



UPWARD BOUND APPLICATION

(Application Form as of April 29, 2014)

We are required by the United States Department of Education to obtain income information from all students served by the UB program. This information is protected by the Privacy Act of 1974. No one may see the information unless employed by the UB program or specifically authorized to see it. The U.S. Dept. of Education has the authority to gather such information (20 USC 1231a.) Your child will not be accepted into the program unless and until verification of eligibility is determined. (All information provided is kept confidential)

DIRECTIONS: A parent or legal guardian of a student applying for enrollment into the UOG Upward Bound Program must complete this information. Please print or type all requested materials using black or blue ink. This application will be considered incomplete and will not be processed without the requested supporting documents listed on pg. 3 of this application.

PART A - STUDENT INFORMATION

	M / F	M/D/Y		
Name: Last, First, M.I.	Gender	Date of Birth	Age	Social Security #
<input type="checkbox"/> GWHS <input type="checkbox"/> JFKHS <input type="checkbox"/> OHS <input type="checkbox"/> SSHS <input type="checkbox"/> SHS <input type="checkbox"/> OTHER: _____				
Current School Attending (✓ Check one)		Grade Level	GPA (cumulative)	
Student Cell Phone, if any:	Student Email:			
Student Mailing address: P.O Box or Street Address (if home delivery available) Village State Zip Code				
Are you currently a participant in any federally funded pre-college programs, such as UOG ETS or GCC College Access Challenge Grant?				
<input type="checkbox"/> NO / <input type="checkbox"/> YES, if yes please specify: <input type="checkbox"/> UOG Educational Talent Search <input type="checkbox"/> GCC College Access Challenge Grant <input type="checkbox"/> Other: _____				
Have you applied to the Upward Bound Program before? <input type="checkbox"/> NO / <input type="checkbox"/> YES, if yes please specify what school year _____				

CITIZENSHIP:	ETHNICITY & LANGUAGE BACKGROUND:
Please indicate your citizenship status by marking a box below:	Please provide answers to each question.
<input type="checkbox"/> Citizen, national, or permanent resident of Guam / U.S. <input type="checkbox"/> Citizen of the Republic of Palau Citizen of the Freely Associated States (✓ Check island) <input type="checkbox"/> Chuuk <input type="checkbox"/> Pohnpei <input type="checkbox"/> Kosrae <input type="checkbox"/> Yap <input type="checkbox"/> Citizen of the Republic of the Marshall Islands <input type="checkbox"/> Other (please specify) _____	What is your ethnicity? Check all that applies: (See attached form for more info.) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/ African American <input type="checkbox"/> American Indian/ Alaskan Native <ul style="list-style-type: none"> • Is English your first language? <input type="checkbox"/> YES / <input type="checkbox"/> NO • If you answered NO, do you speak and/ or write with Limited English Proficiency (LEP)? <input type="checkbox"/> YES / <input type="checkbox"/> NO • If English is NOT your first language, what is your first language? _____
CAREER FIELD	EDUCATIONAL and CAREER PLANS:
I am interested in exploring the following careers (example: Doctor)	Immediately after high school I plan to: (please indicate by marking a box below)
1. _____ 2. _____ 3. _____	<input type="checkbox"/> Attend college/ university <input type="checkbox"/> Work <input type="checkbox"/> Enlist in US Armed Forces / military <input type="checkbox"/> Undecided/ other: _____

ACADEMIC NEEDS / SERVICES REQUESTED FROM UB:		
I need the following information or assistance (please indicate by marking a box below):		
UB Services & Assistance (Mark below all that apply)	<input type="checkbox"/> Academic Need (please select one main reason for applying to UB)	<input type="checkbox"/> Other Academic Need (please select one)
<input type="checkbox"/> Academic Assistance for GPA Improvement and Tutoring <input type="checkbox"/> College Admission & Entrance Exam Preparation <input type="checkbox"/> Exposure to Academic Programs & Cultural Events <input type="checkbox"/> Financial Aid Assistance & Financial Literacy Info <input type="checkbox"/> Self-Development <input type="checkbox"/> Standardized Test Prep	<input type="checkbox"/> Low educational aspirations <input type="checkbox"/> Lack of support or guidance to take challenging college prep courses <input type="checkbox"/> Lack of career goals or accurate information on careers <input type="checkbox"/> Not completed Pre-Alg. /Algebra I	<input type="checkbox"/> Lack of confidence, self-esteem, and/ or social skills <input type="checkbox"/> Predominantly low-income community <input type="checkbox"/> Rural Isolation <input type="checkbox"/> Interest in careers in math/ science <input type="checkbox"/> Diagnosed learning disability <input type="checkbox"/> Other:

PART B – PARENT/ LEGAL GUARDIAN INFORMATION

APPLICANT LIVES WITH:	<input type="checkbox"/> FATHER (Biological/ Adoptive) <input type="checkbox"/> MALE GUARDIAN <input type="checkbox"/> OTHER: _____	*APPLICANT LIVES WITH:	<input type="checkbox"/> MOTHER (Biological/ Adoptive) <input type="checkbox"/> FEMALE GUARDIAN <input type="checkbox"/> OTHER*: _____
Name:		Name:	
Mailing Address:		Mailing Address:	
Home No:		Home No:	
Cell No:		Cell No:	
Work No.		Work No.	
Email:		Email:	
Employer:		Employer:	
Occupation:		Occupation:	
Work Schedule including days off:		Work Schedule including days off:	
DID YOU COMPLETE A 4-YEAR COLLEGE DEGREE?		DID YOU COMPLETE A 4-YEAR COLLEGE DEGREE?	
<input type="checkbox"/> NO <input type="checkbox"/> YES, if yes please write down your college degree and the name of the college you attended. Degree: _____ College: _____		<input type="checkbox"/> NO <input type="checkbox"/> YES, if yes please write down your college degree and the name of the college you attended. Degree: _____ College: _____	

*Refer to McKinney-Vento Homeless Education Assistance Act

PART C – HOUSEHOLD INFORMATION

- House hold size (include the # of dependent children, parents/ legal guardians, and other dependents) : _____
- What was your family's total annual **TAXABLE INCOME** from most current income tax form? \$ _____
- Is your family presently receiving any public assistance such as welfare, food stamps, AFDC, social security, disability, and/or retirement? NO / YES, list the program(s): _____
- Is your family currently participating in any publicly-funded programs such subsidized housing, training (AHRD), free or reduced lunch program, etc.? NO / YES, list the program(s): _____

Federal TRIO Programs
Current-Year Low-Income Levels
(Effective January 28, 2014 Until Further Notice)

For family units with more than eight members, add the following amount for each additional family member: \$6,090 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$7,620 for Alaska; and \$7,005 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 on January 22, 2014.

Size of Family Unit	TAXABLE Income
1	\$17,505
2	\$23,595
3	\$29,685
4	\$35,775
5	\$41,865
6	\$47,955
7	\$54,045
8	\$60,135

PART D - AUTHORIZATION FOR VERIFICATION OF INFORMATION & RECORDS

Only authorized individuals are allowed to sign UB documents. If the student is currently living with someone other than their biological parents, such as adoptive parents/ legal guardians, A COPY OF ADOPTION PAPERS/ LEGAL GUARDIANSHIP must be submitted to the Upward Bound Office if selected for enrollment.

Student Name:	Last,	First,	M.I.	SSN
<input type="checkbox"/> GWHS <input type="checkbox"/> JFKHS <input type="checkbox"/> OHS <input type="checkbox"/> SSHS <input type="checkbox"/> SHS <input type="checkbox"/> OTHER: _____				
Current School (✓ Check one)				Current Grade Level

I/ We verify that the information provided in this form is true and accurate to the best of my knowledge. I authorize Upward Bound staff and the TRIO Programs Director to obtain or verify the information from Guam Department of Education or my child's school, and other designated agencies as deemed necessary. This includes but is not limited to report cards, transcripts and standardized test scores.

I/We authorize the use of my income tax form or other income verification forms submitted to Upward Bound as supporting documents for the application and enrollment of my child into UB.

I/We understand that any records obtained by the UB staff will be kept confidential.

