

# SIMPSON COLLEGE



## Upward Bound

***Check the following list to make sure you have submitted all the required information to complete your Simpson College Upward Bound application.***

- Have you answered the questions on all of the pages and the essay?***
- Have you and your parent/guardian signed page #5 and #6?***
- Have you enclosed income documentation? See page # 3 for the Instructions for Providing Income Verification***
- Have you given the Teacher or Counselor Recommendation forms to two of your teachers/counselors?***
- To speed up the process, please request a copy of your transcripts and your ITED scores from your school registrar and include them with your application. If we do not receive your transcript and testing scores with your application, we will request these, but be aware that this may delay the process up to 4 weeks.***
- Submit the application. (Mail to Upward Bound, 701 N. C Street , Indianola, IA 50125 or give to a high school counselor listed below)***

- **East:** Ms. Kucharski
- **Indianola:** Ms. Schwery
- **Lincoln:** Mr. Cannon
- **Lincoln South:** Ms. Cain
- **North:** Ms. Hill
- **Norwalk:** Mr. Scallon
- **Southeast Warren:** Mr. Dirx

**Your application will not be processed until we have received all of the necessary documents.**

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## Upward Bound

Dear Parent or Guardian:

Your son or daughter has been referred to us as a potential participant in the Simpson College Upward Bound Program. Our program works with fifty high school students from Warren and Polk counties who are required to meet one of the following criteria: they will be among the first generation in their family to graduate from college or they are from a family with low to moderate income.

Please read all of the information in this packet. Naturally, you will want to know more about Upward Bound and will have specific questions which may not be answered here. We would like to encourage you to call us with questions at any time or call to arrange a time to meet.

The Upward Bound program at Simpson College is a valuable opportunity for your child. Our goal is to help her/him develop the academic and personal skills necessary for success in college. The program is funded by a federal grant from the Department of Education and is hosted and supported by Simpson College. All services are provided at no cost to you or your child.

Your child's application will be evaluated based on the following criteria:

- Student's commitment to completing high school
- Student's interest in pursuing a college education
- Student's academic need
- Educational attainment within your family
- Family income (taxable income does not exceed 150% of the poverty level)

To begin the selection process, we must determine if either parent (biological or adoptive parent) has a degree from a four-year college and gather information regarding your financial level. The information you provide to us will be treated with the strictest confidentiality. If you have any questions about providing this or any other information, please call us at 961-1859.

Thank you for your interest in Upward Bound.

*Sandra Erickson*

Sandra Erickson  
Director, Upward Bound  
701 North C St. Box 4204  
Indianola, IA 50125

## INSTRUCTIONS FOR PROVIDING VERIFICATION OF INCOME

*Please provide 1 form of verification from the applicable types of income listed below:*

**Foster Children or Wards of the Court:** no income verification is required – provide a signed letter from foster parent or guardian detailing foster child/ward of the court status. Include caseworker’s name, address and telephone number.

**If parent(s) or guardian(s) file a Federal 1040 Income Tax form:** provide a copy of pages 1 & 2 of ***the most recent*** form showing the number of exemptions claimed and the taxable income. Caution – be sure to provide the form covering the most recent tax year. The USDE uses the size of the student’s family and the family’s taxable income to determine low-income eligibility.

**If parent(s) or guardian(s) receive welfare (TANF, AFDC, General Assistance, etc.)** request verification of monthly benefits. Ask for a “***Passport to Services Form***” when contacting your local welfare office.

**If parent(s) or guardian(s) receive Social Security payments (SSI, Disability, etc.)** request verification of monthly benefits from your local Social Security office.

**If students participate in the Free Lunch Program:** request verification from school official and submit to our office.

**If you cannot provide *any* of the above sources of income verification,** please attach a letter stating: the parents/guardians yearly income, the source of income, and current number in household, along with a parent/guardian signature and date.

### Federal TRIO Programs 2011 Annual Low Income Levels

(Effective January 20, 2011 Until Further Notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions
1	\$16,335
2	\$22,065
3	\$27,795
4	\$33,525
5	\$39,255
6	\$44,985
7	\$50,715
8	\$56,445

For family units with more than eight members, add the following amount for each additional family member: \$5,730 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$7,170 for Alaska; and \$6,585 for Hawaii.

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## Upward Bound

### APPLICATION

**CONFIDENTIALITY:** Personal and financial information is collected to determine program eligibility and is protected by the Family Education Rights and Privacy Act of 1974.

**PLEASE PRINT**

DATE \_\_\_\_\_

### STUDENT INFORMATION

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ School: \_\_\_\_\_

City: \_\_\_\_\_ Counselor: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

With Whom Do You Live? Mother\_\_\_\_ Father\_\_\_\_ Stepmother\_\_\_\_ Stepfather\_\_\_\_

Grandmother\_\_\_\_ Grandfather\_\_\_\_ Foster Parent \_\_\_\_ Other \_\_\_\_\_

How many adults live in the home? \_\_\_\_\_ How many children live in the home? \_\_\_\_\_

List the names and ages of children living in the home: \_\_\_\_\_

Who is your legal guardian?

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Are You a United States Citizen? \_\_\_\_\_yes \_\_\_\_\_no

If no, are you a permanent resident? \_\_\_\_\_yes\* \_\_\_\_\_no

**\*If you are a permanent resident, include a copy of your permanent residence card.**

**PARENT/GUARDIAN INFORMATION:** complete for parent(s) with whom the student lives most or all of the time and provides financial support.

