Upward Bound at the University of Wisconsin- La Crosse
Instructions for Application

Upward Bound is a federally funded TRIO program that provides academic support to low income and/or First-generation college bound students. To qualify, students need to either meet TRIO low-income guidelines or be a first-generation college, meaning neither parent has obtained a bachelor's degree. Additionally, to qualify, students must have at least started the Ninth Grade and either attend one of our program's target high schools that include Logan, Central, Brookewood, Holmen, or Sparta in the Monroe and La Crosse Counties.

Dear student, I am pleased that you are interested in Upward Bound.

In this application, students will need to:

- Complete the 2020-2021 student application
- Complete the letter of recommendation form (ask a teacher or school counselor)
- Request high school transcript and most recent test scores
- You and your parents or legal guardian should complete the data sheet. You will need to submit one of the following: A copy of your United States birth Certificate or permanent resident card

Parent’s will need to:

- Complete the Statement of Family Income Form
- Submit a copy of Income Verification (tax forms)
- Complete the Parental Consent, Waiver and Release Form

Both Student and Parent/Guardian will need to:

- Read and Sign the Required Expectations for Student Participation
- Complete the Release of Student information
- Complete the Media Release Form (Optional)
- Printed Applications can be submitted to your school’s counselor or mail to the Upward Bound office at the following address:

  Upward Bound at UWL
  1725 State Street - 1174 Centennial Hall
  La Crosse, WI 54601

Please feel free to contact me via email jholland2@uwlax.edu with any questions and I look forward to receiving your application.

Sincerely,
Ms. Jazzma Holland
Director of Upward Bound
Upward Bound at the University of Wisconsin-La Crosse
2020 - 2021 Application

Date:_____________________

Gender: [  ] Male [  ] Female (for reporting purposes to the US Department of Education).

First Name: ___________________________ Last Name: ___________________________ M.I. ____________

Student Date of Birth: ___________________ Student Social Security Number*: ___________________________

Name of High School: ___________________________________________________ Grade: ____________

Home Address: ________________________________________ Apt No. _______________

City: _______________________________ Zip Code__________________________

Home Phone: ___________________________

Student Cell Phone: ____________________________

Parent or Guardian Phone: ____________________________ [  ] Cell [  ] Work

Student email: ____________________________

Parent Email: ____________________________

<table>
<thead>
<tr>
<th>Parent 1 (including Adoptive Parent)</th>
<th>Parent 2 (including Adoptive Parent)</th>
<th>Legal Guardian 1 (if other than Parent)</th>
<th>Legal Guardian 2 (if other than Parent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[  ] Mother [  ] Father</td>
<td>[  ] Mother [  ] Father</td>
<td>Relationship to Student</td>
<td>Relationship to Student</td>
</tr>
<tr>
<td>[  ] Unknown</td>
<td>[  ] Unknown</td>
<td>Name:__________</td>
<td>Name:__________</td>
</tr>
<tr>
<td>Name:__________</td>
<td>Name:__________</td>
<td>Lives with Student</td>
<td>Lives with Student</td>
</tr>
<tr>
<td>Living [  ] Yes [  ] No</td>
<td>Living [  ] Yes [  ] No</td>
<td>[  ] Yes [  ] No</td>
<td>[  ] Yes [  ] No</td>
</tr>
<tr>
<td>Lives with Student</td>
<td>Lives with Student</td>
<td>[  ] Yes [  ] No</td>
<td>[  ] Yes [  ] No</td>
</tr>
<tr>
<td>[  ] Yes [  ] No</td>
<td>[  ] Yes [  ] No</td>
<td>[  ] Yes [  ] No</td>
<td>[  ] Yes [  ] No</td>
</tr>
</tbody>
</table>

Please Check one box below that best indicates how you first learned about the UWL Upward Bound:

[  ] Guidance Counselor             [  ] Upward Bound Website
[  ] Advertisement                  [  ] Community Leader or Clergy
[  ] Summer Upward Bound            [  ] A Friend or relative
[  ] Presentation at school          [  ] HS Teacher

*The program uses this information for participants stipends and for reporting purposes to the United States Department of Education.
Check one box below that represents the highest level of education that you (the student) expect to complete:

[ ] High School  [ ] Two – year College  [ ] Master’s Degree

[ ] Career or vocational Degree  [ ] Four -year College  [ ] Doctoral Degree

Please Complete the following essays, which are started for you.

