



UPWARD BOUND

Dear Upward Bound Applicant and Family,

Thank you for your interest in Upward Bound. I hope you will take the time to complete this application packet. This is your first step on your journey to college.

Upward Bound is a Federally funded college preparatory program, serving high school students at Long Island City High School. We operate an after-school tutorial program and have a Five-week summer program at St. John's University. We are currently funded to serve 60 students.

We are looking for students interested in earning a college degree after high school, but need support along the way. Students may apply at any time during high school as long as spots are available. We keep all student folders for up to a year. After a year, students must re-apply.

Once you submit a completed application, including your academic record, you will be contacted to schedule an interview. At this time, we will request your financial records (usually a tax return). You cannot be considered for an interview or acceptance if your file is incomplete.

If you have questions about our program, or need assistance with the application process, please call our office at 718-990-2532 (Monday — Friday, 8:30 A.M.— 4:30 P.M.) or Email: Kelitha.SpenceBisi@stjohns.edu. We look forward to receiving your application!

Sincerely,

Kelitha Spence-Bisi

Director of Upward Bound

St. John's University

Kelitha.SpenceBisi@StJohns.edu

Who can qualify for Upward Bound?

1. Are you in 8th – 12th grade?
2. Do you attend Long Island City High School?
3. Do you want to go to college immediately after high school and earn a college degree?
4. Do you meet at least one of the criteria below:
 - Your parents have not earned a Bachelor's degree
 - You meet federal income guidelines
(<https://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html>)
 - You need academic assistance to complete high school and attend college

If you can answer yes to all 4 questions above, you may qualify for Upward Bound!

How do I complete the Upward Bound application process?

1. Fill out each form in this application packet completely. Do not leave anything blank
2. Tear off the last two pages (recommendation forms) and give them to teachers/counselors to fill out
3. Ask your guidance counselor to send us your academic record. A complete record includes:
 - Final grades for the past 3 school years (on a transcript or report cards)
 - 8th grade state test scores in ELA and math (8th graders can submit 7th grade scores, but 8th grade scores must be provided when available)
 - Most recent report card
 - Discipline report
4. Upward Bound will contact you to schedule an interview once all records are received.
5. Parents and students are typically interviewed at the Upward Bound office on the St. John's University campus. Parents must bring or submit in advance:
 - Proof of income (Federal tax return, statement of benefits, or notarized letter stating why parent did not have to file taxes)
 - A copy of the student's Social Security card
 - A copy of the student's Permanent Resident card (if applicable)
 - A copy of the student's IEP or 504 plan (if applicable)
 - Guardianship papers, custody agreement, or restraining orders (if applicable)

If you have any questions about the program or how to apply, please contact Program Director Kelitha Spence-Bisi at kelitha.spencebisi@stjohns.edu.



ST. JOHN'S UNIVERSITY UPWARD BOUND STUDENT APPLICATION

Please complete this application in its entirety. Do not leave anything blank.

STUDENT INFORMATION *(Please print clearly.)*

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Gender: *(Check one.)* ☐ Female ☐ Male ☐ Other: _____ **Date of Birth:** ____/____/____

Home Address, Street & Number: _____ **Apartment #:** _____

City: _____ **State:** NY **Zip Code:** _____

Mailing Address *(if different than above), Street & Number, or PO Box:* _____

Apartment #: _____ **City:** _____ **State:** NY **Zip Code:** _____

Student Cell #: _____ **Student Email:** _____

Student's Citizenship Status *(Check one.):* ☐ US Citizen ☐ Permanent Resident ☐ Other: _____

Racial Category *(Check at least one.):* ☐ African American ☐ White ☐ Native American ☐ Asian
☐ Alaskan Native ☐ Pacific Islander ☐ Other: _____

Ethnic Category *(Check one):* ☐ Hispanic and/or Latino ☐ Non-Hispanic or Latino

Disconnected Youth *(Check one):* ☐ Foster care ☐ Homeless/Displaced ☐ Neither
If in foster care/homeless/displaced, list agency/caseworker and #: _____

Name of School: _____ **Grade:** _____ **Counselor:** _____

Check at least one area of academic weakness: ☐ English ☐ Math ☐ Science ☐ Foreign Language

What future careers are you considering? _____

INFORMATION RELEASE AUTHORIZATION

I hereby authorize school officials in my school district to release any requested academic or personal information (transcripts, report cards, test scores, discipline records, etc.) to St. John's University Upward Bound. Upon enrollment in Upward Bound, I understand this information will be provided until all graduation requirements are met. I also authorize Upward Bound to release this information to other agencies conducting business with Upward Bound.

