

# IHCC UPWARD BOUND APPLICATION 2021-2022

Office Use Only: LI FG BO NE  
Date Received: \_\_\_\_\_

APPLICANT INFORMATION			
<b>Name:</b> Last, First, Middle Initial		<b>T-shirt Size:</b> S M L XL XXL XXXL	
<b>Date of Birth:</b> mm/dd/yyyy	<b>U.S. Citizen?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Check <u>all</u> that apply:</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian	
	<b>SSN:</b> (if YES)		
<b>Gender:</b> MALE FEMALE	<b>USCIS:</b> (if NO) A _____		
<b>Street Address:</b> Include Apt. #			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Student Phone #:</b>			
<b>Student Email:</b>			
<b>High School:</b>		<b>Grade Level:</b>	
<b>Have you ever been convicted of a felony?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Have you ever been convicted of possessing, using, or dealing illicit substances?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Are you listed on the Sex Offender Registry in Iowa or any other state?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
STATEMENT OF APPLICATION			

I hereby apply for admission to the Indian Hills Community College Upward Bound program. I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that knowingly providing inaccurate or incomplete information may result in the disqualification of my application or expulsion from the program. I understand Upward Bound is an academic program designed to help students develop the knowledge and skills necessary for the pursuit of education beyond high school. I understand, if admitted, I will be expected to participate fully in BOTH the six-week summer program and the academic year program activities. I understand Upward Bound activities in both the summer and academic year components may include academic instruction, workshops, field trips (within or outside Iowa), cultural events, tutoring, conferences, social events, community service, and physical activities. I understand that failure to participate at acceptable levels may result in the loss of stipends, suspension, or expulsion from the program. I have been informed that transportation to all Upward Bound activities from my school, a monthly stipend of \$30.00 each month, as well as room and board during the summer session are all benefits I will receive for program participation.

I agree to abide by all Upward Bound policies and rules as established to create a safe, welcoming, and positive learning environment. I understand that all Upward Bound participants, regardless of age, may not possess, use, or distribute to others tobacco products, alcohol, or illegal drugs. I understand that if I violate this policy, I will be subject to suspension or expulsion from the program.

**Student Signature:**

**Date:**

I have read and agree to the above provisions to which my child has agreed. I give permission for my child to participate in the Upward Bound program and I acknowledge that Indian Hills Community College cannot guarantee the health, safety, or well-being of any individual. I understand that admission to and continuation in the program is at the discretion of the director upon review of my child's academic standing, level of participation, attitude, behavior, or upon the director's assessment of the program's capacity to adequately meet the specific needs of my child.

**Parent/Guardian Signature:**

**Date:**

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**PARENT/LEGAL GUARDIAN INFORMATION**

This page is to be completed by the parent(s) and/or legal guardian(s) who is/are **LEGALLY** responsible for this student applicant.

Student's Full Legal Name: \_\_\_\_\_  
First
Middle
Last

Family Size: \_\_\_\_\_ (*# of people, including yourself, living in your household.*)

Is the student applicant a foster child or legal ward of the state?  YES  NO

**PARENT/GUARDIAN 1**

<b>Name:</b> <i>First, Last</i>	<b>Relationship to Student Applicant:</b>
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**Street Address:** *Include Apt. #*

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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<b>Home Phone:</b>	<b>Does parent/guardian 1 have a 4-year college degree (Bachelor's Degree)?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, from what college?
<b>Cell Phone:</b>	
<b>Work Phone:</b>	
<b>Parent/Guardian Email:</b>	

**PARENT/GUARDIAN 2**

<b>Name:</b> <i>First, Last</i>	<b>Relationship to Student Applicant:</b>
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**Street Address:** *Include Apt. #*

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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<b>Home Phone:</b>	<b>Does parent/guardian 2 have a 4-year college degree (Bachelor's Degree)?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, from what college?
<b>Cell Phone:</b>	
<b>Work Phone:</b>	
<b>Parent/Guardian Email:</b>	

I attest that all the information reported above is true and accurate to the best of my knowledge.

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
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# IHCC UPWARD BOUND APPLICATION 2021-2022

**INCOME VERIFICATION**

The United States Department of Education requires each Upward Bound program to select two-thirds of program participants from families whose taxable income is at or below federal income guidelines that are set annually by the Department of Education. The information requested in this form is used to determine participant eligibility and will be kept strictly confidential.