I would like to participate in Upward Bound because... (write about the hopes you have for continuing education beyond high school, what you want to gain from the program, which high school subjects you like and which subjects you would like some help with)

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

I think that you will want to choose me as a participant because I... (Tell us an interest or a special skill you have, or if you have participated in a special project in your community or school, how you relate to others or if you are a hard worker)

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Please check all boxes below that represent any other college access programs in which you currently participate or have recently applied:

[ ] AVID  [ ] Future Centers  [ ] Other: __________

Student Signature ___________________________ Date ___________________________
Upward Bound at the University of Wisconsin-La Crosse

Parental Consent, Waiver and Release

I, _______________________________________, the parent/legal guardian of ________________________________________, give my consent of their participation in the Upward Bound Program being sponsored by the University of Wisconsin-La Crosse and the Monroe and La Crosse Counties. I understand my child will be attending after school classes and tutoring sessions at the university during the school year and be attending a six-week summer residential program at the University of Wisconsin La Crosse during the summer. I understand that the university has made no representation concerning the safety of the methods of travel to and from our travel sites visited.

I hereby agree, on behalf of myself and my child, to assume all of the risks in connection with my child’s attendance at and participation in the Upward Bound Program, including travel, and I agree to release the University of Wisconsin-La Crosse, from any and all liabilities and claims whatsoever arising in connection with my child’s attendance and participation, including travel, except insofar as such liabilities and claims arise out of University of Wisconsin-La Crosse’s negligence or willful misconduct.

I consent to and authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child’s attendance at or participation in the University of Wisconsin La Crosse Upward Bound Program. I give my consent and authorization to the Upward Bound Director or their designee to use their judgment in seeking medical care for my child. I understand that an attempt will be made to contact me if emergency medical care is needed.

I agree that the laws of the State of Wisconsin shall govern this Waiver & Release. I affirm that I have read and understood this document.

__________________________________   _________________       ____________________________________
Signature of Parent or Legal Guardian                  Date                                             Printed Name

Parent/Legal Guardian 1: ______________________________________,  ______________________, __________ __
Last                                                                First                                     MI
Primary Telephone: [ ] Home [ ] Cell [ ] Work (____) ___________________________
Alternative Telephone: [ ] Home [ ] Cell [ ] Work (____) ___________________________

Parent/Legal Guardian 2: ______________________________________,  ______________________, ____________
Last                                                                First                                     MI
Primary Telephone: [ ] Home [ ] Cell [ ] Work (____) ___________________________
Alternative Telephone: [ ] Home [ ] Cell [ ] Work (____) ___________________________

Emergency Contact Person (if persons listed above are not available)

_________________________________,  ______________________, ____________
Last                                                                First                                     MI
Primary Telephone: [ ] Home [ ] Cell [ ] Work (____) ___________________________
Alternative Telephone: [ ] Home [ ] Cell [ ] Work (____) ___________________________

Relationship to Student: _________________________________
Upward Bound at the University of Wisconsin La Crosse
Health Questionnaire

Physician/Clinic _______________________ Phone: _____________________________

Insurance: _______________________ Policy #: _____________________________

Medical Information

Height ______ Weight ______

Has participant ever had major surgery or been hospitalized? [ ] Yes [ ] No Date of last physical Exam _______________

Explain significant operations, accident, or illnesses, and last medical attention and reason: ______________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Does participant have any physical conditions(s) requiring special considerations? Explain. ______________________________
________________________________________________________________________________________________________

Does participant have allergic reactions to: Penicillin? [ ] Yes [ ] No other antibiotics? [ ] Yes [ ] No Specify: ____________

Other medicines? [ ] Yes [ ] No Specify: ____________ Insect bites/stings? [ ] Yes [ ] No Specify: ____________

