

ST. OLAF COLLEGE TRIO UPWARD BOUND PARENT/GUARDIAN APPLICATION

Please send completed application materials to the UB advisor at your school via email. Feel free to text us with any questions:

Central High School:

Tzolquin Pinedo, pinedo2@stolaf.edu
(651) 315-2606

Creative Arts Secondary:

Aye Bra Tha, tha@stolaf.edu
(651) 444-0687

Highland Park High School:

Tendor Norbu, norbu1@stolaf.edu
(651) 734-5180

Humboldt High School:

Nou Yang, yangn@stolaf.edu
(651) 785-6281

Open World Learning Community:

Aye Bra Tha, tha@stolaf.edu
(651) 444-0687

Other questions? Contact Mari Avaloz, Program Director,
avaloz@stolaf.edu or (612) 245-7215

Dear Parent(s)/Guardian(s):

Before completing the attached application, please take time to read and understand the information in this letter. The material below will help you determine if you and your student wish to apply to participate in the St. Olaf Upward Bound program.

The major goal of the Upward Bound program is to **help students develop the skills and motivation required to succeed in education both in high school and beyond.** Admission to the Upward Bound program is **not automatic**; students must successfully complete a **rigorous application and selection process.** To qualify for Upward Bound, students must be either from low-income families or be potential first-generation college students (neither parent/guardian has a 4-year degree).

Upward Bound (UB) is a **federally funded** TRIO program designed to assist students who are interested in enhancing their academic skills and furthering their education. St. Olaf College UB students are recruited from five St. Paul high schools: Central High School, Creative Arts Secondary School, Highland Park High School, Humboldt High School and Open World Learning Community. Admitted students must take all activities required by the program seriously. If UB does not feel the student is making the necessary commitment to his/her education, the student may be placed on a performance contract, which if not fulfilled, may result in dismissal from the program.

Students who are admitted must **agree** to take part in UB's intensive **six-week residential Summer Program and participate in our Academic School Year Program**, which have the following major objectives:

1. Increase academic performance of program participants.
2. Increase the motivation of program participants to succeed in high school and attend college.
3. Provide informative and enriching mentoring/career/educational opportunities for all participants.
4. Increase participation in cultural/educational experiences beyond those available at their high schools.
5. Provide group/individualized tutoring, guidance and counseling for program participants.
6. Provide assistance in securing admission to a postsecondary institution and adequate financial aid to attend.
7. Provide a bridge between high school and college during the summer after the participant's senior year.

These objectives can only be met if students actively participate and accept responsibility for participation. Please feel free to contact me if you need further information or assistance.

Sincerely,



Mari Avaloz
 Program Director

For more information, please contact:				
CENTRAL HIGH SCHOOL	CREATIVE ARTS SECONDARY SCHOOL	HIGHLAND PARK HIGH SCHOOL	HUMBOLDT HIGH SCHOOL	OPEN WORLD LEARNING COMMUNITY
Tuesdays and Thursdays Room 4215 (651) 315-2606 9:00am-5:00pm <i>Tzolquin Pinedo,</i> <i>pinedo2@stolaf.edu</i>	Tuesdays and Thursdays Room 8114 (651) 444-0687 9:00am-5:00pm <i>Aye Bra Tha,</i> <i>tha@stolaf.edu</i>	Mondays and Wednesdays CCRC (651) 734-5180 9:00am-5:00pm <i>Tendor Norbu,</i> <i>norbu1@stolaf.edu</i>	Mondays and Wednesdays Room 3608 (651) 785-6281 9:00am-5:00pm <i>Nou Yang,</i> <i>yangn@stolaf.edu</i>	Monday and Wednesdays Room 3205 (651) 444-0687 9:00am- 5:00pm <i>Aye Bra Tha,</i> <i>tha@stolaf.edu</i>
ST. OLAF 1-800-827-8658 or 612-245-7215				

*Application materials are also available online at: <http://wp.stolaf.edu/upward/how-to-apply/>

ST. OLAF COLLEGE UPWARD BOUND
PARENT/GUARDIAN APPLICATION

This information is strictly confidential. Financial and other personal information you provide to the St. Olaf Upward Bound program is protected by the General Education Provision Act (Privacy Rights of Parents and Students/Buckley Amendment). Upward Bound and the U.S. Department of Education may not release any information without your written consent. Upward Bound is funded by the United States Department of Education and St. Olaf College. St. Olaf College Upward Bound is an equal opportunity employer and educator.

