

**SAINT AUGUSTINE'S UNIVERSITY
UPWARD BOUND PROJECTS**

P.O. Box 2042
Rocky Mount, North Carolina 27802
252) 446-1921 Fax: (252) 446-5936

Part D: COUNSELOR REFERRAL (for Counselor to complete)

Applicants Name: _____ School: _____ Grade: _____

Dear Counselor:

The above named person is interested in becoming a participant in the Upward Bound Project. Please complete the information based upon your knowledge of the applicant. Your referral will be used as a part of the application process. Thank you for your assistance.

Type of curriculum enrolled (i.e., career or college preparatory) _____

Academic performance: _____ good _____ average _____ below average

Grade Point Average: _____ (required)

School attendance: _____ regular basis _____ irregular basis

Has the applicant experienced any social, physical, or psychological problems? _____ yes _____ no

Comments: _____

Does the applicant intend to pursue postsecondary education? _____ yes _____ no

Results of standardized tests (PSAT, ACT, SAT)

_____ good _____ average _____ below average _____ not applicable

Applicant needs support in the following areas:

_____ Test-taking Skills	_____ Time Management	_____ Communication Skills
_____ Study Skills	_____ Career Planning	_____ Goal Setting
_____ Writing Skills	_____ Interpersonal Skills	_____ Other

Comments: _____

Do you recommend this student for participation in the Upward Bound Project? YES _____ NO _____

School Counselor Signature: _____ **Date:** _____

DO NOT WRITE IN THIS SPACE (for office use only)

Program Classification: _____ UB Classic _____ Halifax County UBMS _____ Southeast Halifax County UB

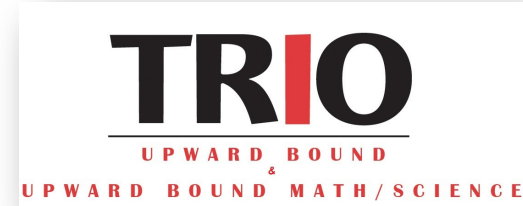
Low Income: _____ Low Income & at high risk of academic failure _____
 First Generation: _____ First Generation & at high risk of academic failure _____
 Low Income/First Generation: _____ Low Income/First Generation & at high risk of academic failure _____

ENROLLMENT STATUS: Enrolled: Yes _____ Not Enrolled _____ Incomplete Application _____

Comments: _____

UB Staff Signature: _____ Date: _____

*TRiO programs are federally funded through the US Department of Education
(Revised 08/2021)



Upward Bound Projects

Academic Activities Cultural Enrichment Community Service

Student Application 2021-2022



TRiO is.....Transformational!



Nash/Edgecombe County - Halifax County

Office Location:
SAU TRiO Center of Excellence
721 Pennsylvania Ave.
Rocky Mount, NC 27801
(252) 446-1921

Mailing Address:
SAU TRiO Center of Excellence
PO Box 2042
Rocky Mount, NC 27802

Application Instructions

1. Student must be in 9th, 10th or 11th grade, attend high school in Nash, Edgecombe, or Halifax counties.
2. Complete ALL sections of the application.
3. Attach a 75 word typed essay explaining "Why I Want To Participate In The Upward Bound Project."
4. Attach a copy of your most recent Transcript and/or Report Card.
5. Attach a copy of parent's recent (1040) tax return or other acceptable form of income or statement.
6. Have your School Counselor complete Section D (COUNSELOR REFERRAL) on back of the application.
7. Have a school official or community leader complete the enclosed Recommendation Form
8. If student meets all previous qualifications, he/she and parent(s) must successfully complete the TRIO Academy Orientation.

Part A: Student Information* *All information *must* be completed - ALL information will be kept confidential!

Social Security Number: _____ Date of Birth: _____

School: _____ Grade: (circle one) 9 10 11 G.P.A.: _____

First Name: _____ MI: _____ Last Name: _____

Address/PO BOX: _____

City: _____ State: _____ Zip: _____ County: _____

Parent Phone: () _____ Student's Phone () _____

Student Email Address: _____

Gender: M _____ F _____ U.S. Citizen: Yes _____ No _____

Race: Asian _____ Black _____ Latino _____ Native American _____ White _____ Other _____

Disability: Yes _____ No _____ If yes, describe the condition: _____

Does your child have an Individual Educational Plan (IEP) or 504 plan? Yes _____ No _____

Are you currently enrolled in another federally-funded program? Yes _____ No _____

If Yes, what is the name of the program? _____

Do you plan to participate in other high school related activities? Please list them below.

Part B: Income Documentation **VERY IMPORTANT**

The U. S. Department of Education requires each Upward Bound Project to obtain accurate family income documentation from each applicant as part of the application process. Appropriate forms of documentation may include your signed statement of taxable income, copies of your most recent annual *IRS 1040 Income Tax Returns* or income verification from another government source.

All information will be kept confidential. **NO** pay stubs, **NO** W-2 or W4 forms!

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****ALL Income to be verified, refers to Family Income**

PLEASE ATTACH ALL INCOME DOCUMENTATION (1040 Tax Forms)

(If you submit your most recent/current 1040 tax form, we **JUST need pages 1 & 2**)

Did you (parent/step-parent/guardian) file a federal tax return for the most recent tax year?

Yes - If YES, Please check the level of your TOTAL FAMILY TAXABLE INCOME; (NOT GROSS INCOME)

(Taxable Income can be found on page 1, line 15 on the 2020 or 2021 1040 Tax Form) *Effective 2/21/2022

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0	\$19,321	\$26,131	\$32,941	\$38,751	\$46,561	\$53,371	\$60,181	\$66,991
to	to	to	to	to	to	to	to	to
\$19,320	\$26,130	\$32,940	\$39,750	\$46,560	\$53,370	\$60,180	\$66,990	Above

No - If NO, **and you DID NOT** file a federal income tax form, please indicate the source and monthly amount of family income below:

\$ _____ Social Security/Disability \$ _____ Work First \$ _____ Child Support \$ _____ Food Stamps
 \$ _____ Unemployment \$ _____ Other (explain) _____

PARENT/STEP PARENT/GUARDIAN INFORMATION (For only those residing in the home!)

Student resides with: Mother _____ Father _____ Both Parents _____ Other _____

Parent's Marital Status: Single _____ Married _____ Divorced/Separated _____ Widowed _____

Mother/Step-Mother/Guardian Name: _____ Occupation: _____

Contact Phone Number: _____ Email: _____

Father/Step-Father/Guardian Name: _____ Occupation: _____

Contact Phone Number: _____ Email _____

Did either *natural or adoptive parent* graduate from college with a four year Bachelors Degree?

Father yes _____ no _____ **Mother** yes _____ no _____

Total number of persons living in household _____

Part C: Parent Confirmation/Consent

PARENTAL CONFIRMATION/CONSENT

By signing this application I certify the above information provided, including household income information is true to the best of my knowledge. I also give permission for my child to participate in the Upward Bound Project and to travel with the program during sponsored activities. I authorize the program to receive copies of transcripts, report cards, test scores, income documentation, admissions and financial aid information and other pertinent information from colleges, universities, local school districts and other entities relative to academic, enrollment and tracking of student progress. Upward Bound also has my permission to photograph and/or video my child during program activities.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, is a federal law providing for the review and disclosure of student educational records. The University and TRIO Upward Bound will not permit access to or the release of personally identifiable information contained in student educational records to any party without the written consent of the student, except as authorized by FERPA.

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