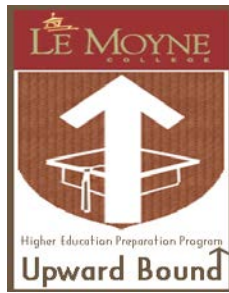


**Le Moyne College
Higher Education Preparation Program
Upward Bound**

Application for Enrollment

Academic Year 2020-2021



*Funded by a grant from the
U.S. Department of Education*

Telephone: 315-445-4532

Fax: 315-445-4534

Email: Upwardbound@lemoyne.edu

Website: www.lemoyne.edu/Upward_Bound

Le Moyne College
Higher Education Preparation Program
Upward Bound Program

Instructions for Completing Application

Dear Student:

We are pleased that you are interested in the Upward Bound Program. In order for you to be considered as a successful candidate, the attached Upward Bound Application **must be completed with all necessary documentation.** Students will be selected based on:

- The information provided on the attached application
- A personal interview conducted by an Upward Bound staff member
- Federal Income Guidelines

Upward Bound enforces the United States Department of Education guidelines to ensure confidentiality and to strictly guard your family's private information. The information you provide is required to be enrolled; therefore, only completed applications can be considered for the Upward Bound Program. Please understand there are a **limited number of available spaces for Upward Bound**, so it is very important that you **return your completed application as soon as possible.**

The application process is fairly simple: Follow these **4 steps** in completing your application.

1. Fill in your personal information on **pg. 3**. Ask parent/guardian to fill out **pgs. 4-5** and **include all signatures** at the bottom of **pg 5**.
2. Tell us about yourself by completing the attached **Essay Questions**, which we have outlined for you on **pg. 6**.
3. Give **pg. 7-8** to your Guidance Counselor; remind him/her to attach a copy of your career planner and most recent report card.
4. Choose a teacher or administrator who knows your work as a student and ask him or her to fill out **pgs. 9-10**.

****Applications will not be processed without all sections of the application.****

Please look at enclosed checklist to make sure you have all pieces of the application.

If you have questions or require additional information, please contact me at either blackka@lemoyne.edu, upwardbound@lemoyne.edu or (315) 445-4532.

Please visit our website at www.lemoyne.edu/upward_bound.

Sincerely,

Kenyon A. Black

Kenyon A. Black, Director

**LE MOYNE COLLEGE
HIGHER EDUCATION PREPARATION PROGRAM
UPWARD BOUND PROGRAM**

**NEW STUDENT APPLICATION
ACADEMIC YEAR 2020-2021**

**** Incomplete Applications Will Not Be Processed.** Please complete all the information requested in the application ******

PERSONAL INFORMATION

NAME _____
Last First Middle

ADDRESS _____
Number and street City State Zip Code

E-mail Address _____ Social Security # _____

Cell Phone: _____ Telephone: _____

Gender: Male _____ Female _____ Date of Birth _____

WHAT IS YOUR ETHNIC BACKGROUND? PLEASE CIRCLE APPROPRIATE NUMBER:
(Information is used for the purpose of reporting to the United States Department of Education)

- | | |
|----------------------|---|
| 1. African American | 4. Asian American (Vietnamese, Japanese, Chinese) |
| 2. Hispanic/Latino | 5. Native American |
| 3. European American | 6. Other, please specify _____ |

ACADEMIC INFORMATION

Current School/Grade _____ School ID # _____

School you will be attending during the academic year _____

Upward Bound was recommended to me by _____

VERIFICATION OF U.S. CITIZENSHIP/RESIDENCY (To be completed by parent or guardian)

Is your child a U.S. Citizen? __ Yes __ No

Please attach a copy of one of the following for your child: (circle the one you are providing)

- A. Birth Certificate B. Permanent Resident Card C. Certificate of Citizenship

(over)

PARENT/GUARDIAN DATA (This section must be completed by parent or guardian)

Mother/Guardian:

1. NAME: _____
Last First Middle
2. ADDRESS: _____
Number and Street City State Zip Code
3. Telephone No.: Home _____ Cell _____ E-mail: _____
5. Place of Employment _____ Occupation: _____
6. Employer's Address: _____ Telephone No. _____
7. How long have you worked there? _____ Years _____ Months
8. Gross Salary: per week: \$ _____ / per month: \$ _____ / per year: \$ _____