PART ONE: GENERAL INFORMATION

Student's Full Legal Name: _____	Student's Birthdate (month/date/year): _____
Parent/Guardian #1 Name: _____	Parent/Guardian #2 Name: _____
Relationship to Student: _____	Relationship to Student: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Preferred Phone: _____	Preferred Phone: _____
Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Other: _____	Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Other: _____
Secondary Phone: _____	Secondary Phone: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
E-mail: _____	E-mail: _____

2. The student lives with (check **ALL** that apply):

- | | |
|--|---|
| <input type="checkbox"/> Mother
<input type="checkbox"/> Father
<input type="checkbox"/> Step Mother
<input type="checkbox"/> Step Father
<input type="checkbox"/> Foster Parent(s)
<input type="checkbox"/> Relative other than parent, specify: _____ | <input type="checkbox"/> Alone
<input type="checkbox"/> Spouse
<input type="checkbox"/> Group Home
<input type="checkbox"/> Foster Home
<input type="checkbox"/> Guardian (not a relative), specify: _____
<input type="checkbox"/> Other (not a relative), specify: _____ |
|--|---|

3. What languages are primarily spoken at home?

- English Only English AND _____ Other (specify): _____

4. List in order language(s) your student speaks fluently

First Language Learned: _____

Second Language Learned: _____

Third Language Learned: _____

If student's legal guardian is other than a natural parent, please fill out the following:

Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Secondary Phone: _____

Employer: _____ Occupation: _____

Explain (relationship to student applicant): _____

PART TWO: INCOME AND EDUCATIONAL INFORMATION

The U.S. Department of Education requires that Upward Bound participants meet certain eligibility guidelines (e.g., income, education, etc.). Before we can determine the student's income eligibility, we need the following information as well as documentation verifying your family's income. **Please read carefully and complete all blanks.** If all information is not completed, this form cannot be processed.

1. Are you, _____, the legal parent/guardian of _____? Yes No
Your Name Student's Name

2. Is the student listed above a U.S. Citizen? Yes No
**If student is accepted into UB, we will require their Social Security number.*

3. Is the student listed above a Permanent U.S. Resident?* Yes No
**If yes and accepted, a copy of their card will be required for their UB file.*

4. List all other individuals that live in this student's household (attach additional sheets, if necessary). Also, please indicate U.S. Citizenship/Permanent Resident status of each family member listed.

Name	Relationship to Student Applicant	Age	U.S. Citizen Yes or No	Permanent Resident Yes or No
1) _____				
2) _____				
3) _____				
4) _____				
5) _____				
6) _____				

5. Did you file a federal income tax return for last year (2022)? Yes No

If **federal income tax** was filed for last year (2022), a **copy must be attached** in order to process this application (Form 1040, 1040A or 1040EZ). Please submit all pages filed with the IRS. If you did not or have not filed, please attach a copy of your most recent federal income tax form, or copies of your most recent W-2 forms.

If you receive **unemployment assistance**, please attach a copy of your most recent check or benefits print-out.

