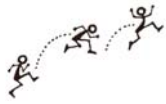


## **APPLICATION PROCESS**

1. Applicant and parent/guardian complete **APPLICATION**
2. Student writes **APPLICATION ESSAY**
3. Submit **SIGNED APPLICATION, ESSAY, and BIRTH CERTIFICATE** with all of the following applicable **FINANCIAL VERIFICATION**:
  - **Latest SIGNED** federal tax forms: Parent (s)
  - Signed statement explaining why taxes were not filed
  - Veteran's Benefits
  - SSI (Social Security Supplemental income)
  - ADC (Aid to Dependent Children), ANFC (Aid to Needy Families and Children)
  - Other
4. Applicant asks the school guidance department to forward a complete **TRANSCRIPT** including all standardized test scores (PSAT/SATACT) directly to Upward Bound and if applicable, a copy of **INDIVIDUALIZED EDUCATIONAL PLAN (IEP) or 504 PLAN**.
5. Applicant asks two teachers and/or school counselor who know you well, to complete and return **RECOMMENDATIONS**.
6. Eligibility will be determined upon receipt of full **APPLICATION** materials, **RECOMMENDATIONS**, and **TRANSCRIPTS**. When all application materials have been received and reviewed, eligible applicants are **INTERVIEWED** by the Director, and/or Assistant Director, and Program Counselor.

Provided that an applicant meets all the required criteria and that there are openings in the Program for the applicant's particular school and grade, then an acceptance letter will be send to the student, parent/guardian, and school counselor. Some students will have successful applications but may not be admitted to the program due to space or school quota considerations. In such cases they will be placed on a waiting list should openings occur.

If you have any questions about the application process please feel free to call the Upward Bound office at (802) 447-4665.



# UPWARD BOUND

TRIO

SOUTHERN VERMONT COLLEGE

982 Mansion Drive  
Bennington, Vermont 05201  
802-447-4665 /upbound@svc.edu

## APPLICATION

Name you wish to be called: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The applicant must meet income guidelines established by the United States Department of Education. The following information will be used to determine eligibility and will be kept strictly confidential.

**Name of student** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_  
PO Box Street Town State Zip

**Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_ **Social Security Number** \_\_\_\_-\_\_\_\_-\_\_\_\_

**School** \_\_\_\_\_ **School Counselor** \_\_\_\_\_ **Grade** \_\_\_\_\_

Is applicant receiving special education services? \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ IEP \_\_\_\_ 504 Plan

Applicant Lives With: Both Parents \_\_\_\_ Mother Only \_\_\_\_ Father Only \_\_\_\_ Legal Guardian(s) \_\_\_\_ Foster Parent(s) \_\_\_\_

**Father/Guardian** \_\_\_\_\_  
Last First M. I. Social Security Number

**Address** \_\_\_\_\_  
PO Box Street Town State Zip

\_\_\_\_\_  
Employer Town Phone

**Mother/ Guardian** \_\_\_\_\_  
Last First M.I. Social Security Number

**Address** \_\_\_\_\_  
PO Box Street Town State Zip

\_\_\_\_\_  
Employer Town Phone

If the applicant is living with a natural or **adoptive** parent indicate the level of education completed.

Father: High School: 9 10 11 12 College: 1 2 3 4 Degree Awarded No \_\_\_\_ Yes \_\_\_\_

Mother: High School: 9 10 11 12 College: 1 2 3 4 Degree Awarded No \_\_\_\_ Yes \_\_\_\_

Total number of adults living in your household \_\_\_\_\_

1. \_\_\_\_\_  
Full Name Relationship to Student

\_\_\_\_\_  
Employer Town Phone

2. \_\_\_\_\_  
Full Name Relationship to Student

\_\_\_\_\_  
Employer Town Phone

3. \_\_\_\_\_  
Full Name Relationship to Student

\_\_\_\_\_  
Employer Town Phone

Children in your household

(Please provide names, ages, and relationship: B=brother, S= sister, C= cousin, SB=step-brother, SS=step-sister, N=none)

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Is applicant an official Ward of the State? \_\_\_\_\_ Living in a foster home? \_\_\_\_\_

If answer is **YES** to either, then the student is automatically eligible. Please have appropriate person who is legally responsible for the student sign and date below. Include agency details if applicable.

