

FRESNO STATE

Upward Bound Programs

Application

Making College a Reality Since 1981.



FRESNO STATE

Upward Bound Programs

What is Upward Bound?

Upward Bound (UB) is a TRiO program funded by U.S. Department of Education. Upward Bound provides support and opportunities for participants to succeed in their precollege performance and ultimately in their higher education pursuits. Upward Bound serves high school students from low-income families and/or from families in which neither parent holds a bachelor's degree. The goal of Upward Bound is to increase the rate at which participants complete secondary education and enroll in and graduate from institutions of postsecondary education.

Services:

- After School Tutorials
- Academic Advising
- College Conferences
- University Campus Tours
- Parent Meetings
- College Admission Application Assistance
- ACT/SAT Fee Waivers
- Career Planning
- Financial Literacy/ Financial Aid Application Assistance
- Community Service
- Six Week Summer Residential Program @ Fresno State
 - Academic Courses
 - Summer Internships/Jobs
 - Stipend Checks
 - Career Guest Speakers
 - Cultural Exposure



*Making College a
Reality Since 1981*

High Schools Served:

Classic Upward Bound

- Edison High School
- Madera High School
- Madera South High School

Upward Bound

- Fresno High School
- Roosevelt High School
- McLane High School



Eligibility:

- 9th or 10th grade high school students
- Low-income and/or first generation
- Have a minimum cum 2.8 GPA

Upward Bound Programs

California State University, Fresno
Division of Student Affairs and
Enrollment Management
University Center #124
5240 N. Jackson Avenue M/S UC 59
Fresno, CA 93740-8023

Phone: 559.278.2693 or 559.278.5796
Fax: 559.278.4306
www.fresnostate.edu/upwardbound

How to Apply:

1

Go to:
www.fresnostate.edu/upwardbound
& print application.

2

Pick up application
from your high school
counselor.

3

Submit a completed
application to the
Upward Bound office or
your high school
counselor.

Applicant Information

(Please print in blue or black ink only)

Name: _____ Social Security # _____ / _____ / _____
Last First Middle

Home Address: _____
Address Apt # City State Zip

Mailing Address: _____
Address Apt # City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____ Date Of Birth: ____ / ____ / ____

Ethnic Background: African-American Native American Asian-American
 Caucasian Hispanic Other _____

Are you a U.S. Citizen? Yes No If No, Permanent Resident # _____

Language(s) spoken at home? _____ Male Female

High School: _____ Student ID# _____

Current cumulative (GPA): _____ Grade: 9th 10th Email Address: _____

Are you able to participate in the following events?

1. Monthly Saturday College Conferences? Yes No
2. Weekly After-School Tutorial Sessions? Yes No
3. Six-week Summer Residential Program at Fresno State? Yes No

Are you currently in a pre-college program (Upward Bound, Talent Search, AVID, Cal Soap, UC Scholars, etc.)?
 Yes No If yes, please list program(s): _____

Emergency Contact Information

Give the names and phone numbers of two reliable relatives or friends who do not live with you but can be contacted in the event of an emergency. **Telephone numbers are mandatory!**

Name: _____ Phone #: _____ Relationship to Applicant: _____

Name: _____ Phone #: _____ Relationship to Applicant: _____

Affidavit

I the undersigned, declare under penalty of perjury, that all the information reported on this application is true, complete, and accurate to the best of my knowledge.

Mother's or Legal Guardian's Signature

Date

Father's or Legal Guardian's Signature

Date

Household Information

Must be completed by student's Parent or Legal Guardian:

Mother's/Legal Guardian's Information:

Last First Address City State Zip
Home Telephone # (____) _____ Cell Phone # (____) _____ Email: _____

Education Verification:

Mother/Guardian: I certify that I **do** or **do not** have a four-year college degree from the USA.