Student's Full Legal Name: \_\_\_\_\_  
First
Middle
Last

**Please complete Option A or Option B AND Option C:**

Option A OR	Option B	AND Option C
<b>FAMILY INCOME - SELF-REPORTED</b>	<b>TAX FORM</b>	<b>FINANCIAL ASSISTANCE</b>
<p>Using your <b>Federal Tax form from the previous calendar year</b>, please indicate your <b>taxable income</b> (1040 line 15).</p> <p><i>You DO NOT need to submit a copy of your tax forms if you choose this option.</i></p> <p><b>Previous Year's Taxable Income:</b> _____</p>	<p>Submit a <b>signed</b> copy of pages 1 &amp; 2 of your completed <b>Federal Tax form from the previous calendar year</b> 1040 or 1040SR.</p>	<p style="text-align: center;"><i>Check all that apply</i></p> <p><input type="checkbox"/> Applicant resides in foster home</p> <p><input type="checkbox"/> Applicant does not reside with a natural or adoptive parent</p> <p><input type="checkbox"/> Free (not reduced) School Lunch</p> <p><input type="checkbox"/> Food Stamps Case #: _____</p> <p><input type="checkbox"/> FIP Case #: _____</p>

UPWARD BOUND OFFICE USE ONLY				
Documentation received:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LI FG BO NE
Family Size: _____	Taxable Income: _____			
Eligibility Income Level: _____				
_____			_____	
<i>Staff Signature</i>			<i>Date</i>	

I certify the information above is current and accurate to the best of my knowledge.

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

# IHCC UPWARD BOUND APPLICATION 2021-2022

## CONSENT TO RELEASE HIGH SCHOOL RECORDS

I, \_\_\_\_\_ (student name), consent to the release of my school records including, but not limited to, demographic data/contact information, enrollment/school transfer information, school attendance, transcripts, grades and report cards, test scores, recommendations, disciplinary records, Free/Reduced Price Lunch status, and other relevant information regarding my school performance to the Indian Hills Community College Upward Bound Program. I understand information shared under the terms of this agreement will be kept confidential and used for the following purposes:

1. Determining admission to the Upward Bound program
2. Developing an individualized plan and providing academic advising to support my growth, interpersonal development, and preparation for success in accessing and completing higher education.
3. To provide data to the U.S. Department of Education and to Indian Hills Community College for the sole purpose of assessing the effectiveness of Upward Bound in providing services to students.

I understand my records will be kept in a confidential file and will be used for the reporting purposes described above. This release shall remain in effect from the date indicated below until 12 months following the date of my graduation from high school. I understand that if I am not admitted into the program, this release will be immediately null and void. I understand I may revoke this release at any time by submitting a signed and dated statement to Indian Hills Community College Upward Bound denying the release of high school records.

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

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

I have read the above statement and give consent for my child's school to release his/her high school records to Indian Hills Community College Upward Bound to be maintained and utilized as described above.

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

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

## CONSENT TO RELEASE POSTSECONDARY INFORMATION

I understand the U.S. Department of Education and Indian Hills Community College have an interest in assessing the effectiveness of Upward Bound in providing services to student participants. I consent to the release of information regarding my enrollment, financial aid, academic standing, and graduation status from my postsecondary institution, the National Student Clearinghouse, and/or state data system to Indian Hills Community College Upward Bound. I understand this information will be kept in a confidential file and will be used only for the reporting purposes described above.

I understand this release will remain in effect for 6 years beyond the date of my planned graduation from high school. I understand that if I am not admitted into the program, this release will be immediately null and void. I understand I may revoke this release at any time by submitting a signed and dated statement to Indian Hills Community College Upward Bound denying the release of the above information.

**Student Name:** \_\_\_\_\_

**High School Graduation:** (mm/yyyy) \_\_\_\_\_

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

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

I have reviewed and give my consent to the release of information as described above regarding the enrollment, financial aid, academic standing, and graduation status of my child from his/her postsecondary institution, the National Student Clearinghouse, and/or state data system to the Indian Hills Community College Upward Bound program. I understand this information will be maintained and utilized for the sole purposes described above.

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

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

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## STUDENT ESSAY

In a 100-200 word written essay, describe what service(s) you would like to receive from Upward Bound and how the service(s) would impact your ability to achieve your educational and career goals. **Upward Bound offers the following services:**

Academic Advising

Time Management

Volunteer Opportunities

Tutoring/Study Skills

College Admission Assistance

Financial Aid Advising

Test Preparation

College & Career Exploration

College Experience

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*\*Continue on the back if necessary.*

I attest that all the information reported in this essay is true and accurate to the best of my knowledge.

**Student Signature:**

**Date:**

If you have any questions or concerns regarding this application or the selection process, please contact your assigned Upward Bound Academic Advisor using the contact information listed below.

**Audrie Beary**

IHCC, Ottumwa Campus  
audrie.beary@indianhills.edu  
641.680.0045

**Gregory Teets**

IHCC, Centerville Campus  
gregory.teets@indianhills.edu  
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