Atlanta-Gwinnett Upward Bound Program

NOTICE TO APPLICANT

Please read the following information carefully before completing this application package.

Atlanta-Gwinnett Upward Bound is a federally-funded project with certain baseline eligibility guidelines which must be met by the applicant before further consideration can be given to the application. These criteria are as follows:

1.) Applicants must be potential first generation college students meaning neither parent has completed a 4-year college degree.

2.) Applicants must be from a low-income family. The term “low-income individual” means an individual from a family whose taxable income for the preceding year did not exceed 150 percent of the poverty level established by the Bureau of the Census. (See attached income guidelines sheet)

3.) Applicants must be in either 9th, 10th, or 11th grade. Seniors are not accepted.

4.) Applicants must attend one of the program’s target schools in Atlanta or Gwinnett county (See list of schools below).

5.) The program can only accept one child from a household at a time. Thus, siblings of currently enrolled students cannot be considered for acceptance until said sibling has exited the program.

Atlanta-Gwinnett’s Target Schools

- Berkmar High School
- Central Gwinnett High School
- Meadowcreek High School
- Fredrick Douglass High School
- Booker T. Washington High School

If you have any questions regarding this information, please call our office at 404-413-1961.

Revised: 10/19/2012
**Federal TRIO Programs**  
**Current-Year Low-Income Levels**

(Effective **January 26, 2012** until further notice)

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>48 Contiguous States, D.C., and Outlying Jurisdictions</th>
<th>Alaska</th>
<th>Hawaii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$16,755</td>
<td>$20,955</td>
<td>$19,290</td>
</tr>
<tr>
<td>2</td>
<td>$22,695</td>
<td>$28,380</td>
<td>$26,115</td>
</tr>
<tr>
<td>3</td>
<td>$28,635</td>
<td>$35,805</td>
<td>$32,940</td>
</tr>
<tr>
<td>4</td>
<td>$34,575</td>
<td>$43,230</td>
<td>$39,765</td>
</tr>
<tr>
<td>5</td>
<td>$40,515</td>
<td>$50,655</td>
<td>$46,590</td>
</tr>
<tr>
<td>6</td>
<td>$46,455</td>
<td>$58,080</td>
<td>$53,415</td>
</tr>
<tr>
<td>7</td>
<td>$52,395</td>
<td>$65,505</td>
<td>$60,240</td>
</tr>
<tr>
<td>8</td>
<td>$58,335</td>
<td>$72,930</td>
<td>$67,065</td>
</tr>
</tbody>
</table>

For family units with more than eight members, add the following amount for each additional family member: $5,940 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; $7,425 for Alaska; and $6,825 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the [Federal Register](https://www.federalregister.gov/), Vol. 77, No. 17, January 26, 2012, pp. 4034-4035.
Georgia State University Atlanta-Gwinnett Upward Bound Program
Instructions for Application

Upward Bound is a federally-funded TRIO program that provides academic support to low-income and/or first-generation college bound students. You may apply if you are currently a freshman or sophomore and attend one of the twelve schools that are supported by the funding.

Dear Student:

We are pleased that you are interested in the Upward Bound program. Please follow these steps in completing your application:

1. Fill in your personal information on the form provided. Please be sure to complete the application essays entirely.
2. Choose a teacher or counselor who knows your work as a student and ask him/her to write a short letter of recommendation. You should give this person the attached form of recommendation.
3. You and your parents should complete the academic release form. Ask your guidance counselor for a copy of your complete high school transcript and copies of your most recent MCAS and BPS test scores. If a student is enrolled in a special education course(s) a current copy of their IEP must accompany the application.
4. Complete the attached data sheet. You will also need to submit one of the following items: a copy of your U.S. birth certificate or a permanent resident card.
5. Ask your parent or guardian to sign the parent contract of participation. You need to read and sign the student contract of participation.
6. Ask your parent or guardian to fill out and sign the income statement. You will also need to submit one of the following: a copy of a tax return form 1040, 1040a or 1040EZ or a letter from the Georgia Department of Transitional Assistance.
7. You and your parent may choose to complete and sign the media release form.
8. You may return the completed application to our office or to your high school guidance counselor. Once we have received your application, we will contact you to arrange an interview with you. At least one of your parents or legal guardians must accompany you to the interview.