Is participant currently taking any medication regularly? [ ] Yes [ ] No if yes, identify: ____________

Has participant had or presently experiencing:

[ ] Yes [ ] No Allergies [ ] Yes [ ] No Asthma [ ] Yes [ ] No Bleeding Disorder
[ ] Yes [ ] No Cancer [ ] Yes [ ] No Colitis [ ] Yes [ ] No Diabetes
[ ] Yes [ ] No Blackouts [ ] Yes [ ] No Seizures [ ] Yes [ ] No Epilepsy
[ ] Yes [ ] No Heart Disease [ ] Yes [ ] No Hernia [ ] Yes [ ] No High Blood Pressure
[ ] Yes [ ] No Joint Injury/Surgery [ ] Yes [ ] No Kidney Disease [ ] Yes [ ] No Menstrual Problems
[ ] Yes [ ] No Mental/Emotional Problems [ ] Yes [ ] No Back Pain or Injury [ ] Yes [ ] No Neck Pain or Injury
[ ] Yes [ ] No Rheumatic Fever [ ] Yes [ ] No Tuberculosis [ ] Yes [ ] No Ulcer

Immunization Record:

MMR (measles, mumps, rubella) Dose 1 (at 12 months or after): ___________ Dose 2: ___________

Tetanus-Diphtheria _________ Year initial series completed _________ Year of last tetanus booster _________
Upward Bound at the University of Wisconsin La Crosse
Data Sheet

1. Applicants Name

2. If you wish to be identified with a particular racial and ethnic group, please check the following (please note this information is used solely for reporting purposes to the United States Department of Education).
   Please mark one or more of the following racial identities
   ____ American Indian or Native American  ____ Asian
   ____ Black or African American   ____ White
   ____ Native Hawaiian or Other Pacific Islander

   Please mark one of the following ethnic identities
   ____ Hispanic or Latino   ____ Not Hispanic or Latino

3. Is English your first language? [ ] Yes  [ ] No

4. Is English the primary language spoken at home: [ ] Yes  [ ] No
   a. If no, what language is spoken at home:
      ____ Spanish  ____ Hmoob/Hmong
      ____ Other; Please specify: _______________________

5. Verification of United States Citizenship or Residency: Please attach a copy of one of the following documents:
   _____ Permanent Resident Registration Card #________________
   _____ U. S. Birth Certificate or U.S. Passport #________________
   _____ Naturalization Paper # ______________________________

6. Please indicate the educational attainment of each parent by putting an X in the box that represents the highest level of education completed by the parent or legal guardian:

<table>
<thead>
<tr>
<th>Name</th>
<th>Highest Level of education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent #1</td>
<td></td>
</tr>
<tr>
<td>Parent #2</td>
<td></td>
</tr>
<tr>
<td>Legal Guardian #1</td>
<td></td>
</tr>
<tr>
<td>Legal Guardian #2</td>
<td></td>
</tr>
<tr>
<td>Other Guardian/Caretaker</td>
<td></td>
</tr>
<tr>
<td>Other Guardian/Caretaker</td>
<td></td>
</tr>
</tbody>
</table>

Certification: All of the information on this application is true and correct to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that we have given on this application. I also realize that purposely giving false or misleading information on this application may result in a fine, a prison sentence, or both. I also realize that if I do not give proof when asked, that my child will be denied admittance to Upward bound at the University of Wisconsin-La Crosse.

____________________________________     __________________
Signature of Parent or Legal Guardian       Date
Upward Bound at the University of Wisconsin La Crosse
Statement of Family Income

The student’s parents or legal guardian must complete this statement. Please answer the questions below and sign the certification that follows. To be income eligible for Upward Bound, a students Family taxable income for the year proper cannot exceed 150 percent of the poverty level. For specifics and the taxable income levels, please visit WEBSITE HERE

Parent’s or Legal Guardian’s Name____________________________________________________

For Students Applying in Calendar year 2021

1. Did your family receive any of the following in 2020? (Please Circle response)
   - Snap/Food Stamps       Yes    No
   - Welfare                Yes    No
   - Income Based Housing   Yes    No

Note: If you answer yes to any part of question #1 please attach written documentation from a government agency that verifies your family’s receipt of benefits and skip to the certification below. Such agencies can include the Wisconsin’s Department of Transitional Assistance? If you answered no to all parts of question #1 please complete questions 2 and 3 along with certification below.