I/We hereby give permission for any educational institution to release (my/ our) child's school records to the program's contact counselor and/or UB staff.

Acknowledged by:

Print Parent / Guardian's Name

Parent / Guardian's Signature & Date

Student's Signature & Date

PLEASE NOTE:

This application will be considered **INCOMPLETE** and **WILL NOT BE PROCESSED** without the following supporting documents:

- ✓ A copy of the parent/ legal guardian's **most recently SIGNED 2014 Income Tax form OR any other form of verification of income**. (This may include other government documents, such as Unemployment, Social Security, Disability, or the school lunch program applications, etc.)
- ✓ Copy of the **most recent high school transcript (for current 9th, 10th, and 11th graders only) or current report card (for incoming 9th graders only)**.
- ✓ Copy of **SAT-10 scores** for last school year. **NOTE: Please let UB staff know when school has it available if not attached to application.**
- ✓ Copy of a **Proof of citizenship** (passport, birth certificate, Alien Registration Number or "green" card)
- ✓ Completed **Counselor and Teacher Recommendation Forms from Math and English classes**. (Incoming 9th graders may have their 8th grade teachers and counselors complete the forms.)

If you have any questions about these supporting documents please contact our office at (671) 735-2245/1992.

APPLICATION DEADLINE:

May 22, 2015 (Summer) / October 31, 2015 (School Yr.)

Deadline(s) may be extended if student slots still available

DESCRIPTION OF ETHNICITIES FOR PAGE 1 OF APPLICATION

*Descriptions provided by the U.S. Education Department

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii or **other Pacific Islands** such as Samoa, Guam, or Micronesia (Marshall Islands, FSM, Palau, or CNMI).

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian subcontinent. This area includes, for example, Cambodia, **China**, India, **Japan**, **Korea**, Malaysia, Pakistan, **the Philippine Islands**, Thailand, and Vietnam.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

HISPANIC: A person having origins in any of the original peoples of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

AMERICAN INDIAN/ ALASKAN NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.



UNIVERSITY OF GUAM

UNIBETSEDÅT GUAHAN



UPWARD BOUND PROGRAM

English Teacher Recommendation Form

For School Year 2015-16 / Summer 2015

To the Student: Please have your current **English** teacher complete this form.

Student's Name: _____ Grade: _____

School: _____ How long in your class?: _____ months

To the GDOE Teacher: The University of Guam Upward Bound (UB) Program is a college preparation program aimed to help high school students graduate and enroll into college. Students who show potential but need academic guidance, study skills development, or tutoring to succeed may be recommended. Please be as specific as possible in your remarks and provide the requested information on both sides of this form.

We understand that you may not know the student long enough to assess his/her abilities, but please fill this out to the best of your knowledge. **Once you have completed this form please return it to the student so it could be attached to his/her application.**

Please note that the deadline for students to submit this form is before or on May 16, 2015 (Summer Enrollment) and October 31, 2015 (School Year Enrollment). (Incoming freshmen may have 8th grade teacher complete this.)

Teacher's Name: _____ Contact Number: _____

School: _____ Email Address: _____

Please rate the student in the following categories based on your knowledge. If you're unable to rate the student, please write in N/A in the box.

4 - Excellent 3 - Good 2 - Satisfactory 1 - Poor/Needs Improvement

EFFORT: Puts effort in class related assignments and activities	
PARTICIPATION: Contributes to class discussions and activities	
PUNCTUALITY AND ATTENDANCE: Consistently attends class and is on time	
MOTIVATION: Is ambitious and goes beyond what is required	
ASSIGNMENTS: Turns in assignments <u>on time</u> and follows directions	
COOPERATION: Works well with peers and follows instructions	
ATTITUDE: Displays maturity and responsibility as well as academic interest and enthusiasm	
PARENT INVOLVEMENT: Parents are active in the student's education	
TOTAL SCORE:	

UOG Station, Mangilao, Guam 96923

Tel. (671) 735-2245/1992 Fax: (671)734-7514 Website: www.uog.edu

A U.S. Land Grant Institution accredited by the Western Association of Schools & Colleges

The University of Guam is an Equal Opportunity Employer and Provider.