Mother's or Legal Guardian's Signature _____ *Date*

Father's/Legal Guardian's Information:

Last First Address City State Zip
Home Telephone # (____) _____ Cell Phone # (____) _____ Email: _____

Education Verification:

Father/Guardian: I certify that I **do** or **do not** have a four-year college degree from the USA.

Father's or Legal Guardian's Signature _____ *Date*

Parent's Marital Status: Married Divorced Separated Single

Student lives with: Both Parents Father Mother Foster Parents Relatives/Other: _____

Head of Household: _____
Last First Relationship to student

Number of person's living in same household (including applicant): _____

Please list ALL person's dependent on family income living in this household, including yourself:
(Attach additional sheet if needed)

First/Last Name	Relationship to Applicant	Highest Grade Completed/Degree School Attending/Attended	Grade
_____	Self	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note to parents/guardians: The personal information you provide the Upward Bound Programs is retained at the Upward Bound office. The information is protected by the Privacy Act. No one may see the information, unless they work with or for the Upward Bound Programs or are specifically authorized to see it. This information is necessary to determine if your child is eligible to participate in the Upward Bound Program. The Department of Education has the authority to gather such information (20 USC 1231a) in order to help make better Upward Bound Programs.

Income Verification

Note to parents/guardians: The U.S. Department of Education requires that the following information be collected for all participants prior to program admission. The Fresno State Upward Bound Program will hold all documentation strictly confidential. Please fill out the appropriate section(s) below.

Student Name: _____ Student's SSN: _____

Number of people living at home, (including applicant): _____

Mother's/Guardian's Occupation/Employer: _____ Work Phone: (____) _____

Father's/Guardian's Occupation/Employer: _____ Work Phone: (____) _____

I **have filed** an Income Tax Return for _____. If you **have filed** an Income Tax Return please complete this section and provide a copy of Income Tax. (Year)

<p>Mark the one that applies: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Both Parents</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Form</th> <th style="text-align: left;">Line#</th> <th style="text-align: left;">Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1040</td> <td>Line 43</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 1040EZ</td> <td>Line 6</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 1040A</td> <td>Line 27</td> <td>\$ _____</td> </tr> </tbody> </table>	Form	Line#	Amount	<input type="checkbox"/> 1040	Line 43	\$ _____	<input type="checkbox"/> 1040EZ	Line 6	\$ _____	<input type="checkbox"/> 1040A	Line 27	\$ _____	<p>Mark the one that applies: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Form</th> <th style="text-align: left;">Line#</th> <th style="text-align: left;">Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1040</td> <td>Line 43</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 1040EZ</td> <td>Line 6</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 1040A</td> <td>Line 27</td> <td>\$ _____</td> </tr> </tbody> </table>	Form	Line#	Amount	<input type="checkbox"/> 1040	Line 43	\$ _____	<input type="checkbox"/> 1040EZ	Line 6	\$ _____	<input type="checkbox"/> 1040A	Line 27	\$ _____
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I **did not** file an Income Tax Return for the previous year. If you **did not** file an Income Tax Return please complete the sections below. Indicate the annual income amount received for that year.

