taking skills _____	
Responsibility _____		Written communication _____		Classroom behavior _____	
Leadership _____		Respects peers _____		Effort _____	
Maturity _____		Decision making _____		Attitude _____	
Self-image _____		College planning _____		Work Ethic _____	

In what areas does the student need academic support? _____

Does this student have the potential for college success? Yes No

Would this student take **full** advantage of college preparatory assistance? Yes No

Why or why not?

Please make any additional comments that would help us evaluate this applicant.

Would you recommend this student for the Northwest Missouri State University Upward Bound program?

_____ highly recommend _____ recommend with reservation _____ not recommend

Signature of Evaluator _____ Date _____

Please return this recommendation directly to the Upward Bound office at Northwest Missouri State University, 372 Administration Building, 800 University Drive, Maryville, MO 64468, or fax the information to Upward Bound at 660-562-1631 by Saturday, November 20th, 2021.