2. Please enter the total number of people in your household in 2020.
3. Please enter your family’s 2020 annual taxable income. _______________

Note: Taxable Income can be found on line 10 of the 2020 IRS Form 1040. Please attach a photocopy of your 2020 tax return and complete the certification below.

For Students applying Calendar Year 2022

1. Did your family receive any of the following in 2021? (Please Circle response)
   - Snap/Food Stamps       Yes    No
   - Welfare                Yes    No
   - Income Based Housing   Yes    No

Note: If you answer yes to any part of question #1 please attach written documentation from a government agency that verifies your family’s receipt of benefits and skip to the certification below. Such agencies can include the Wisconsin’s Department of Transitional Assistance? If you answered no to all parts of question #1 please complete questions 2 and 3 along with certification below.

2. Please enter the total number of people in your household in 2021.
3. Please enter your family’s 2021 annual taxable income. _______________

Note: Taxable Income can be found on line 10 of the 2021 IRS Form 1040. Please attach a photocopy of your 2021 tax return and complete the certification below.

Certification: All of the information on this application is true and correct to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that we have given on this application. I also realize that purposely giving false or misleading information on this application may result in a fine, a prison sentence, or both. I also realize that if I do not give proof when asked, that my child will be denied admittance to Upward bound at the University of Wisconsin-La Crosse.

____________________________________     __________________
Signature of Parent or Legal Guardian       Date
To the high school teacher or school counselor:

Upward Bound is a higher education opportunity program offered by the University of Wisconsin – La Crosse. During the academic year, the students come to the University of Wisconsin- La Crosse, or we come to the High School, for tutoring and programming. During the summer, the students live on the University of Wisconsin La Crosse’s campus and have a full-time schedule of rigorous academic activities for six weeks.

Please assess the above student potential to be successful participant in the program. We would appreciate your comments on the student ability in any of the following areas: initiative sense of responsibility, intellectual curiosity and imagination, desire to go to college, writing and oral expression, working with and relating to others, common sense and good judgment, and persistence to carry through on tasks. Please indicate how long you have known the student and the course in which you have had the student.

You may return this recommendation to the student, email it to EMAIL HERE, or mail it or hand deliver it to

University of Wisconsin La Crosse Upward Bound
1725 State Street, Rm 1170 Centennial Hall
La Crosse, WI 54601

Or you may use this link here to fill out the information: Teacher Recommendation Form (or go to https://form.jotform.com/ccolonriverauwl/school-recommendation-form)

Teachers Name____________________________________________ Title_______________________________

Teacher’s Email ________________________________________________
Upward Bound at the University of Wisconsin La Crosse

Required expectation for student participation

I understand that Upward Bound requires students to do the following:

1. Students are expected to remain in Upward Bound through high school graduation.
2. Students are required to participate in both the six-week summer program and the after-school program.
   - During the summer program students live in a residence hall on the University of Wisconsin La Crosse campus from Sunday night through Friday afternoon.
   - During the school year, students will either commute to the University of Wisconsin La Crosse campus after school or stay after school at their respective high school that hosts UB staff for weekly tutoring, enrichment classes, and workshops to assist with college and financial aid application process.
3. Students are expected to follow the rules and regulations of Upward Bound and UW-La Crosse. Full copies of the Upward Bound rules and regulations are distributed at the start of the fall semester, spring semester and summer program, and are also available upon request. Students and parents are expected to read the full version of the program’s rules and regulations. The program rules can be summarized as follows.
   - Students are expected to earn at least the grade of a C in all their high school classes each marking term. If a student earns a grade below a C, Upward Bound will place them on academic probation. Any student on academic probation for three consecutive marking terms could be dismissed from the program.
   - Students are expected to be on time and prepared for all program classes and activities. Students are always expected to show respect for themselves and to others.
   - Students are expected to follow reasonable staff directives. Students are not allowed to have non-program friends as visitors on the UW-La Crosse campus while participating in upward Bound.
   - Students are expected to inform Upward Bound Staff of their whereabouts and during the summer program students are required to sign in and out of the resident hall after 7 PM.
   - Students are expected to observe the programs curfew and lights out policy during the summer program.
   - Students may not use cell phones or other mobile communication devices during class or other program activities.
   - Students are not allowed to leave the UW-La Crosse campus during the summer program.
   - Students will be dismissed for any of the following infractions: possession or use of illegal drugs, alcohol, weapons or fireworks; physical violence or the threat of physical violence; intentional destruction of property (including graffiti); taking of someone else’s property without their permission; and during the summer student are not allowed in the dormitory area restricted for the opposite sex nor are they allowed to use the dormitory or dining hall outside of approved times.