<p>Mark the one that applies: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Both Parents</p> <p style="text-align: center;">Annual Income (January-December) of previous year Do Not Leave Blank; If zero, write 0.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Employment</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Unemployment</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Social Security</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Disability</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Veteran's Benefit</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Welfare</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Retirement/Pension</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Workman's Compensation</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Retirement/Pension</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Total Resources</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Total Dependents</td><td style="text-align: right;">_____</td></tr> <tr><td>Taxable Income</td><td style="text-align: right;">\$ _____</td></tr> </table>	Employment	\$ _____	Unemployment	\$ _____	Social Security	\$ _____	Disability	\$ _____	Veteran's Benefit	\$ _____	Welfare	\$ _____	Retirement/Pension	\$ _____	Workman's Compensation	\$ _____	Retirement/Pension	\$ _____	Total Resources	\$ _____	Total Dependents	_____	Taxable Income	\$ _____	<p>Mark the one that applies: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian</p> <p style="text-align: center;">Annual Income (January-December) of previous year Do Not Leave Blank; If zero, write 0.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Employment</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Unemployment</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Social Security</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Disability</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Veteran's Benefit</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Welfare</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Retirement/Pension</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Workman's Compensation</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Retirement/Pension</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Total Resources</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Total Dependents</td><td style="text-align: right;">_____</td></tr> <tr><td>Taxable Income</td><td style="text-align: right;">\$ _____</td></tr> </table>	Employment	\$ _____	Unemployment	\$ _____	Social Security	\$ _____	Disability	\$ _____	Veteran's Benefit	\$ _____	Welfare	\$ _____	Retirement/Pension	\$ _____	Workman's Compensation	\$ _____	Retirement/Pension	\$ _____	Total Resources	\$ _____	Total Dependents	_____	Taxable Income	\$ _____
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I the undersigned, declare under penalty of perjury, that all the information reported on this application is true, complete, and accurate to the best of my knowledge.

Mother's or Legal Guardian's Signature

Please Print Mother's/Legal Guardian's Name

Date

Father's or Legal Guardian's Signature

Please Print Father's/Legal Guardian's Name

Date

High School Academic Records Consent

The Upward Bound Program (UB) is asking for consent to have access to student high school records. When granting access to the student's portal, the program is able to monitor and keep track of student academic progress and attendance. If you approve to give access to the UB Program staff please check the box below and provide login information.

Check Appropriate Box:

I **authorize** the UB Program to have access to my child's high school portal and records

I **do not** authorize the UB Program to have access to my child's high school portal and records

Parent Name: _____
Last First Mother / Father / Guardian
(Circle One)

Student Name _____
Last First Middle

High School: _____ Student High School ID # _____

STUDENT/PARENT LOGIN INFORMATION

Student Username: _____ Student Password: _____

Parent Username: _____ Parent Password: _____

**Please notify UB staff when username and/or password information is updated.
Note: Information provided to Upward Bound Program will be kept confidential.**

Student's Name (Print)

Student's Signature

Date

Parent's Name (Print)

Parent's Signature

Date

Student Success and Agreement Contract

As a participant in the Upward Bound Program, I am committed to completing my educational goals. In order to realize my full potential, I must comply with the following guidelines as required by the Upward Bound staff. By signing this contract, I am testifying that I will meet all criteria described below:

Attend After-School Tutorial Sessions.

1. Student must sign in and out.
2. Students must always come prepared with homework. If a student has not been assigned homework for that particular day, they should bring class materials to review or begin working on new concepts/ assignments.
3. Students should arrive on time to After School Tutorial Sessions.
4. Students will be attentive at all times and keep noise level to a minimum.
5. Students involved in sports and/or other after-school activities that may interfere with tutorials will be required to make prior arrangements with Upward Bound Staff.
6. Students must complete all work assigned by the Academic Specialist.
7. Students must contact their UB counselor if he/she will not attend a tutorial session and provide UB counselor with a note to clear any absences.

Attend College Conferences

1. Students must come prepared to all College Conferences with a writing utensil & notebook.
2. Students must sign in at all College Conferences.
3. Students who will miss a College Conference must contact the UB office prior to the event.

Stipends

1. Students must attend College Conference and After School Tutorial Sessions in order to be eligible to receive a stipend.

Summer Program

1. Students are expected to attend the Summer Residential Program.

Students' Behavior

1. Students are expected to be attentive and alert at all Upward Bound events.
2. Students are expected to maintain a positive and respectful attitude towards all staff and tutors.
3. Students must obey all rules implemented by the Upward Bound Program.

Attendance

1. **One** absence - Phone call to parent.
2. **Two** consecutive absences - Write-up, and parent contact.
3. **Three** consecutive absences - Conference with parent, student and Academic Specialist to discuss student's participation.
4. **Four** consecutive absences - Parent/Student conference with Program Director.
5. **Five** consecutive absences - Parent, Student, Academic Specialist and Director meeting to discuss student's participation. (Note: Student may be dropped from UB Program if deemed necessary.)