Please feel free to contact our office at 404-413-1961 with any questions and we look forward to receiving your application.

Sincerely,

Atlanta-Gwinnett Upward Bound
Georgia State University
Atlanta-Gwinnett Upward Bound
APPLICATION FOR ADMISSION

STUDENT BIOGRAPHICAL PROFILE

1. Last Name: ___________________ First Name: ___________________ MI: _________

2. Number and Street Address: _____________________________ (Apt. #): _________
   City: ___________________________ State: _____ Zip Code: ____________

3. How long have you resided at this location: ___________ In Georgia?: _________

4. Home Telephone Number: ________________ Cell Phone Number: ______________

5. E-mail Address: ________________ Sex: Male ☐ Female ☐ Race: ______________________

6. Social Security #: ____________ U. S. Citizen: Yes ☐ No ☐ Hispanic ☐ Non-Hispanic ☐

6a. Hispanic ☐ Non-Hispanic ☐

7. Date of Birth: ________________ Current Age: ________________

8. Place of Birth: City: ___________________________ State: ____________

9. Has either parent (natural or adoptive) completed a 4-year college degree? Yes ☐ No ☐

10. Are you a participant of the Free or Reduced Lunch Program? Yes ☐ No ☐

11. I live in a: privately owned home ☐ public housing ☐ in an apartment ☐

12. I live with: Both parents ☐ Mother ☐ Father ☐ Other ☐ Relation ________________

13. Current School: ________________ Current Grade Level: _________ Promotion to: _________

14. How many people are currently in your household including yourself? ______________

15. In case of emergency, contact: Name: ___________________ Telephone: _________________
1. Grade Level: _____  
2. Name of your school: ________________________________

2. What course of study are you currently enrolled in at your high school?  
   College Preparatory ☐ General ☐ Vocational ☐

3. Have you ever been placed on disciplinary probation or in-school suspension?  
   Yes ☐ No ☐

4. What type of postsecondary school are you considering?  
   4 year ☐ 2 year ☐ Vocational/Technical School ☐

5. What will your college major/minor most likely be?  
   Major: ___________________________  Minor: ___________

6. Your best academic performance is in which subject?  
   ________________________________

7. Your worse academic performance is in which subject?  
   ________________________________

8. My school counselor’s name is: ____________________________

9. List any honors or awards that you have received since 8th grade:  
   ________________________________

10. List all extracurricular activities that you are presently involved in (i.e., sports, church, employment, clubs, etc.)  
    ________________________________

11. Are you currently enrolled in a TRIO Program such as Educational Talent Search, Upward Bound or UB Math-Science?  
    Yes ☐ No ☐ If so, please list the name of the program  
    ________________________________

AUTOBIOGRAPHICAL DATA

1. Upward Bound was recommended to me by ____________________________

2. Please write a short essay on a separate sheet of paper which includes each of the following:
   - Why you want to become a part of Upward Bound and what it means to you.
   - Who you are and the important factors concerning you and your environment.
   - Discuss two of the most important people who have influenced you in your growth and development.
   - Discuss your definition of education and why it is important.
   - Discuss your future career goals (college to attend, field of study, eventual job to achieve)

3. If selected, I would attend the Saturday and Summer components of the program. Yes ☐ No ☐
PARENT DATA: (EMPLOYMENT, RESIDENCY AND INCOME)
This section must be completed by the parent or guardian.

