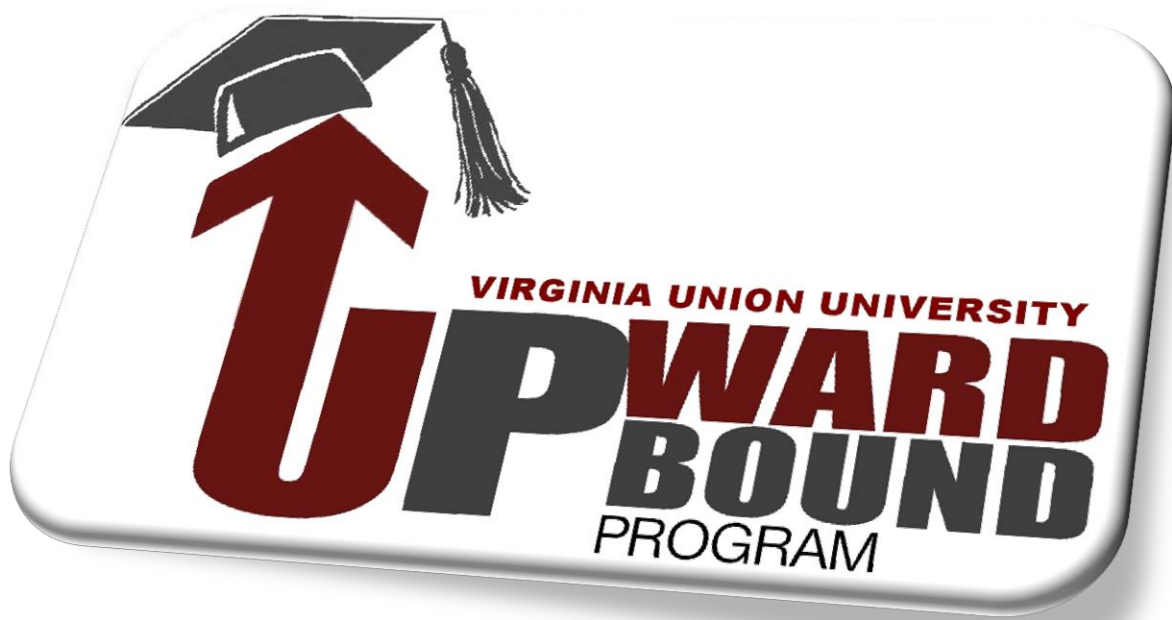


Virginia Union University ~ Upward Bound Program
NEW STUDENT APPLICATION



For questions or additional information, please contact:

Dr. Nikita Garris-Watson, Director

Brenda Yancey, Counselor

*1500 North Lombardy Street - Baptist Memorial Building, 2nd Floor – Richmond, VA 23220
804.257.5899 (office) ~ 804.257.5832 (fax)*

Website: www.vuu.edu/academics/upward-bound ~ Email: upwardbound@vuu.edu



UPWARD BOUND APPLICATION CHECKLIST

Please check the following boxes after you have completed each part of the application.

- Student Section of the application*
- Parent Section of the application*
- Three completed Recommendation Forms (2 Teacher and 1 Counselor)*
- Copy of Transcript or most recent Report Card*
- Copy of 2016 Tax Returns*

If you did not file taxes, please attach one of the following documents to verify income

- *Copy of W-2 forms from 2016 or income from another governmental source*
- *A signed statement from the student's parent/guardian regarding family income*
- *A signed financial aid application*

What Happens Next?

1. *After your completed application has been submitted, the staff will review your application. (Reminder: You are responsible for ensuring that both reference forms are filled out and returned with your application.)*
2. *You will receive a letter from Upward Bound Staff about the status of your application.*
3. *If you meet the minimum criteria, you will be interviewed by the Upward Bound Staff.*

ATTENTION:

*Your application **will not be** evaluated until you submit **all** of the above information to the Upward Bound Office.*



I. Student Section

<i>Name:</i>			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
<i>Mailing Address:</i>			
<i>Street or P.O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Telephone Numbers:</i>			
<i>Home</i>	<i>Cell</i>	<i>Work</i>	
<i>Email Address:</i>		<i>Gender: (circle) Male Female</i>	
<i>Date of Birth:</i>	<i>Grade:</i>	<i>Social Security Number: (Required upon acceptance)</i>	
<i>Ethnicity: (circle one)</i>	<i>White (Non-Hispanic) Hispanic or Latino Asian Other</i>	<i>Black or African American Native Hawaiian or Other pacific Islander American Indian / Alaskan Native</i>	
<i>Are you: (check one)</i>	<input type="checkbox"/> <i>U.S. Citizen</i> <input type="checkbox"/> <i>An eligible non-citizen (please provide a copy of immigration documentation)</i> <input type="checkbox"/> <i>Other</i> <input type="checkbox"/> <i>Non- U.S Citizen</i>		
<i>High School Attending:</i>			
<i>What is your current GPA:</i>			
<i>Do you plan on attending college? (circle one) Yes No Not Sure</i>			
<i>How did you hear about Upward Bound? (check one)</i>			
<input type="checkbox"/> <i>Counselor</i> <input type="checkbox"/> <i>Teacher</i> <input type="checkbox"/> <i>Class Presentation</i> <input type="checkbox"/> <i>Upward Bound Student</i> <input type="checkbox"/> <i>Other</i>			
<i>If an Upward Bound Student referred you, what is their name?</i>			



Please circle the courses you have taken or are currently taken.