Educational Background:

Highest LEVEL OF EDUCATION **COMPLETED**: Mother (please circle one)

- | | | |
|-----------------------|----------------------|----------------------|
| A. Grade School (1-8) | C. Technical School | E. College (4 years) |
| B. High School (9-12) | D. College (2 years) | F. Graduate Work |

Father/Guardian:

8. NAME: _____
Last First Middle
2. ADDRESS: _____
Number and Street City State Zip Code
3. Telephone No.: Home _____ Cell _____ E-mail: _____
5. Place of Employment _____ Occupation: _____
6. Employer's Address: _____ Telephone No. _____
9. How long have you worked there? _____ Years _____ Months
10. Gross Salary: per week: \$ _____ / per month: \$ _____ / per year: \$ _____

Educational Background:

Highest LEVEL OF EDUCATION **COMPLETED**: Father (please circle one)

- | | | |
|-----------------------|----------------------|----------------------|
| A. Grade School (1-8) | C. Technical School | E. College (4 years) |
| B. High School (9-12) | D. College (2 years) | F. Graduate Work |

Household Income (Must complete for eligibility purposes)

All Information is protected by the Privacy Act. No one may see the information unless they work with or for the Upward Bound project or are specifically authorized by the Department of Education to evaluate the project.

I, _____, parent or guardian of _____

Do hereby state that my family's **TAXABLE INCOME** for the previous calendar year was \$ _____ (for example, \$10 000)
and that my **family size (including myself)** last year was _____ people.

Please indicate if your family receives any additional assistance and how much per month (for example, Child Support: \$ 200)

A. Public Assistance: \$ _____

E. Child Support: \$ _____

B. Food Stamps: \$ _____

F. Other: _____

C. Unemployment Insurance: \$ _____

\$ _____

D. Social Security Income (SSI): \$ _____

YOUR CHILD'S APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED IF YOU DO NOT PROVIDE THE REQUESTED INFORMATION

2. Please describe any hardships or circumstances which you feel we should consider.

WE (STUDENT AND PARENT) CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT.



SIGNATURE OF PARENT

Date



SIGNATURE OF STUDENT

Date

Student Name

Essay Questions:

PLEASE PRINT or TYPE!

I would like to be selected to participate in Upward Bound because...(Please write about the goals you have for continuing your education beyond high school, what you plan to gain from the program, as well as your favorite subjects and those in which you are seeking additional help).

I think that you will want to choose me as a participant because I...(You might want to tell us of a particular interest or of a special skill or talent, if you have participated in a special project with your community or school, how you relate to others, or if you are a hard worker).

**LE MOYNE COLLEGE
HIGHER EDUCATION PREPARATION PROGRAM
UPWARD BOUND PROGRAM
ACADEMIC YEAR 2020-2021**

GUIDANCE COUNSELOR RECOMMENDATION FORM

THIS FORM IS TO BE COMPLETED BY SCHOOL GUIDANCE COUNSELOR: Please complete this form immediately and return it with a copy of student's school transcript, available test scores and Career Planner.

Student Name: _____ Grade: _____ GPA: _____

School Name: _____ Address: _____

Your Name: _____

School Principal: _____ School ID#: _____

Student Reading/Language Arts Proficiency Level at time of initial selection (circle one)

- A. Student achieved the proficient level on State assessment in Reading/Language Arts
- B. Student did not achieve at the proficient level on State assessment in Reading/Language Arts
- C. Not applicable, student has not taken the State assessment

Student Math Proficiency Level at time of initial selection (circle one)

- A. Student achieved the proficient level on State assessment in Math
- B. Student did not achieve at the proficient level on State assessment in Math
- C. Not applicable, student has not taken the State assessment

Limited English Proficiency at time of selection (circle one)

- A. Yes
- B. No

Other Academic Needs at time of initial selection (circle one)

- A. Lack of opportunity, support, and/or guidance to take challenging college preparation courses
- B. Lack of career goals and/or need for accurate information on careers
- C. Limited English Proficiency
- D. Lack of confidence, self-esteem, and/or social skills
- E. Interest in careers in math or science
- F. Diagnosed learning disability

(over)

How well do you know the student? _____

What indications do you have that this student has college potential? Please be specific.