Parent/Legal Guardian Signature

Date

Student Signature

Date

PARENT/GUARDIAN INFORMATION

Name of Student: _____

Parent 1* (Check one): ☐ Mother ☐ Father ☐ Step-Parent ☐ Grandparent ☐ Step-Father ☐ Legal Guardian

Parent 1 Full Name: _____ **Home #:** _____

Home Address, Street & Number: _____ **Apartment #:** _____

City: _____ **State:** NY **Zip Code:** _____

Parent 1 Cell #: _____ **Parent 1 Email:** _____)

Presently Working? (Check one.) ☐ Employed ☐ Unemployed ☐ Stay-at-home parent ☐ Disability

Circle the highest grade-level of education completed: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16+

Has Parent 1 received a four year college degree (B.A., B.S., etc.)? ☐ Yes ☐ No

If yes, provide information below:

College Attended: _____ **Degree:** _____ **Year:** _____

**Note: If Parent 1 is a single parent, the Parent 2 section does not need to be completed.*

Parent 2* (Check one): ☐ Mother ☐ Father ☐ Step-Parent ☐ Grandparent ☐ Step-Father ☐ Legal Guardian

Parent 2 Full Name: _____ **Home #:** _____

Home Address, Street & Number: _____ **Apartment #:** _____

City: _____ **State:** NY **Zip Code:** _____

Parent 2 Cell #: _____ **Parent 2 Email:** _____)

Presently Working? (Check one.) ☐ Employed ☐ Unemployed ☐ Stay-at-home parent ☐ Disability

Circle the highest grade-level of education completed: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16+

Has Parent 2 received a four year college degree (B.A., B.S., etc.)? ☐ Yes ☐ No

If yes, provide information below:

College Attended: _____ **Degree:** _____ **Year:** _____

FINANCIAL INFORMATION

Name of Student: _____

Please fill out ONE OF THE FOLLOWING SECTIONS and the AFFADAVIT at the bottom of the page. Upon selection for an interview, proof of the income is required (by federal regulations). Acceptable proof is an income tax return, an award letter for benefits received, or a notarized letter indicating why taxes weren't filed.

SECTION 1: Parent or guardian filed taxes within the past 12 months.

How many people were in your household? _____

What is your total yearly income? \$ _____

SECTION 2: Parent or guardian did not file taxes within the past 12 months, but receives public assistance.

Check off the type of assistance received:

- | | |
|--|--|
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Unemployment benefits |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Rent/housing assistance |
| <input type="checkbox"/> Special SNAP – WIC (Women, Infants, and Children) | <input type="checkbox"/> Disability benefits |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Other: _____ | |
-

SECTION 3: Parent or guardian did not need to file taxes in the past 12 months and did not receive public assistance.

Please list the reason for not filing taxes: _____

AFFADAVIT

I certify that the above information is true, complete, and correct to the best of my knowledge. The program, an auditor, or other official may verify it. Deliberate misrepresentation may subject me to prosecution under applicable state and federal laws. If I do not provide proof of the above information, the applicant cannot be considered for acceptance into Upward Bound

Parent 1 Signature

Date

Parent 2 Signature

Date

PHOTO AND VIDEO WAIVER *(Check one.)*

☐ I give St. John's University Upward Bound and/or St. John's University staff permission to photograph and videotape my child (named below) participating in Upward Bound and/or St. John's University activities for archival and promotional purposes. I understand that these photographs and/or videos may be used in program or college publications or other media during the full length of participation in Upward Bound and for indefinitely after graduation.

☐ I do not give permission for my child (named below) to be photographed or videotaped for promotional purposes. I understand that this does not apply to still photographs required for St. John's University and/or Upward Bound related ID cards or confidential records.

This waiver is active until a new waiver is submitted from the parent or student of consenting age.

Name of Student: _____ *(Print name.)*

Name of Parent/Guardian: _____ *(Print name.)*

Signature of Parent/Guardian: _____ Date: _____

PARTICIPATION WAIVER AND RELEASE STATEMENT

I recognize the risk of illness and injury inherent in participating in any internship, field trip, or recreational activity including, but not limited to, sports, exercise, aerobics, swimming, and/or other program activity.

