



# Northern Arizona University Flagstaff, Arizona

The **Upward Bound (UB)** TRiO program is funded by the U.S. Department of Education, and has served northern Arizona high school students since 1977. UB is a year-round program designed to increase participant's high school graduation rates, prepare students academically for college, assist them with college enrollment/admission, and enroll/retain students in college until they earn an Associates, or Bachelor's degree.

UB provides intense academic, career, personal, and financial advising, cultural leadership activities, college campus tours, and academic instruction in language arts, speech communication, mathematics, and science.

## ACADEMIC ELIGIBILITY

Upward Bound participants must be a citizen, national or permanent resident of the United States, meet family income guidelines as set forth by the federal government and/or be a potential first generation college student (neither parent has earned a four-year college degree). Students must also be enrolled at one of the five target high schools. In addition, **selected freshmen applicants are required to and must commit to completing the 2020 four week summer residential Academy held at Northern Arizona University.** Upon successfully completing the 2020 Academy, students will receive one high school elective credit.

## 2019-2020 APPLICATION CHECK LIST

Please submit the following documents:

- 2019-2020 Upward Bound Application
- Copy of Parent(s)/Guardian(s) 2018 FEDERAL Income Taxes (Only page 1 and 2)  
Parent/Guardian, please make sure taxes are SIGNED.  
NOTE: If 2018 taxes were not filed, please complete the Parent/Guardian Income Affidavit included in the Upward Bound application
- Copy of student's Social Security Card
- Copy of student's Certificate of Indian Blood (CIB), if applicable
- Copy of student's 8<sup>th</sup> grade transcript/report card
- Three STUDENT essay questions
- Three PARENT essay questions
- Students, select a teacher, or counselor, and kindly request they complete the attached Upward Bound student evaluation. Once teacher/counselor completes the student evaluation, they are to return it to your high school Upward Bound Site Sponsor on, or before the deadline, Monday, October 14, 2019.**
- APPLICATION Deadline Date: Monday, October 14, 2019**

**Upward Bound  
Attention: Diana Betoney  
P.O. Box 6087  
Flagstaff, AZ 86011**



**Northern Arizona University  
Flagstaff, Arizona**

**2019-2020 APPLICATION  
STUDENT & PARENT ESSAY QUESTIONS**

The student and parent essays are an important part of the selection process. Take your time and submit your best work.

Student and parent essay responses must meet the following requirements:

- **Complete sentences**
- **Proper spelling and grammar**
- **1 – 2 paragraphs per question**
- **Essay responses must be typed**

**Student Questions:**

1. Introduce yourself, your family, and share your personal interest(s).
2. What are your academic goals and future plans?
3. What obstacles may you encounter when enrolling, attending, and graduating from college?  
How will you overcome these challenges?

**Parent (Guardian) Questions:**

1. How would you describe your child, and their academic strengths and weaknesses?
2. How have you helped your child be successful when it comes to their education?
3. How much support can we expect from you in regards to your student's involvement in the Upward Bound program?

**APPLICATION Deadline Date: **Monday, October 14, 2019****

**Return to: Upward Bound**

**Attention: Diana Betoney**

**P.O. Box 6087**

**Flagstaff, AZ 86011**

For additional information, please contact the Upward Bound Director, Diana Betoney  
[diana.betoney@nau.edu](mailto:diana.betoney@nau.edu) / (928) 523-6984.



# 2019-2020 Upward Bound Application

## PART I - STUDENT INFORMATION

Please print clearly or type.

Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Street or P.O. Box City State, Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Student E-Mail Address \_\_\_\_\_

T-Shirt Size: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XLarge \_\_\_\_\_ XXLarge \_\_\_\_\_

### Emergency Contact Person (Must have a telephone number)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### REQUIRED FOR FEDERAL FUNDING PURPOSES:

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender: ( ) Male ( ) Female

US Citizen? YES \_\_\_\_\_ NO \_\_\_\_\_ If not a US Citizen, are you a Permanent Resident? YES \_\_\_\_\_ NO \_\_\_\_\_

Ethnicity (If more than one group, please check all that apply):

White \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Asian \_\_\_\_\_ Black or African-American \_\_\_\_\_

American Indian or Alaskan Native \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Tribe(s) \_\_\_\_\_ Census # \_\_\_\_\_

Have your natural, or adoptive, parents graduated from a 4 year college or university? YES \_\_\_\_\_ NO \_\_\_\_\_

## PART II - HIGH SCHOOL INFORMATION

High School: \_\_\_\_\_ Anticipated Graduation Year: \_\_\_\_\_

Grade Level 2019-2020: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Junior High/Middle School Attended \_\_\_\_\_

Are you currently, or have you ever been a participant of another TRiO program (check all that apply)?

( ) Talent Search ( ) Upward Bound Math Science

## PART III - PARENT/GUARDIAN INFORMATION

The federal government requires the following information. The information provided will be kept completely confidential and used to determine student eligibility and measure participant/program success.

Mother / Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address (required) \_\_\_\_\_

Highest educational level mother completed \_\_\_\_\_

Father / Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address (required) \_\_\_\_\_

Highest educational level father completed \_\_\_\_\_

WITH WHOM DO YOU LIVE WITH? ( ) Mother/Father ( ) Mother/Stepfather ( ) Father/Stepmother  
( ) Mother Only ( ) Father Only ( ) Legal Guardian ( ) OTHER: \_\_\_\_\_

**PART IV - HOUSEHOLD INFORMATION**

Please list all members of your household and complete all sections for each member. Use the grade levels below when completing the column for highest level of education.

Name of Each Household Member (include yourself)	Age	Relationship to student	Occupation (If over 19 yrs. old and working)	Highest Level of Education (see below)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Please attach additional sheet(s) to list additional household members.

Grade Levels:

- A – No formal education
- B – Elementary (K - 6th)
- C – Middle School (7 - 8th)
- D – High School (9 - 12th)

- E – Some college credit, but no degree
- F – Vocational or Technical training
- G – Bachelor of Arts/ or Science degree
- H – Master of Arts/ or Science degree

**PART V - INCOME VERIFICATION**

Please check one of the following statements:

- \_\_\_\_\_ PARENTS/GUARDIANS **DID** FILE 2018 FEDERAL INCOME TAX RETURNS.  
(Please attach a **photocopy** of your **SIGNED** 2018 1040EZ, 1040A, or 1040 Federal Income Tax Return)
- \_\_\_\_\_ PARENTS/GUARDIANS **DID NOT** FILE 2018 FEDERAL INCOME TAX RETURNS.  
(Please complete and sign the 2018 Parent/Guardian Income Affidavit Form)

**PART VI - STUDENT/PARENT PARTNERSHIP AGREEMENT**

If I am selected as a participant in the NAU Upward Bound program, I agree to abide by all program and school policies and guidelines while on the NAU campus, at any Upward Bound program function, or while traveling via school transportation. Failure to comply with program and school policies and guidelines could result in dismissal from the program.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

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

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

**PARENT/GUARDIAN INCOME AFFIDAVIT  
 2018 TAX YEAR**

Instructions:

**Complete this form only if you DID NOT file a 2018 Federal Income Tax Return** (form 1040, 1040A or 1040EZ). If you are separated or divorced, use your income only. If you are remarried, include your spouse's income, and designate as step parent income. Please give **yearly** income for 2018 tax year only (1/1/18 - 12/31/18).

**Student Name (Print)** \_\_\_\_\_ **Social Security#** \_\_\_\_\_

Source of Income	Yearly Amount (Enter zero if appropriate)	
	Mother/Guardian	Father/Guardian
Name of Employer	\$	\$
Name of Employer	\$	\$
Alimony	\$	\$
Social Security	\$	\$
Unemployment	\$	\$
Disability	\$	\$
Veteran's Benefits (Specify Type)	\$	\$
Child Support	\$	\$
AFDC/ADC	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$

**Certification:** All of the information on this form is true and correct to the best of my (our) knowledge. If asked by an authorized official, I (we) agree to give proof of the information that I (we) have given on this form.