\_\_\_\_\_  
Print Name Agency Title

\_\_\_\_\_  
Signature Date

If both answers are **NO**, please submit a copy of **one** of the following:

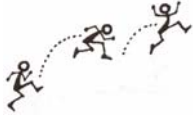
- \_\_\_\_\_ **Signed** 1040 or 1040A tax forms for **all** household members whose income supports the student or other persons who claimed applicant as a dependent for most recent year. **Please include entire SIGNED TWO PAGE form - but not the schedules.**
- \_\_\_\_\_ AFDC/ ADC /ANFC verification

I certify that the information above is true and accurate as reported. I agree to furnish further documentation to the Upward Bound Program if requested.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Print Name Agency Title (If Applicable)





**UPWARD BOUND Southern Vermont College**



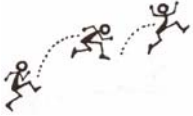
982 Mansion Drive  
Bennington, Vermont 52010  
802-447-4665 upbound@svc.edu

## RELEASE OF INFORMATION

I authorize \_\_\_\_\_ faculty, advisors, and  
Name of school  
school officials to exchange and release information and documentation regarding  
academic and educational issues (transcripts, tests scores, IEP /504 Plan, etc.) pertaining  
to my child \_\_\_\_\_ with  
Print full legal name of student  
the Upward Bound Program dating through the period of participation.

\_\_\_\_\_  
Parent/ Legal guardian signature

\_\_\_\_\_  
Date



**UPWARD BOUND Southern Vermont College**



982 Mansion Drive  
Bennington, Vermont 52010  
802-447-4665 upbound@svc.edu

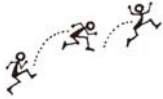
**PUBLICITY RELEASE**

I authorize Southern Vermont College Upward Bound to use photographs and/or videos that include images my child \_\_\_\_\_  
Legal name of child

for educational purposes and program publicity such as: press releases, news broadcasting, and program recruitment. I understand that if I wish to withdraw this permission in the future, I may do so at any time by calling the office 802-447-4665.

\_\_\_\_\_  
Parent /Legal guardian

\_\_\_\_\_  
Date



UPWARD BOUND  
SOUTHERN VERMONT COLLEGE

**RECOMMENDATION**

Applicant's Name \_\_\_\_\_ Today's  
Date: \_\_\_\_\_

Evaluator's \_\_\_\_\_ Name

\_\_\_\_\_  
\_\_\_\_\_

School

Position

Subject Area

How long have you known this applicant? \_\_\_\_\_

To the best of your ability please rate the applicant in each of the following categories on a scale of 1 (lowest) to 5 (highest). If necessary, feel free to make additional comments in the right margin.

**ACADEMIC MOTIVATION**

Apparent desire to improve academic performance

1 2 3 4 5 Unable to observe

Consistency of effort

1 2 3 4 5 Unable to observe

Tolerance for frustration in mastering new concepts

1 2 3 4 5 Unable to observe

Level of verbal participation in class

1 2 3 4 5 Unable to observe

Willingness to ask for extra help

1 2 3 4 5 Unable to observe

Receptivity to change and new ideas

1 2 3 4 5 Unable to observe

Class attendance/getting to class on time

1 2 3 4 5 Unable to observe

Consistency in completing assigned work

1 2 3 4 5 Unable to observe

**ACADEMIC POTENTIAL**

Apparent potential to improve academic performance  
1 2 3 4 5 Unable to observe

Continue on back



**ORIENTATION TOWARD POST-SECONDARY EDUCATION**

Apparent orientation toward some form of post-secondary education  
1 2 3 4 5 Unable to observe

Ability to set realistic long range goals  
1 2 3 4 5 Unable to observe

Parental support of his/her academic efforts  
1 2 3 4 5 Unable to observe

Potential to benefit from the career guidance services that Upward Bound provides  
1 2 3 4 5 Unable to observe

**SOCIAL ADJUSTMENT**

Level of positive self-image  
1 2 3 4 5 Unable to observe

Level of acceptance by peers  
1 2 3 4 5 Unable to observe

Involvement in extra-curricular activities  
1 2 3 4 5 Unable to observe

Potential for leadership  
1 2 3 4 5 Unable to observe

Please check the areas in which you feel this student needs additional assistance:

- |   |   |
|---|---|
| <input type="checkbox"/> Writing and communication skills | <input type="checkbox"/> Study skills           |
| <input type="checkbox"/> Reading skills                   | <input type="checkbox"/> Self-image improvement |
| <input type="checkbox"/> Natural sciences                 | <input type="checkbox"/> Interpersonal skills   |
| <input type="checkbox"/> Math                             | <input type="checkbox"/> Cultural enrichment    |
| <input type="checkbox"/> Social sciences                  | <input type="checkbox"/> Other (Specify below)  |

**ADDITIONAL COMMENTS:**

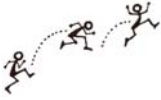
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**UPWARD BOUND**  
SOUTHERN VERMONT COLLEGE

**RECOMMENDATION**

Applicant's Name \_\_\_\_\_ Today's  
Date: \_\_\_\_\_

Evaluator's \_\_\_\_\_ Name

\_\_\_\_\_  
School Position Subject Area

How long have you known this applicant? \_\_\_\_\_

To the best of your ability please rate the applicant in each of the following categories on a scale of 1 (lowest) to 5 (highest). If necessary, feel free to make additional comments in the right margin.

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| <input type="checkbox"/> Social sciences                  | <input type="checkbox"/> Other (Specify below)  |

**ADDITIONAL COMMENTS:**

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