Student's Name (Print)

Student's Signature

Date

Staff's Name (Print)

Staff's Signature

Date

Parent Contract

I will meet the following requirements as an Upward Bound Parent:

1. I will attend the Parent Meetings that will provide information on how to help my child succeed in high school and college.
2. I will ensure that my son/daughter attends tutorials, monthly college conferences, and all other UB activities.
3. I will meet with Upward Bound staff as deemed necessary to discuss my child's academic progress.
4. I will maintain open communication with the Upward Bound Staff to help my child succeed in school.
5. I will encourage my child to excel in high school and continue on to college.
6. I will contact the Upward Bound office if my son/daughter will be missing an Upward Bound event, and will submit all needed documentation to clear absence.
7. I will ensure that my son/daughter abides by the rules and regulations of the Upward Bound Program.

I, _____, understand and agree to meet the expectations set above, and promise to abide by the rules and regulations set forth by the Upward Bound Program.

Parent's or Legal Guardian's Signature

Date

UB Staff's Signature

Date

Fresno State Foundation Release and Hold Harmless

I, _____, am a student at _____ (high school). I am/will be participating in a CSU-affiliated program which requires air or ground travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, California State University, any campus of the California State University, any Auxiliary Organization of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

I have been informed, and I know, that 1) travel involves risks, which can result in damage to property, injury to persons, and death; and 2) the CSU-affiliated program assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the travel at my own risk.

I release and hold harmless the State of California, the California State University, Fresno, Fresno State Foundation, and each and every officer, employee and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane or any other form of transportation pursuant to my participation in the CSU-affiliated program.

This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

Parent's/Legal Guardian's Name (Print) *Parent's/Legal Guardian's Signature* *Date*

Media Release

I/we hereby grant the non-exclusive right to the Upward Bound Programs to use photographs, videos including the participant's likeness in promotional material, documentation, lectures, Internet usage, and presentations by the Upward Bound Programs, thereafter. I/we understand that I/we will receive no compensation other than the benefits, which normally derive from having such photographs, videos exhibited by the Upward Bound Programs. I/we consent to grant, and authorize the use of photographs and videos by the Upward Bound Programs or anyone authorized by the Upward Bound Programs, the participants face, voice, image, likeness and name as embodied or contained in any and all photographic images filmed or videotaped and any biographical material about the participant in any and all media, in perpetuity, for purposes including publication, non-commercial broadcast and other use thereof in presentations or promotion of the Upward Bound Programs without any other compensation to the undersigned.

I/we expressly discharge and hold harmless the Upward Bound Programs and its licenses and assignees, from any and all claims and demands arising out of or in connection with the use of the rights granted herein, including without limitation claims of libel, defamation, or violations of the right of privacy or publicity.

I/we hereby warrant that I/we have every right to contract in the above regard. I/we state that I/we have read the above authorization, release agreement, prior to its execution, and that I/we am/are fully familiar with its contents.

Parent's/Legal Guardian's Name (Print) *Parent's/Legal Guardian's Signature* *Date*

Medical Consent Form

Effective _____ to _____.

I _____ parent (or guardian) of _____ whose birthday is on _____,
Parent/Guardian Name Student Name Date of Birth

Hereby authorizes staff members in the Upward Bound Program at California State University, Fresno to seek and authorize medical treatment for my son/daughter in the event of an emergency. If an emergency arises requiring a major surgical procedure, the program staff will attempt to reach me to be guided by my wishes; but, if I cannot be reached, I authorize the attending physician to proceed as deemed advisable and appropriate.

Student Residence Address City State Zip

High School Age Grade Student Cell Phone #

Home Telephone# Father/Guardian Cell Phone# Mother/ Guardian Cell Phone#

Emergency Contact: Please give us the name and phone number of someone we may call in the event of an illness or injury, someone who will know where and how to reach you – if the parent/guardian can't be reached.