MOTHER OR FEMALE GUARDIAN:

1. Relationship to Student: ______________________________________________________
2. Last Name:_________________________  First Name:_________________________  MI____
3. Number and Street Address:__________________________________________________
   City:_________________________  State_________  Zip Code:____________________
4. Telephone Number (HOME)____________________  E-mail:_______________________
5. Place of Employment:____________________  Occupation: _____________________
6. Telephone Number (WORK):____________________  (CELL): ___________________
8. Social Security #: ______________________  U. S. Citizen:  Yes ☒  No ☐
   If no, list status:____________________  How long have you lived in Georgia?: ______

Signature of Mother/Guardian   Date

FATHER OR MALE GUARDIAN:

9. Relationship to Student: ______________________________________________________
10. Last Name:_________________________  First Name:_________________________  MI____
11. Number and Street Address:__________________________________________________
    City:_________________________  State_________  Zip Code:____________________
12. Telephone Number (HOME)____________________  E-mail:_______________________
13. Place of Employment:____________________  Occupation: _____________________
14. Telephone Number (WORK):____________________  (CELL): ___________________
15. What is your salary? Gross: $_______  Weekly: $_______  Monthly:$_______  Yearly $_______
16. Social Security #: ______________________  U. S. Citizen:  Yes ☐  No ☐
   If no, list status:____________________  How long have you lived in Georgia?: ______

I certify that the income listed above is accurate and true.

Signature of Father/Guardian   Date
**SUPPLEMENTAL INCOME RECEIVED**

List amounts below.

<table>
<thead>
<tr>
<th>MOTHER</th>
<th>FATHER</th>
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<tr>
<td>Social Security Payments</td>
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<td>Social Services Payments</td>
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<td>Vocational Rehabilitation</td>
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<td>Veteran’s Benefits</td>
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<td>Child Support</td>
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<td>Other</td>
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**INCOME VERIFICATION**

Attach parent or guardian’s *signed* 1040 or 1040A Income Tax Return Form to this application. **Please note**: This application can not be processed without the *signed* 1040 Income Tax Form or an acceptable statement of earnings (*AFDC, Supplemental Security Income, Social Security, etc.*) if unemployed.

**PARENTS’ EDUCATIONAL BACKGROUND**

a. Did the father finish high school? ☐ Yes ☐ No
b. Did the father attend college? ☐ Yes ☐ No
c. How many years? Choose an item. Degree? ☐ Yes ☐ No
d. Did the mother finish high school? ☐ Yes ☐ No
e. Did the mother attend college? ☐ Yes ☐ No
f. How many years? Choose an item. Degree? ☐ Yes ☐ No

**SIGNIFICANT FAMILY INFORMATION**

(A) Does your child suffer from any physical problems or disabilities that we should be aware of?

________________________________________________________________________

________________________________________________________________________

(B) Please describe any hardships or circumstances which you feel we should consider.

________________________________________________________________________

________________________________________________________________________
List the names, ages, and relationships of other individuals currently living in the parent/student’s household. Also, list the grade in school or occupation of other individuals.

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
<th>GRADE/OCCUPATION</th>
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**PARENT OR GUARDIAN’S CERTIFICATION**

I (We) declare that the information given in this application is complete, true, and correct to the best of my (our) knowledge.

---

__Father or Male Guardian’s Signature__  
Date:______________________________

__Mother or Female Guardian’s Signature__  
Date:______________________________

All information on this application will be held in strict confidence. This information is necessary to insure that the applicant meets the criteria for admission as established by the U. S. Department of Education.
Read each question carefully. Check the box that you feel is the most appropriate and complete the statements below.

(1) **Going to college after high school**
- ☐ is something I am determined to do.
- ☐ is something I’ve seriously considered.
- ☐ occasionally crosses my mind.
- ☐ is something I would never consider.