What reasons can be given for this student's lack of achievement? If any, please be specific.

YOUR SIGNATURE: _____

DATE: _____

PLEASE USE REVERSE SIDE FOR ANY ADDITIONAL COMMENTS ABOUT THIS STUDENT.

PLEASE RETURN COMPLETED FORM TO:

Upward Bound Program
Le Moyne College - Romero Hall 2nd FL
1419 Salt Springs Road
Syracuse, New York 13214-1301
Phone: 315-445-4532
Fax: 315-445-4534

**LE MOYNE COLLEGE
UPWARD BOUND PROGRAM
ACADEMIC YEAR 2020-2021**

TEACHER/ADULT RECOMMENDATION FORM

STUDENT NAME: _____

This student has identified you to recommend him/her to be admitted into the Le Moyne College Upward Bound 2020-2021 Academic Year Program. The Upward Bound Program operates a residential tutorial and instructional program, which provides academic and personal assistance to students in grades 9-12.

Your candid assessment of the student's characteristics and motivation to succeed will help determine the quality of the students who participate in the program.

YOUR NAME: _____

PHONE NUMBER: _____ **EMAIL:** _____

SCHOOL/AGENCY: _____

YOUR RELATIONSHIP TO STUDENT: _____

HOW LONG AND IN WHAT WAY HAVE YOU KNOWN THIS STUDENT? PLEASE BE SPECIFIC: _____

DOES STUDENT HAVE THE ABILITY/MOTIVATION TO BENEFIT FROM THE SERVICES THAT THE PROGRAM OFFERS? Please explain: _____

(over)

FOR EACH CHARACTERISTIC LISTED BELOW, PLEASE CHECK APPROPRIATE RATING:

CHARACTERISTICS	EXCELLENT	GOOD	AVERAGE	POOR	NO BASIS TO JUDGE
Sense of responsibility					
Level of academic motivation					
Level of maturity					
Level of social skills (ability to interact with peers and adults)					
Cooperation with authority					
Leadership abilities					

WHY WOULD YOU RECOMMEND OR NOT RECOMMEND THIS STUDENT TO
PARTICIPATE IN THE PROGRAM? _____

DOES STUDENT HAVE OTHER QUALITIES/PROBLEMS THAT THE PROGRAM
SHOULD BE AWARE OF? PLEASE EXPLAIN

SIGNATURE _____

DATE _____

PLEASE RETURN COMPLETED FORM TO:

Upward Bound Program
Le Moyne College - Romero Hall 2nd FL
1419 Salt Springs Road
Syracuse, New York 13214-1301
Phone: 315-445-4532
Fax: 315-445-4534
Email: upwardbound@lemoyne.edu

Le Moyne College Upward Bound Program

Student Application Checklist

Please use the application checklist before submitting to ensure that your application is complete

- _____ **Personal Information** completed by student.
- _____ **Acceptable Verification of Citizenship/Residency**
- _____ **Parent/Guardian Data** completed by parent/guardian with all income information/verification included and signed by parent/guardian & student.
- _____ **Student Essay** completed by student.
- _____ **Guidance Counselor Recommendation Form** completed by Guidance Counselor.
- _____ **School Transcript/Most Recent Report Card** obtained from Guidance Counselor.
- _____ **Teacher/Adult Recommendation form** completed by a teacher/adult that is familiar with your academic abilities, achievement, etc.
- _____ **Signatures**
 - **Parent/Guardian And Student**
 - **Parent/Guardian**

Please forward all applications to the Upward Bound Office:

Mailing Address:

**Le Moyne College
1419 Salt Springs Rd
Romero Hall 2nd Floor Upward Bound
Syracuse, NY 13214**

Office Address:

**Le Moyne College
325 Springfield Road
Romero Hall 2nd Floor
Syracuse, NY 13224**