I have read and understand the required expectation for student participation.

_____________________________________________  _____________________
Signature of Parent or Legal Guardian     Date

_____________________________________________  _____________________
Signature of Student       Date
Permission to Release Student Information to Upward Bound

I,_______________________, the parent/legal guardian of __________________________ do hereby permit the release of my son/daughter’s academic records including but not limited to courses, grades, individual education plans, standardized test scores, and proof of graduation to Upward Bound at the University of Wisconsin La Crosse for the purposes of tracking student progress, and compiling and reporting data to the United States Department of Education, Office of Post-Secondary Education. I understand that the United states Department of Education requires Upward Bound at the University of Wisconsin La Crosse to report on my child’s academic progress through either his or her graduation from college or at least four years after my child’s high school graduation.

_________________________________                                            _____________________
Signature of Parent or legal Guardian                                                  Date

I,_______________________, do hereby permit the release of my academic records including but not limited to courses, grades, individual education plans, standardized test scores, and proof of graduation to Upward Bound at the University of Wisconsin La Crosse for the purposes of tracking student progress, and compiling and reporting data to the United States Department of Education, Office of Post-Secondary Education. I understand that the United states Department of Education requires Upward Bound at the University of Wisconsin La Crosse to report on my academic progress through either my graduation from college or at least four years after my high school graduation.

_________________________________                                            _____________________
Student’s Signature                                                                               Date

Permission for Upward Bound to Release Student Information to External Partners

I,_______________________, the parent/legal guardian of __________________________ do hereby permit the Upward Bound at the University of Wisconsin La Crosse to release the academic records about my son/daughter and his/her participation in Upward Bound to the La Crosse or Monroe County Public Schools, and the Wisconsin Office of Education, and to the US department of Education for legitimate educational interests.

_________________________________                                            _____________________
Signature of Parent or legal Guardian                                                  Date

I,_______________________, do hereby permit the Upward Bound at the University of Wisconsin La Crosse to release the academic records about me and my participation in Upward Bound to the La Crosse or Monroe County Public Schools, and the Wisconsin Office of Education, and to the US department of Education for legitimate educational interests.

_________________________________                                            _____________________
Student’s Signature                                                                               Date
Upward Bound at the University of Wisconsin La Crosse
MEDIA RELEASE- Optional

I hereby give my permission to University of Wisconsin La Crosse to photograph, film, videotape and/or make sound recording of my child, to quote or publish statements of my child and to use such photographs, films, and videotapes, sound recordings and/or other statements in the University of Wisconsin La Crosse educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs, news stories, or publications that the University of Wisconsin La Crosse considers appropriate for release to magazines, newspapers, University of Wisconsin La Crosse’s World Wide Web site, and/or other publication. I further understand that any such photographs, films, videotapes, sound records and/or written works are the property of University of Wisconsin La Crosse and that neither my child nor I am entitled to any compensation for or rights to these materials.

I release University of Wisconsin La Crosse from all liability with respect to the matters covered by this release.

Child’s Name: ______________________________________________

Parents or Legal Guardians Name_____________________________________

Parent or Legal Guardians Signature___________________________________________

Date: _____________________________________________