1. What is your assessment of the student's academic potential for college?

Yes No

2. Has the applicant been subjected to disciplinary action in your class? If **Yes**, please explain.

3. Additional comments or information you would like to provide for UB staff to consider:

4. Please mark one:

I... Recommend Recommend with reservation Do not recommend the student to the University of Guam Upward Bound Program.

Teacher's Signature

Date

<p>Contact these GDOE counselors if you have questions about UB and to Submit UB Recommendation Form.</p>	<p><input type="checkbox"/> GW Counselor: Dr. Elisabeth Ichihara-Rosario <input type="checkbox"/> JFK Counselor: Mr. Francis Ballares <input type="checkbox"/> OHS Counselor: Ms. Annie Palomares <input type="checkbox"/> SHS Counselor: Mrs. Jovita Alcantara <input type="checkbox"/> SSHS Counselor: Mrs. Ma. Blessa Ramos <input type="checkbox"/> UB Office Staff: Kim Taitano, UB Office Manager/ Rowena Andrade, UB Assist. Director (Incoming 9th graders and other high schools not listed.)</p>
<p>Contact Rowena Andrade, UB Asst. Director</p>	<p>Phone: 735-1992/ 2245 Email: ubuog1992@gmail.com</p> <p>(UB/ TRIO Main Office Location: UOG Field House, 1st Floor (left wing at end of hallway)</p>



UNIVERSITY OF GUAM

UNIBETSEDÅT GUAHAN



UPWARD BOUND PROGRAM

Math Teacher Recommendation Form

For School Year and Summer 2015-16

To the Student: Please have your current **Math** teacher complete this form.

Student's Name: _____ Grade: _____

School: _____ How long in your class?: _____ months

To the GDOE Teacher: The University of Guam Upward Bound (UB) Program is a college preparation program aimed to help high school students graduate and enroll into college. Students who show potential but need academic guidance, study skills development, or tutoring to succeed may be recommended. Please be as specific as possible in your remarks and provide the requested information on both sides of this form.

We understand that you may not know the student long enough to assess his/her abilities, but please fill this out to the best of your knowledge. **Once you have completed this form please return it to the student so it could be attached to his/her application.**

Please note that the deadline for students to submit this form is before or on May 16, 2015 (Summer Enrollment) and October 31, 2015 (School Year Enrollment). (Incoming freshmen may have 8th grade teacher complete this.)

Teacher's Name: _____ Contact Number: _____

School: _____ Email Address: _____

Please rate the student in the following categories based on your knowledge. If you're unable to rate the student, please write in N/A in the box.

4 - Excellent 3 - Good 2 - Satisfactory 1 - Poor/Needs Improvement

EFFORT: Puts effort in class related assignments and activities	
PARTICIPATION: Contributes to class discussions and activities	
PUNCTUALITY AND ATTENDANCE: Consistently attends class and is on time	
MOTIVATION: Is ambitious and goes beyond what is required	
ASSIGNMENTS: Turns in assignments <u>on time</u> and follows directions	
COOPERATION: Works well with peers and follows instructions	
ATTITUDE: Displays maturity and responsibility as well as academic interest and enthusiasm	
PARENT INVOLVEMENT: Parents are active in the student's education	
TOTAL SCORE:	

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1. What is your assessment of the student's academic potential for college?

Yes No

2. Has the applicant been subjected to disciplinary action in your class? If Yes, please explain.
3. Additional comments or information you would like to provide for UB staff to consider:

4. Please mark one:

I... Recommend Recommend with reservation Do not recommend the student to the University of Guam Upward Bound Program.