I am allowing my child to participate upon the express agreement and understanding that I hereby, for myself, my child, and/or my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I and/or my child may have against St. John's University Upward Bound and/or St. John's University staff, their employees, agents, representatives, successors, and assigns for any and all injuries suffered by my child during the active participation of my child in the Upward Bound program and/or activities.

I give my permission for program staff and college personnel to call for a doctor, ambulance, or some designated person in case of emergency. I hereby execute and deliver this waiver and release to induce Upward Bound and St. John's University to permit my child, named below, to participate in their programs and/or activities. I acknowledge this statement for the full time that my child is in the Upward Bound program until graduation.

Name of Student: _____ *(Print name.)*

Name of Parent/Guardian: _____ *(Print name.)*

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact Name: _____

Relationship to Student: _____

Telephone #: _____

*Emergency contact
must be at least
18 years old.*

SCHOOL RECORDS REQUEST AND RELEASE FORM

I hereby authorize school officials to release the following records to St. John's University

Upward Bound on behalf of my child, _____ :

(Print student's name)

- Transcripts including final grades for the three school years preceding application to Upward Bound
- Most recent report cards for current school year
- IEP or 504 Plan (if applicable)
- NYS standardized test scores in ELA and mathematics (grades 6-8)
- Attendance records
- Disciplinary reports
- Progress reports, quarterly report cards, test scores, transcripts, and college placement information after program enrollment

Upon enrollment to Upward Bound, I authorize school officials to release requested academic and/or personal information to St. John's University Upward Bound until all graduation requirements are met. I also authorize Upward Bound to release similar program information to other agencies conducting business with Upward Bound.

Parent/Guardian Name

Parent/Guardian Signature

Date

SOCIAL MEDIA RELEASE FORM

I grant permission to St. John's University Upward Bound staff members to contact my child through direct personal and/or group electronic communications (including, but not limited to cell phones, text, email, Google classroom, video chat, and social media) in conjunction with the operation of the program and my child's participation in the program.

Parent/Guardian Name

Parent/Guardian Signature

Date

UPWARD BOUND STUDENT RECOMMENDATION FORM

Applicant: After filling in your name, grade, and counselor, give this form to a teacher, guidance counselor, or other school administrator who can assess your academic achievements and potential for success in completing high school and pursuing a college degree.

Student Name _____ **Grade** _____ **Counselor** _____

TO THE TEACHER/COUNSELOR: This student is applying for the St. John's University Upward Bound Program. This college preparatory program is designed for students with academic potential who need additional academic support in order to complete high school and enroll in a post-secondary educational program. Your valuable comments will assist the selection committee in making a decision.

Please scan and email it to: Kelitha.SpenceBisi@stjohns.edu If you have any questions, call 718-990-2531 . Thank you!

1. Please rate the student according to the criteria listed below.

Response Items	Low	Medium	High
Assertiveness			
Commitment			
Creativity			
Curiosity			
Decisiveness			
Enthusiasm			
Grit			
Humor			
Integrity			

Response Items	Low	Medium	High
Leadership			
Maturity			
Perseverance			
Sensitivity			
Tough-Minded			
Attendance			
Punctuality			
Work Habits			
Study Skills			

2. Academic Strengths _____

3. In your opinion what are this student's academic needs? _____

4. Please describe specific activities, attitudes and abilities that appear to you to be especially noteworthy.

5. How long have you known the applicant? _____

6. In your opinion, this student (check all that apply)

- ☐ Has the potential for success in a post-secondary educational program.
- ☐ At this time, the student has not yet exhibited potential for success in a post-secondary educational program.
- ☐ This student is at risk of failing due to (check at least one): ☐ ability ☐ effort ☐ attendance

Name _____ Title _____

Signature _____ Date _____

UPWARD BOUND STUDENT RECOMMENDATION FORM

Applicant: After filling in your name, grade, and counselor, give this form to a teacher, guidance counselor, or other school administrator who can assess your academic achievements and potential for success in completing high school and pursuing a college degree.

Student Name _____ **Grade** _____ **Counselor** _____

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Sensitivity			
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Punctuality			
Work Habits			
Study Skills			

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Name _____

Title _____

Signature _____

Date _____