


TRIO

Upward Bound

Creating Leaders Through Education

 www.mjc.edu/studentservices/precollege

 @mjc_trioworks

Modesto Junior College | A Federally Funded Program



Academic Advising



After-School Tutoring



Saturday Academy



Residential Summer Program



College Visits



Cultural Events



College Application and
Financial Aid Assistance

Schools We Serve:



Ceres High School

Location: Library

Wed: 2:40-4:40 PM



Peter Johansen High School

Location: Library

Thurs: 2:10-4:10 PM



Modesto High School

Location: Cafeteria

Tues: 2:10-4:10 PM



Patterson High School

Location: Rm 106

Tues: 3:00-4:30 PM



Riverbank High School

Location: Rm 310

Mon: 3:00-4:30 PM

We are here to help you reach your college goals

The TRIO Upward Bound program is a **FREE** program designed to offer support to high school students that are interested in pursuing a post-secondary education.

Our goal is to help our students figure out what it takes to go to college and be there for them every step of the way.

Our students are

First Generation

Low-Income

U.S Citizens or Permanent Residents

Committed to Going to College

For questions or more information please call:

Alyssa Nelson - 209.575.6410 - Patterson and Riverbank
Ana Martin - 209.575.6818 - Ceres, Johansen, and Modesto

Modesto Junior College | TRIO Upward Bound

Confidential Student Application

Due Date: _____

APPLICATION INSTRUCTIONS: Please provide the following information which is necessary to assess the applicant's eligibility to join the Upward Bound program. **Incomplete applications will result in a delay in processing and program entry.** All answers are kept strictly confidential.

PRIVACY ACT STATEMENT: The personal information that you give to the Upward Bound Director is sent to the federal government (Department of Education). This information is protected by the Privacy Act. No one may see the information unless they work with or for the Upward Bound Program or are specifically authorized to see the information. The information is necessary to determine if you are eligible to participate in the program and helps the government measure your success. The U.S. Department of Education has the authority to gather such information to help make Upward Bound a better program (20 USC 1231a).

If you have any questions while filling out the application, please call our office at 209-575-6743 or by email at precollege@yosemite.edu

Section 1: Student Demographic Information

Name: _____

Sex: ☐ Male ☐ Female

Date of Birth: _____ Age: _____

Birthplace: _____

Address: _____

Phone Number: _____

Email: _____

School Currently Attending: _____

Student ID#: _____

Grade Level: _____

Do you have any physical or learning disabilities?

☐ Yes ☐ No Explain: _____

Are you in a Special Ed classroom?

☐ Yes ☐ No

Do you have an IEP on file?

☐ Yes ☐ No

U.S. Citizenship or Residency

U.S. Citizen: ☐ Yes ☐ No

SSN: _____

Permanent Resident: ☐ Yes ☐ No

Alien Registration #: _____

Race and Ethnicity (please check one)

Are you of Hispanic or Latino descent? ☐ Yes ☐ No

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other: _____

Section 2: Parent and Household Information

Are you an orphan or a ward of the court? ☐ Yes ☐ No

If yes, please list your legal guardian's information below.

Name of Father/Stepfather/Legal Guardian 1: _____

Phone Number: _____ Currently Employed: ☐ Yes ☐ No

Does this person have a bachelor's degree from an accredited U.S. college or university? ☐ Yes ☐ No

Highest Year in School Completed: _____

Name of Mother/Stepmother/Legal Guardian 2: _____

Phone Number: _____ Currently Employed: ☐ Yes ☐ No

Does this person have a bachelor's degree from an accredited U.S. college or university? ☐ Yes ☐ No

Highest Year in School Completed: _____

Please list ALL persons related to the applicant living at home (continue on separate page if necessary)

Name: _____	Relationship: _____	Age: _____
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Name: _____	Relationship: _____	Age: _____
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Name: _____	Relationship: _____	Age: _____
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Name: _____	Relationship: _____	Age: _____
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Name: _____	Relationship: _____	Age: _____
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Name: _____	Relationship: _____	Age: _____
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Name: _____	Relationship: _____	Age: _____
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How many siblings have attended or are currently attending college? _____

What language is spoken primarily at home? _____

What is your annual household income? (based on most recent tax year) _____

Section 3: Certification and Signature

I DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION REPORTED IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

Student Name

Student Signature

Date

Parent Name

Parent Signature

Date

Section 4: Student Assessment

INSTRUCTIONS: To help the Upward Bound staff assess your needs and develop a plan of services for you, we need to know how you perceive yourself. Please read through the following lists and indicate whether you feel you have a “high need”, “some need”, or “no need” for help or improvement in that area.