Teacher's Signature

Date

<p>Contact these GDOE counselors if you have questions about UB and to Submit UB Recommendation Form.</p>	<p><input type="checkbox"/> GW Counselor: Dr. Elisabeth Ichihara-Rosario <input type="checkbox"/> JFK Counselor: Mr. Francis Ballares <input type="checkbox"/> OHS Counselor: Ms. Annie Palomares <input type="checkbox"/> SHS Counselor: Mrs. Jovita Alcantara <input type="checkbox"/> SSHS Counselor: Mrs. Ma. Blessa Ramos <input type="checkbox"/> UB Office Staff: Kim Taitano, UB Office Manager/ Rowena Andrade, UB Assist. Director (Incoming 9th graders and other high schools not listed.)</p>
<p>Contact Rowena Andrade, UB Asst. Director</p>	<p>Phone: 735-1992/ 2245 Email: ubuog1992@gmail.com</p> <p>(UB/ TRIO Main Office Location: UOG Field House, 1st Floor (left wing at end of hallway)</p>



Counselor Recommendation Form

School Year/ Summer 2015-16

To the Student: Please have your current **Counselor** complete this form.

Student's Name: _____ Grade: _____

Current School: _____

To the GDOE Counselor: The University of Guam Upward Bound (UB) Program is a college preparation program aimed to help high school students graduate and enroll into college. Students who show potential but need academic guidance, study skills development, or tutoring to succeed may be recommended. Please be as specific as possible in your remarks and provide the requested information on both sides of this form.

We understand that you may not know the student long enough to assess his/her abilities, but please fill this out to the best of your knowledge. **Once you have completed this form please return it to the student so it could be attached to his/her application.**

Please note that the deadline for students to submit this form is before or on May 16, 2015 (Summer Enrollment) and October 31, 2015 (School Year Enrollment). (Incoming freshmen may have 8th grade counselor complete this.)

Counselor's Name: _____ Contact Number: _____

Current School: _____ Email Address: _____

1. How long have you known the student? _____ Year(s) _____ Month(s)
2. Please provide a copy of the student's **current high school transcript (9th, 10th, or 11th grade only) or current report card (incoming 9th grade only)** to this form.
3. How many credits has the student earned? (Only for current high school students) _____ credits
4. What academic path is the student currently placed ? If applicant is an incoming 9th grader, which academic path will he/she be placed for new school year?
 COLLEGE CAREER

5. If possible, what is your assessment of the student's academic potential for college?

*6. Please attach a copy of the student's SAT-10 scores for **this** school year or the most recent SAT-10 scores, if available. (If SAT-10 score is not available, please indicate when it may be received.)

7. Has the applicant been subjected to disciplinary action? Yes No If Yes, please explain.

8. Has the student been involved in other academic or college prep activities/ programs such as advanced classes (honors/AP classes) or clubs? If Yes, please list them based on available records or other sources.

9. Do you have any other comments on the student or information that we should take into account when considering the student for the program?