(2) **During my lifetime, I plan to complete the following educational level:**
- ☐ Professional degree (doctor, lawyer, etc.)
- ☐ Graduate degree (Ph.D., Master’s, etc.)
- ☐ Bachelor’s degree (4-year degree)
- ☐ Associate’s degree (2-year degree)
- ☐ Technical school or certificate program
- ☐ Military
- ☐ Other ____________________________

(3) **Three careers/jobs I have considered pursuing:**
(a) ____________________________  (b) ____________________________  (c) ____________________________

(4) **My favorite classes in school are:**

(5) **My least favorite classes in school are:**

(6) **Please check the academic areas that you do best in:**
- ☐ Language arts  ☐ Writing  ☐ Math  ☐ Science
- ☐ Computers  ☐ Art/drama  ☐ History  ☐ Social sciences (psychology)

(7) **What would you most like to get from Atlanta-Gwinnett Upward Bound?**
Please rank the list in order of importance to you from 1-11 using (1) as most important and (11) as least important.
- ☐ Visiting college campuses  ☐ Making new friends  ☐ Making better grades
- ☐ Learning more about math  ☐ Living on a college campus  ☐ Cultural activities/counseling
- ☐ Learning more about science  ☐ Academic advisement  ☐ Career information
- ☐ Real hands-on experiences with math/science professionals  ☐ Field trips to industries/labs

(8) **The following reasons would most likely keep me from achieving my educational goals.**
(Check all that may apply.)
- ☐ To accept a job  ☐ Marriage  ☐ Lack of interest in school
- ☐ Lack of financial resources  ☐ Lack of motivation
AUTHORIZATION FOR RELEASE OF ACADEMIC RECORDS

I authorize the Georgia State University Atlanta-Gwinnett Upward Bound Program to obtain copies of my son’s/daughter’s transcripts, test scores, or any other information to determine eligibility for program participation. Permission is also granted to obtain follow-up academic information from all secondary and postsecondary institutions for purposes of evaluation of academic progress. I understand that all information will be held in the strictest confidence.

Parent/Guardian Signature_________________________________________ Date__________

Parent/Guardian Printed Name_____________________________________________________

Student/Applicant Signature______________________________________ Date_____________

Student/Applicant Printed Name___________________________________________________
Counselor Recommendation Form

MAILING ADDRESS:
Atlanta-Gwinnett Upward Bound
Georgia State University
P.O. Box 3961
Atlanta, GA 30302-3961

Telephone: 404-413-1706
Fax: 404-413-1692

Student’s Name: ___________________________ has applied as a potential participant in the Georgia State University Atlanta-Gwinnett Upward Bound. Your evaluation is requested with the assurance that all information will be kept confidential. Your honesty and candid remarks are appreciated.

Indicate student’s Current Grade Point Average. Attach student transcript. □

Please rank this applicant by checking the appropriate box below.

1. General academic ability
   □ Excellent □ Above Average □ Average □ Below Average □ Unable to Judge

2. Ability to communicate (written/oral expression)
   □ Excellent □ Above Average □ Average □ Below Average □ Unable to Judge

3. Leadership ability
   □ Excellent □ Above Average □ Average □ Below Average □ Unable to Judge

4. Integrity and character
   □ Excellent □ Above Average □ Average □ Below Average □ Unable to Judge

5. Emotional maturity
   □ Excellent □ Above Average □ Average □ Below Average □ Unable to Judge

6. Perseverance in completing tasks
   □ Excellent □ Above Average □ Average □ Below Average □ Unable to Judge

7. Cooperates with others
   □ Excellent □ Above Average □ Average □ Below Average □ Poor
8. Willingness to follow directions
☑ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor

9. Evaluate this student’s potential or desire to continue his/her education beyond high school.
☑ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor

10. Has the student ever been placed on disciplinary probation or in-school suspension?
☑ Yes ☐ No

If yes, please attach a copy of the student’s disciplinary record.

Additional comments regarding this student’s ability to succeed in the Atlanta-Gwinnett Upward Bound Program:

________________________________________________________________________

________________________________________________________________________

What is your overall recommendation? Please check (✓) one.

☐ Enthusiastically recommend with no reservations
☐ Recommend with reservations
☐ I do not recommend this student for participation in the Atlanta-Gwinnett Upward Bound Program.