Academic Skill	High Need	Some Need	No Need
English and Writing Skills			
Spelling			
Grammar			
Punctuation			
Writing Organization			
Essay Writing and Reports			
Verbal Expressions			
Learning/Improving English			
Reading Skills			
Improving Vocabulary			
Reading Speed			
Comprehension/Understanding			
Retention			
Math Skills			
Basic Arithmetic (add, subtract, multiply, divide)			
Basic Algebra			
Advanced Math (trigonometry, pre-calc, calculus)			
Learning and Study Skills			
Time Managaement			
Developing Good Study Habits			
Test Taking Strategies			
Note Taking Strategies			
Developing Library and Research Skills			

SCHOOL OFFICIAL RECOMMENDATION: Please write the names and emails of two school officials (teacher, counselor or administrator) that can fill out an online recommendation form to help us assess your eligibility and needs.

Name: _____ Title: _____
Email: _____

Name: _____ Title: _____
Email: _____

Section 5: Short Answer Response

INSTRUCTIONS: Please provide a response to the following questions.

1) What are your educational and career goals and how would you use it to help your community? _____

2) How would you describe yourself? _____

BEFORE YOU SUBMIT YOUR APPLICATION:

- Make sure all pages and sections are filled out COMPLETELY
- Attach a copy of your parent/guardian’s IRS 1040 tax form OR other documentation that verifies household income (ex: AFDC, Social Security award letter, or letter/statement verifying income)
- Attach a copy of your alien registration card if you are not a U.S. Citizen

PARENTAL/GUARDIAN PERMISSION FORM

STUDENT'S NAME _____

SCHOOL _____

Initial: _____ **ACCESS TO RECORDS PERMISSION**

I hereby give the Upward Bound Program staff permission to have access to report cards, high school transcripts, test results and other pertinent information for the purpose of assessment, educational planning and counseling.

I understand that this permission will be in effect throughout my son's/daughter's participation in the Upward Bound

Initial: _____ **MANDATED REPORTING**

Most information shared between participants are Program Representatives is held completely confidential. Please be aware of the few exceptions. Information shared regarding abuse (physical, mental, or sexual) and/or intent to harm oneself or others must be reported to the appropriate individuals with in the school districts.

Initial: _____ **FIELD TRIP PERMISSION**

I hereby give my permission to the Upward Bound Program staff to take my son/daughter on various field trips to colleges, cultural educational and recreational centers. This permission is given for Upward Bound approved activities and will be in effect as long as my son/daughter is in the Upward Bound Program.

MEDICAL CONSENT

Health Status: Does your child have any past or present problems or conditions, which we should know about? Yes _____ No _____

If yes, explain: _____

If your child allergic to any medications: Yes _____ No _____ If yes, explain: _____

Name of Family Physician: _____ **Telephone** _____

Is the student covered by Health Insurance? Yes _____ No _____

If yes, please provided Name of insurer: _____ **Medical #:** _____

Medical Emergency: In case of an emergency please contact Parent/Guardian: _____

Telephone (day) _____ (evening) _____

If parent/guardian is not available, please contact: _____ **Relationship:** _____

Telephone (day) _____ (evening) _____

Please give name, address, and telephone number of a relative/friend who has been living in the Modesto area for at least five years:

Initial: _____ **MEDICAL RELEASE:**

I agree to indemnify and save and hold harmless Yosemite Community College District, Modesto Junior College, its officers, agents and employees from and against any and all claims and liabilities which may arise out of or result from or be in any way connected directly or indirectly to the above agencies while participating in the Upward Bound Program. Also I consent to emergency treatment of my son/daughter by the staff of Yosemite Community College District and/or by the staff of an accredited hospital or clinic if this is deemed necessary by the Upward Bound staff. I understand I will be notified of illness as soon as possible.

Parent/Guardian Signature: _____

Date: _____