6. What is the source of family income? (Check all that apply)

- Father's employment (occupation and monthly gross amount) _____
- Mother's employment (occupation and monthly gross amount) _____
- Guardian's employment (occupation and monthly gross amount) _____
- Guardian's employment (occupation and monthly gross amount) _____
- Social Security (rate per month) _____
- Public Assistance* (rate per month) _____
- Other (specify) _____

***If you receive TANF (temporary assistant for needy families) or other public assistance, please make a copy of the document and submit it with this application.**

2023-2024 Upward Bound Taxable Income Eligibility Guide for Parent(s)/Guardian(s)

Directions: The following is a guide to the maximum income amounts that a student applicant's custodial parent(s)/guardian(s) can earn and still be eligible for Upward Bound. This guide is based upon **taxable income from completed 2022 Federal Income Tax Forms***.

Total number of exemptions claimed	Federal Taxable Income
Form 1040EZ	Form 1040EZ, line 6
Form 1040, box 6d	Form 1040, line 43
Form 1040A, box 6d	Form 1040A, line 27
*1	\$21,870
2	\$29,580
3	\$37,290
4	\$45,000
5	\$52,710
6	\$60,420
7	\$68,130
8	\$75,840

For families of more than 8, add \$7,710 for each additional family member

*Indicates independent student

***If over income:** If the student's family income exceeds the above amounts, their application will still be considered if neither parent/guardian has completed a 4-year (baccalaureate) degree.

Additional questions: Please contact Mari Avaloz, Upward Bound Director, St. Olaf College,
1-800-827-8658 or 612-245-7215.

7. Check the highest level of education **completed**:

	Father	Mother	Step-Parent	Guardian 1	Guardian 2
6th grade or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7th-9th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10th-12th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High school graduate or GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some college (no degree obtained)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-year college degree/certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-year college degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed graduate school (M.A., Ph.D., etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Check all statements that apply:

- I attend school programs and/or teacher conferences.
- I check my child's school/homework.
- I encourage my child to continue education after high school.

9. Do you support your student's interest in participating in the St. Olaf College Upward Bound program? Please explain.

PART THREE: AGREEMENTS

If admitted to the program, each student agrees to:

1. Complete **minimum course requirements** each school year to be on track for graduation.
2. Attend the Upward Bound six-week, **summer academic camp each summer** and complete the assigned work.
3. Abide by St. Olaf College Upward Bound **dorm and campus rules**.
4. Participate in the Upward Bound **Bridge Program** during the senior year and the summer following high graduation.
5. Remain in **contact** with Upward Bound during the school year.
 - a) **Regularly meet** with Upward Bound staff during school visits.
 - b) **Attend scheduled** Upward Bound meetings.
 - c) Notify Upward Bound of **changes in address** and phone number.
6. Participate in the UB Mentoring Program.
7. Complete any other **requirements** as requested by the Upward Bound program.
8. Plan to enroll in postsecondary education for the fall semester **immediately** following high school graduation.

I understand the goals, objectives, and requirements of the St. Olaf Upward Bound program and agree to support my child in fulfilling them. I also understand that if my student does not meet the required goals and objectives, they will be terminated from the program. I further certify that all financial and educational information on this form is valid and correct.

Signature of Parent/Guardian

Date

PART FOUR: RELEASES

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the St. Olaf College Upward Bound Program to provide information on behalf of my child to the schools and/or agencies indicated below:

1. Minnesota Education Equity Partnership
2. Postsecondary Institutions (universities/colleges, technical schools, etc.)
3. Student applicant's current and/or former junior or senior high school

I also authorize St. Olaf College Upward Bound to provide information on behalf of my child to a non-custodial parent(s)/guardian(s).*

**St. Olaf College Upward Bound will follow the official policy on school records, information and confidentiality established by your child's school district, unless otherwise noted.*

I understand that the policy of the St. Olaf College Upward Bound program is to release only that information about a student or former student that, in judgment of the staff, is considered essential.

Student Name

Date

Signature of Parent/Guardian

Date

AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize the Saint Paul Public School District to release complete school transcripts (including attendance, dean's reports, official quarterly and final grade reports, standardized test scores and IEPs) of my child to the St. Olaf College Upward Bound Program. I understand that this information will be kept confidential unless otherwise authorized.

Student Name

Date

Signature of Parent/Guardian

Date