Counselor’s Signature: _____________________________ Date: ______________________

Name of School: ____________________________________________

School Telephone: __________________________________________
Georgia State University
Atlanta-Gwinnett Upward Bound Program

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby grant permission to the Director of the Atlanta-Gwinnett Upward Bound Program at Georgia State University or his/her authorized representatives to furnish such medical care as the below named student may require. Further, permission for emergency treatment (i.e. major surgery) is granted conditional upon understanding that the director will use all reasonable efforts to contact the emergency reference (parent or guardian) named therein. Failure in such efforts, however, should not prevent the director from providing such emergency treatment, under the care of physician(s) contacted by the University, as may be necessary for the best interest of life for the below named student.

I further understand and agree that Georgia State University is not liable, financially or otherwise, for such emergency treatment, except as provided through the group medical insurance plan.

Date:_________________________  Signature:___________________________________

STUDENT

Date:_________________________  Signature:___________________________________

Father or Male Guardian of Student

Date:_________________________  Signature:___________________________________

Mother or Female Guardian of Student

Name of Insurance Company:____________________________________________________

Policy Number:_______________________________________________________________

Name of Family Physician and:__________________________________________________

Family Physician Telephone Number:____________________________________________

Medical Card Number:_________________________________________________________
PERMISSIONS FOR PHOTOGRAPHY, VIDEO,
AND SOUND RECORDINGS

Please read the following statement below before signing. If you have any questions or
concerns, please call the Georgia State University Atlanta-Gwinnett Upward Bound Program at 404-
413-1961 or visit our offices at Citizen’s Trust Building, 75 Piedmont Avenue, Suite 910, Atlanta,
Georgia 30303 from 8:30 a.m. to 5:15 p.m.

Mailing Address

Atlanta-Gwinnett Upward Bound Program
Georgia State University
P.O. Box 3961
Atlanta, Georgia 30302-3961

My signature below indicates that I am providing consent to the Georgia State University
Atlanta-Gwinnett Upward Bound Program to (1) publish photographs and or audio/video recordings
taken during the academic year enrichment program and summer component and to (2) include me
and/or my likeness on the Web and in public information materials. I further agree to allow the
project to (1) release for educational purposes, photographs and video recordings, with or without
audio, of me (2) including me and or my likeness.

Thank you for your cooperation!

Student’s Name (Print)______________________________

Student’s Signature______________________________ Date: ___________________

Parent’s Name__(Print)______________________________

Parent’s Name__(Signature)________________________ Date: ___________________
Georgia State University
Atlanta-Gwinnett Upward Bound Program

Forms’ Checklist
Please complete the application and make sure that all forms are complete prior to submission.

__________________________________________  ____________________________
Student’s Name                                                                 School’s Name

PART A: Student Information
• Please submit a copy of your most recent transcript. Transcripts submitted directly to the student must be in an unopened envelope sealed by your school Registrar’s Office.

PART B: Placement Information
• A short essay about yourself and why you want to be in the program.

PART C: Family Income Information

PART D: Student and Parent Release
• Please note: All parties that are required to sign Part D must do so.

PART E: Student Recommendation(s)
• The enclosed recommendation form must be completed by your current school counselor. Upon completion of the form, please ask the counselor to attach the student’s transcript and return both items to the applicant in a sealed envelope. This information should be mailed to the project as a completed packet.

Please mail the attached application along with any requested attachments to the following address below:

Atlanta-Gwinnett Upward Bound Program
Georgia State University
P. O. Box 3961
Atlanta, Georgia 30302-3961
FOR OFFICE USE ONLY

Accepted__________________________ Entrance GPA__________________________

Rejected__________________________ Reason______________________________

Interviewed/Approved by Director________________________________________ Signature

Interviewed by UB Staff Member________________________________________ Signature

Home Visit__________________________

Dismissed from Project________________________________________________

Reason______________________________________________________________