Name Relationship to Minor Telephone Number

Name Relationship to Minor Telephone Number

Do you have medical insurance? Yes No

If yes, please write your medical insurance company's name, policy number, and provide a copy of your medical insurance card.

Name of Medical Insurance Company Policy Number

Name of Family Doctor: _____ Telephone Number: _____

Date of student's last general medical examination: _____ Date of last tetanus injection: _____

Has he/she had a serious illness or operation in the past? Yes No

If yes, please describe: _____

Has your son/daughter had recent exposure to any contagious disease? Yes No

If yes which one? _____ When? _____ - _____

Does the student have any special medical problem(s) or allergies? If so, please specify below.

Is he/she taking any prescribed medication? If so, fully explain dosage, times to be given, and reason for medication:

Student's Signature

Date

Parent's or Legal Guardian's Signature

Date

Counselor Recommendation & Assessment of Student Needs

Must Be Completed by High School Counselor

Name of High School Counselor: _____ Grade Level: _____

Name of Student: _____ High School ID #: _____

Cumulative GPA: _____ Current Semester GPA: _____

Highest English Course Taken & Grade: _____ / _____ Highest Math Course Taken & Grade: _____ / _____

English Language Test Score: _____ Math Test Score: _____

Total # of Credits Completed: _____

➔ PLEASE ATTACH A COPY OF TEST SCORES & TRANSCRIPTS ◀

The above named student is applying to the Upward Bound Program at California State University, Fresno. Please assist us by evaluating the needs of the student. We are looking for motivated students who have the desire to go to college and overcome social, personal, and academic barriers.

	OUTSTANDING	AVERAGE	NEEDS IMPROVEMENT	NO BASIS FOR EVALUATION
Motivation to do well in school				
Desire to attend college				
Leadership capabilities				
Academic readiness for postsecondary education				
Involvement in school activities				
Involvement in community activities				
Relationships with others				
Performance on Standardized Test Scores				
Student's attendance at school				

What academic subject(s) does the student need assistance in? _____

How will he/she benefit from participating in the Upward Bound Programs? _____

How long have you known the applicant? _____

Student has Limited English Proficiency (LEP)? Yes / No

(LEP means an individual whose native language is other than English and who has sufficient difficulty speaking, reading, writing, or understanding of the English language to deny that individual the opportunity to learn successfully in classrooms in which English is the language of instruction.)

Counselor Recommendation

Student Name: _____

Are you aware of any current circumstances or problems that may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, learning disabilities, and/or health concerns)? If so, please explain.

Please give us your impression of this student. How would he/she benefit from the Upward Bound Programs, and how would he/she contribute to the success of the program? (Please comment freely upon the student's strengths, abilities, special talents, or special needs.)

Which of the following best describes this student's high school academic curriculum?

- Academic/College Prep (A-G) General Courses (N-G) Remedial
 Honors Program (H/AP/IB) Vocational Other: _____

What is the student's approximate class rank? Top 10% Top 25% Top 50% Below 50%

Please check the appropriate box and include any comments or explanations:

- Recommend: _____
 Recommend with Reservation: _____
 Do Not Recommend: _____

Counselor's Name: _____

Signature: _____ Date: _____

Thank you for your assistance. If you have any questions, please contact us. Please mail this form to the following address or return to the student:

Upward Bound Programs
California State University, Fresno
Division of Student Affairs and Enrollment Management
5240 N. Jackson Avenue, M/S UC 59 University Center #124, Fresno, California 93740
Phone: (559) 278-2693 or (559) 278-5796 Fax: (559) 278-4306
www.fresnostate.edu/upwardbound

Thank you for your time.

Teacher/Community Member Recommendation Form

Note to Student: Complete information in the box and give to someone who knows your academic potential. (Such as a teacher or to a community member) **Do not give it to a relative.**

Information in this box to be completed by the student.