Father's name: \_\_\_\_\_

Address/City/State/Zip Code: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Highest Grade Completed in High School: 9 10 11 12 College: 1 2 3 4 bachelor's degree

Mother's name: \_\_\_\_\_

Address/City/State/Zip Code: \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Highest Grade Completed in High School: 9 10 11 12 College: 1 2 3 4 bachelor's degree

The information I have provided on this application is true to the best of my knowledge.

**Student Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE CURRENT FEDERAL INCOME TAX FORM FOR PARENT(S) LIVING IN THE STUDENT'S HOME. IF THIS FORM IS NOT AVAILABLE, SEE THE INSTRUCTIONS FOR PROVIDING VERIFICATION OF INCOME ON Page #3**

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**Secondary Educational Records**

I hereby consent to the release of my Secondary educational records (including transcripts, grade report cards, standardized test scores and other information regarding my school performance) from my high school to Simpson College Upward Bound. This release is effective during my application process, through high school, and includes my final transcript upon graduation from high school. Upward Bound staff including the director, advisors, tutors and office assistants may view this information solely for the purposes of assessment, identifying tutoring needs, educational planning and advising during my enrollment in the Upward Bound program.

This release of information is effective for one year post high school graduation.  
 To revoke this release, written notice must be provided to Simpson College Upward Bound.

Student Name **(Print)** \_\_\_\_\_

Student Signature \_\_\_\_\_ date \_\_\_\_\_

Social Security # \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Parent/Guardian Name **(Print)** \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ date \_\_\_\_\_

**Post-Secondary Admissions, Enrollment, Academic Standing and Graduation Status**

Simpson College Upward Bound is funded by a grant from the United States Department of Education. We are required to report follow-up data on all former participants for up to six years following the date of high school graduation. We need to track college admission, enrollment status and financial aid awards.

I hereby authorize Simpson College Upward Bound to request and obtain information regarding my post-secondary admissions status, financial aid awards, enrollment status, academic standing, transfer status and graduation status from the post-secondary institution(s) I attend for six years post high school graduation.

Simpson College Upward Bound considers this information confidential and will release this information only to the United States Department of Education.

This release of information is effective for six years following the expected graduation date listed below.  
 To revoke this release, written notice must be provided to Simpson College Upward Bound.

Student Name **(Print)** \_\_\_\_\_

Student Signature \_\_\_\_\_ date \_\_\_\_\_

Social Security # \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Parent/Guardian Name **(Print)** \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ date \_\_\_\_\_

**STUDENT ESSAY**

Please answer the following questions in complete sentences. Attach additional paper if necessary.

What are your plans after you graduate from high school?

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What classes are you currently taking?

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What classes are you doing well in and what classes do you need help with?

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Are you involved in extracurricular activities and/or do you have a job? If so, what is the time commitment for each?

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How may Simpson College Upward Bound assist you in achieving your goals now and when you have completed high school? \_\_\_\_\_

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**The following information is requested for federal reporting and financial aid information purposes.**

**Gender:** Female  Male

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**Ethnicity:** Applicant is Hispanic/ Latino Yes  No

**Race:** If applicable, please select one or more of the following.

- American Indian/ Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- 

**Have you ever received English as a second language instruction?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Is there a language other than English spoken in your home?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If so, what is that language?** \_\_\_\_\_

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**Do you have a current Individual Education Plan (IEP)?** Yes  No

If you have a disability that requires accommodations in order to participate in the Upward Bound program, please contact the Program Director, Sandra Erickson at (515) 961-1479.

**Please RETURN these forms to the counseling office or mail to Upward Bound at: 701 North C St., Indianola, IA 50125**

**For Office Use Only:** Both  FG  LI

**Date Received:** \_\_\_\_\_

# SIMPSON COLLEGE



## TEACHER OR COUNSELOR RECOMMENDATION FOR SIMPSON COLLEGE UPWARD BOUND

Simpson College Upward Bound is a federally funded program designed to generate academic skills, motivation and life skills which will enable students to complete high school and to successfully enter a college program of their choice. We appreciate your willingness to take the time and effort to recommend this student to our program. Please RETURN this form to the counseling office or mail to Upward Bound at: 701 North C St., Indianola, IA 50125

Name of student: \_\_\_\_\_ School: \_\_\_\_\_  
 Name of Reference: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Length of time known student: \_\_\_\_\_

Please rate the student in the following areas based on your observations of this student.

	Excellent	Good	Average	Low	Not Observed
Basic Academic Skills	_____	_____	_____	_____	_____
Academic Potential	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____	_____
Interpersonal Skills	_____	_____	_____	_____	_____

What are this student's strengths?

Why do you believe this student has academic potential?

In what areas does the student need support? Check any that apply, and feel free to add comments or additional items.

- \_\_\_\_\_ General study skills preparation (organization, test-taking skills, etc.)
- \_\_\_\_\_ Encouragement to develop potential
- \_\_\_\_\_ Enhancement of interpersonal skills
- \_\_\_\_\_ Improvement in self-esteem and self-confidence
- \_\_\_\_\_ Assistance with math, science, reading, writing curriculum or foreign language (specify)
- \_\_\_\_\_ Support in managing own behaviors
- \_\_\_\_\_ Cultural enrichment/exposure
- \_\_\_\_\_ Career Exploration
- \_\_\_\_\_ Preparation for ACT
- \_\_\_\_\_ Assistance with college, scholarships, and financial aid applications

Please note any other information that would be helpful in our consideration of this student.

**For Office Use Only: Date Received** \_\_\_\_\_

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