10. Please mark one:

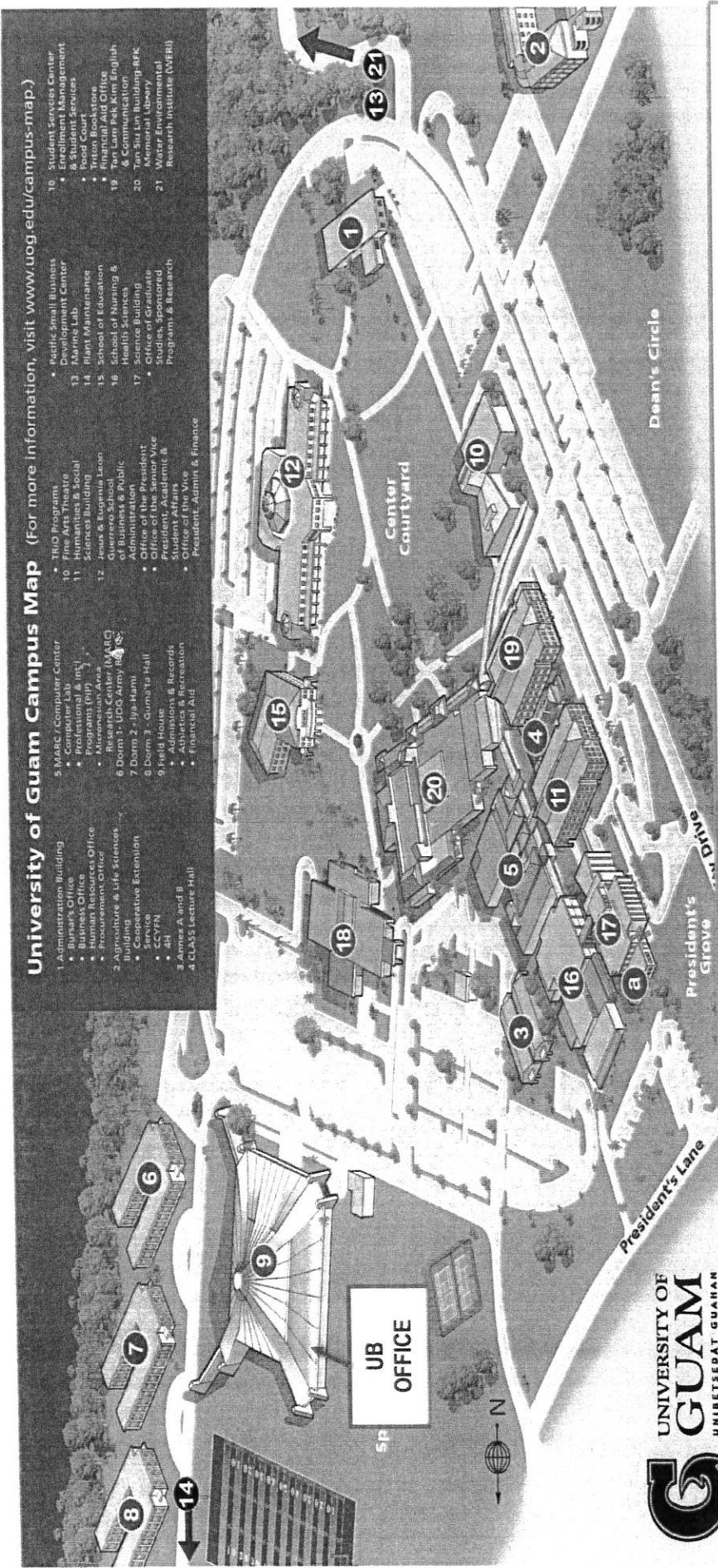
I... Recommend Recommend with reservation Do not recommend the student to the University of Guam Upward Bound Program.

Counselor's Signature

Date

Contact these GDOE high school counselors/ UB Staff if you have questions about UB and to Submit UB applications.	<input type="checkbox"/> GW Counselor: Dr. Elisabeth Ichihara-Rosario <input type="checkbox"/> JFK Counselor: Mr. Francis Ballares <input type="checkbox"/> OHS Counselor: Ms. Annie Palomares <input type="checkbox"/> SHS Counselor: Mrs. Jovita Alcantara <input type="checkbox"/> SSHS Counselor: Mrs. Ma. Blessa Ramos <input type="checkbox"/> UB Office Staff: Kim Taitano, UB Office Manager/ Rowena Andrade, UB Assist. Director (Incoming 9 th graders and other high schools not listed.)	
Contact Rowena Andrade, UB Asst. Director	Phone: 735-1992/ 2245 Email: ubuog1992@gmail.com	(UB/ TRIO Main Office Location: UOG Field House, 1 st Floor (left wing at end of hallway)

**UOG UPWARD BOUND OFFICE (#9—UOG Field House, 1st floor—last door on left wing by weight machines)
 & ACTIVITY/WORKSHOP LOCATIONS on UOG Campus (students/ parents will be informed which building will be used)**



Call UB Office at 735-2245, 735-1991/1992, or 929-7952 if further directions are needed to:

- #4—UOG/ CLASS Lecture Hall for Orientations, End of Year Ceremony, student and parent meetings, & large group workshops
- #5—MARC/ Computer Center for computer related classes/ workshops
- #11—Humanities & Social Sciences (HSS) building for standardized test prep classes, small group workshops, & summer classes
- #12—School of Business & Public Administration (SBPA) building for standardized test prep classes, small group workshops, & summer classes
- #16—School of Nursing & Health Sciences (SNHS) building for summer classes
- #17—Science Building for classes/ workshops
- #18—Student Services Center (Cafeteria & Rotunda) for summer meals, student & parent meetings, and recreational activities.
- #20—RFK Library/ AV Rooms for summer classes and library work