Algebra 1 Algebra 2 Geometry Other Math (Describe) _____

Earth Science Biology Physics Chemistry Other Science _____

World History I World History II World Geography US History Government Other History

Spanish French English 9 English 10 English 11 English 12

Please list any other courses you have taken or are currently taken

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

This is to certify that all information by me is true and correct to the best of my knowledge. Furthermore, I give Virginia Union University's Upward Bound Program permission to receive copies of my education record and other materials necessary for participation in the program.

Student Signature: _____

Date: _____



II. Parent / Guardian Section

Parent / Guardian Information

This section must be completed by the student's parent / guardian. If you have any questions, call the Upward Bound office at (804) 257-5899. Please complete all blanks to avoid processing delays.

Confidentiality of Information

No one is allowed to see the information you provide unless he/she is an employee of Virginia Union University Upward Bound Program or otherwise authorized to see this information. All information provided in this section is protected by the privacy Act and is not specifically reported to the federal government or U.S. Department of Education. However, the Department of education does have the authority to gather general statistical data about program participants in order to improve and measure the success of the Upward Bound Program.

Please print all information

<i>Parent/Guardian :</i>	<i>Parent/Guardian:</i>
<i>Highest Education Level Completed:</i> <input type="checkbox"/> <i>Elementary or Junior High School</i> <input type="checkbox"/> <i>High School or GED</i> <input type="checkbox"/> <i>Voc./Technical School</i> <input type="checkbox"/> <i>Some College</i> <input type="checkbox"/> <i>Associate's Degree</i> <input type="checkbox"/> <i>Completed Bachelors Degree</i>	<i>Highest Education Level Completed:</i> <input type="checkbox"/> <i>Elementary or Junior High School</i> <input type="checkbox"/> <i>High School or GED</i> <input type="checkbox"/> <i>Voc./Technical School</i> <input type="checkbox"/> <i>Some College</i> <input type="checkbox"/> <i>Associate's Degree</i> <input type="checkbox"/> <i>Completed Bachelors Degree</i>
<i>Parent/Guardian Martial Status (circle one):</i> <i>Married Divorced Separated</i> <i>Unmarried</i> <i>Widowed Other</i>	<i>Parent/Guardian Martial Status (circle one):</i> <i>Married Divorced Separated</i> <i>Unmarried</i> <i>Widowed Other</i>
<i>Number of people in household:</i> <i>Adults _____</i> <i>Children _____</i>	<i>Number of people in household:</i> <i>Adults _____</i> <i>Children _____</i>
<i>Employer's Name:</i>	<i>Employer's Name:</i>



<i>Occupation:</i>	<i>Occupation:</i>
<i>Work Number:</i>	<i>Work Number:</i>
<i>Are you currently receiving public assistance: Yes () No () If yes please circle the following:</i>	<i>Are you currently receiving public assistance: Yes () No () If yes please circle the following:</i>
<i>Welfare Social Security Compensation</i>	<i>Welfare Social Security Compensation</i>
<i>Unemployment Retirement Other</i>	<i>Unemployment Retirement Other</i>

List all dependents (including applicant) living in the household.

<i>Name</i>	<i>Age</i>	<i>Occupation</i>

I certify by signing below that all of the above information is correct and that any false or misleading information may result in disqualification of the applicant.

Parent/Guardian Signature: _____ Date: _____



Counselor Recommendation Form
Page 1 of 2

TO THE COUNSELOR: Thank you for taking the time to recommend this student! The VUU Upward Bound Program is designed to assist students to prepare for and enroll in post-secondary studies. Students can have academic deficiencies when entering the program but should show potential or motivation for college preparation. Our services include tutoring, academic and career guidance, financial assistance for academic needs, a summer residential program, and more. Your recommendation is very important in the selection process. Please be as specific as you can, and feel free to include any information you feel would be of help to us in our selection process. You may either return this recommendation to the student or mail it directly to the Upward Bound Program.

Counselor Name: _____

Re: _____
(Student's Name) (Social Security Number) (DOB)

Please return a copy of the student's official high school transcript with this form.

Type of Degree Plan: () Standard () Advanced Studies () Other _____

Cumulative GPA: _____ Credits earned to date: _____ Credits required for graduation: _____

Current Grade _____

Attendance Record: () Excellent () Good () Fair () Poor

Student's motivation for enrolling in Post-Secondary Education: () High () Low

In your opinion, what is this student's most significant academic need?