Student's Name: _____ **Telephone:** (____) _____

Address: _____ **City** _____ **Zip** _____

High School: _____ **High School ID #:** _____ **Current Grade:** 8th (Rising 9th) 9th 10th

TO BE COMPLETED BY A TEACHER OR COMMUNITY MEMBER

The student named above is applying to the Upward Bound Program at California State University, Fresno. Upward Bound provides weekly tutorial sessions and a variety of other services/activities to low-income and/or first-generation college bound high school students to help them be prepared and pursue a post-secondary education. In addition, students attend a Summer Residential Program at Fresno State and enroll in academic courses.

Recommender's Name: _____ **Phone Number:** (____) _____

Teacher (subject): _____ **Community member (specify):** _____

How long have you known this student? _____ **In what capacity?** _____

Please rate applicant's academic and study skills:

	OUTSTANDING	AVERAGE	FAIR	NO BASIS FOR EVALUATION
Academic Achievement				
Grammar/Writing Skills				
Reading Skills				
Math Skills				
Study Skills				
Oral Presentations				
Test-taking skills				
Class Preparation				
Time Management Skills				
Attendance in School				
Turns in completed homework on time				
Communicates Effectively in English				
Test Scores				

Please check how you would rate the applicant's characteristics and motivation:

	STRONGLY AGREE	AGREE	AGREE SOMEWHAT	DISAGREE
Has a positive self-image.				
Demonstrates leadership capabilities.				
Self-starter, intellectual curiosity.				
Highly motivated and willing to learn.				
Potential for growth				
Works well with others				
Flexible				
Has a desire to continue into post-secondary				

Teacher/Community Member Recommendation

Student Name: _____

What academic and personal qualities come to mind that best describe the applicant?

Are you aware of any current circumstances or problems that may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, learning disabilities, and/or health concerns)? If so, please explain.

Please give us your impression of this student. How would he/she benefit from the Upward Bound Program, and how would he/she contribute to the success of the program? (Please comment freely upon the student's strengths, abilities, special talents, or special needs).

What services or assistance does the student need to help him/her succeed in high school (i.e., tutoring, counseling, college information, etc.)?

Please check the appropriate box and include any comments or explanations:

- Recommend: _____
- Recommend with Reservation: _____
- Do Not Recommend: _____

Recommender's Name: _____

Signature: _____ Date: _____

Thank you for your assistance. If you have any question, please contact us. Please mail this form to the following address or return to the student:

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California State University, Fresno
Division of Student Affairs and Enrollment Management
5240 N. Jackson Avenue, M/S UC 59 University Center #124, Fresno, California 93740
Phone: (559) 278-2693 or (559) 278-5796 Fax (559) 278-4306
www.fresnostate.edu/upwardbound

Thank you for your time.

Autobiography

An autobiography is an account or story of your life. On a separate sheet please write or type an autobiography and attach to the application.

In your autobiography please include information you feel will assist us in learning more about you, your interests, and your needs. Include such things as: your birth place, where you grew up, why you want to participate in the Upward Bound Programs, how Upward Bound can assist you, which services you can benefit from, and your goals in life. Tell us what your educational goals are after high school such as: colleges, vocational training majors and careers/occupations.

Applicant Checklist

Please use the checklist below to ensure that you have completed and attached all necessary documents.

- Applicant Information
- Emergency Contact Information
- Household Information
- Income Verification
- High School Academic Records Consent
- Student Success and Agreement Contract
- Parent Contract
- Fresno State Foundation Release & Hold Harmless
- Media Release
- Medical Consent Form
- Counselor and Teacher/Community Member Recommendation Forms
- Copy of Birth Certificate or Permanent Resident Card
- Copy of Social Security Card
- Copy of School Transcript and CST Test Scores
- Autobiography



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Fresno, CA 93740-8023**

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