Please provide any additional information regarding this applicant. (i.e. has special academic needs, e.g. learning disabilities, limited English proficiency, special classes). Please elaborate if applicable. Feel free to provide any additional information on the back.



Counselor Recommendation Form
Page 2 of 2

Please comment on the student's strengths, weaknesses, abilities, and special talents. If more space is needed please continua on the next page.

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Not Observed</i>
<i>Academic Performance</i>					
<i>Attendance</i>					
<i>Motivation</i>					
<i>Self-Discipline</i>					
<i>Ingenuity Imagination</i>					
<i>Interpersonal Skills</i>					
<i>Leadership Ability</i>					
<i>Communication Skills</i>					
<i>Initiative</i>					
<i>Integrity</i>					
<i>Responsibility</i>					
<i>Influence on Peers</i>					
<i>Emotional Stability</i>					

1. *Is there parental involvement?*
Yes _____ No _____
2. *Has the student been involved in disciplinary action?*
Yes _____ No _____
3. *Will they profit from participation in the Upward Bound Program?*
Yes _____ No _____
4. *Additional evaluation suggested?*
Yes _____ No _____
5. *Will the student need additional services to be successful?*
Yes _____ No _____

<i>Print Name</i>	<i>Title</i>	<i>School</i>
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<i>Signature</i>	<i>Email Address</i>	<i>Dat</i>
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**Virginia Union University ~ Upward Bound Program
Teacher Recommendation Form**

Teacher Recommendation for:

_____ *First* _____ *Last*

TO THE TEACHER: Thank you for taking the time to recommend this student! The VUU Upward Bound Program is designed to assist students to prepare for and enroll in post-secondary studies. Students can have academic deficiencies when entering the program but should show potential or motivation for college preparation. Our services include tutoring, academic and career guidance, financial assistance for academic needs, a summer residential program, and more. Your recommendation is very important in the selection process. Please be as specific as you can, and feel free to include any information you feel would be of help to us in our selection process. You may either return this recommendation to the student or mail it directly to the Upward Bound Program.

Teachers Name: _____

Position: _____ School: _____

Phone: (____) _____ Email: _____

1. How long have you known the applicant? _____

2. What special circumstances should we consider in evaluating this student's application needs, strengths, etc.)?

3. Based on your knowledge of the applicant, check how you rate his/her academic skills.

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Needs Improvement</i>
<i>Academic achievement</i>				
<i>Writing skills</i>				
<i>Reading skills</i>				
<i>Study skills</i>				
<i>Leadership capability</i>				
<i>Motivation</i>				
<i>Intellectual curiosity</i>				
<i>Potential for growth</i>				
<i>Attendance</i>				
<i>Emotional maturity</i>				
<i>Self-confidence</i>				

Instructor's Signature

Date



**Virginia Union University ~ Upward Bound Program
Teacher Recommendation Form**

Teacher Recommendation for:

First *Last*

TO THE TEACHER: Thank you for taking the time to recommend this student! The VUU Upward Bound Program is designed to assist students to prepare for and enroll in post-secondary studies. Students can have academic deficiencies when entering the program but should show potential or motivation for college preparation. Our services include tutoring, academic and career guidance, financial assistance for academic needs, a summer residential program, and more. Your recommendation is very important in the selection process. Please be as specific as you can, and feel free to include any information you feel would be of help to us in our selection process. You may either return this recommendation to the student or mail it directly to the Upward Bound Program.

Teachers Name: _____

Position: _____ School: _____

Phone: (____) _____ Email: _____

1. How long have you known the applicant? _____

2. What special circumstances should we consider in evaluating this student's application needs, strengths, etc.)?

3. Based on your knowledge of the applicant, check how you rate his/her academic skills.

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Needs Improvement</i>
<i>Academic achievement</i>				
<i>Writing skills</i>				
<i>Reading skills</i>				
<i>Study skills</i>				
<i>Leadership capability</i>				
<i>Motivation</i>				
<i>Intellectual curiosity</i>				
<i>Potential for growth</i>				
<i>Attendance</i>				
<i>Emotional maturity</i>				
<i>Self-confidence</i>				

Instructor's Signature

Date



***VIRGINIA UNION UNIVERSITY ~ UPWARD BOUND PROGRAM
STUDENT INFORMATION RELEASE FORM***

Permission to release information

*For: _____
Student's Name (Please Print)*

I authorize The Virginia Union University Upward Bound Program to receive copies of my Son's/Daughter's academic records, including, but not limited to transcripts, grade reports, test scores, evaluations, attendance, medical records, disciplinary actions, and other records necessary for participation in the program. This information may be used for any federal reports of the Upward Bound Staff. This release is to be effective throughout my high school and college matriculation.

Student's Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____