Mother/Guardian \_\_\_\_\_  
Printed Name Signature Date

Father/Guardian \_\_\_\_\_  
Printed Name Signature Date

<b>OFFICIAL USE ONLY:</b>	
Date Received: _____ / _____ / _____	Received by: _____
Comments: _____	

# Federal TRIO Programs

## Current-Year Low-Income Level

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,735	\$23,400	\$21,570
2	\$25,365	\$31,695	\$29,190
3	\$31,995	\$39,990	\$36,810
4	\$38,625	\$48,285	\$44,430
5	\$45,255	\$56,580	\$52,050
6	\$51,885	\$64,875	\$59,670
7	\$58,515	\$73,170	\$67,290
8	\$65,145	\$81,465	\$74,910

(Effective **January 11, 2019** until further notice)

For family units with more than eight members, add the following amount for each additional family member: \$6,630 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,295 for Alaska; and \$7,620 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

**PART VII - PARENTAL/GUARDIAN and STUDENT CONSENT STATEMENT**

**PARENT/GUARDIAN:**

I, \_\_\_\_\_, state I am responsible for \_\_\_\_\_, student, as his/her parent/guardian, and hereby give my permission for him/her (if selected) to participate in all activities of the Upward Bound Program of Northern Arizona University, Flagstaff, Arizona.

I understand college tracking/retention of Upward Bound participants is required by the U.S. Department of Education to determine the effectiveness of the program. I authorize Upward Bound to have access to, and receive copies of my student's middle school, high school transcripts, state mandated assessments, and postsecondary academic/financial aid records. I am aware any information given may be released to the U.S. Department of Education, solely to determine eligibility, and measure participant/program success.

I agree to promote my students' participation in the academic year and summer residential Academy. I will attend parental involvement activities/events that will encourage my son/daughter to complete the program, enroll in college the fall semester immediately after high school graduation, and attain a two, or four-year college degree within six years.

I certify that to the best of my knowledge all of the above information contained in the application is true and correct.

Parent/Guardian: \_\_\_\_\_  
Printed Name Parent Signature Date

**STUDENT:**

I, \_\_\_\_\_, understand the release of my academic records include, but not limited to high school transcripts, individual education plans, and standardized test scores will be provided to the Upward Bound program at Northern Arizona University, and will be used to determine eligibility and measure participant/program success.

I understand the purpose of the Upward Bound program is to prepare participants to enroll in college the fall semester immediately after high school graduation, as well as graduate from a program of postsecondary education with a two, or four-year college degree within six years. As part of my personal effort in this preparation, I commit to Upward Bound and will participate in the academic year component and the four week summer residential Academy. My attendance is an integral part of participating, therefore, I agree, if accepted into the program, to attend and actively participate in all classes, meetings, activities, and events sponsored by Upward Bound. I understand and willingly commit to meeting these expectations.

Student: \_\_\_\_\_  
Printed Name Student Signature Date

**ONLY COMPLETE APPLICATIONS WILL BE REVIEWED**

For additional information, please contact the Upward Bound Director, Diana Betoney

[diana.betoney@nau.edu](mailto:diana.betoney@nau.edu) / (928) 523-6984.

[www.nau.edu/Upward-Bound](http://www.nau.edu/Upward-Bound)

# Upward Bound Student Evaluation\*

A current teacher, or counselor must complete the Upward Bound evaluation.

The purpose of Upward Bound (UB) is to prepare low-income and/or potential first generation high school students (parents, or guardians, do NOT have a 4 year Bachelor's degree) for secondary and post-secondary education. For more information about the NAU-Upward Bound program, visit our website, [www.nau.edu/ub](http://www.nau.edu/ub).

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

How do you rate this student in terms of:	Low	Average	Good	Excellent	Not Observed
Attendance	1	2	3	4	
Willingly participates in class	1	2	3	4	
Attitude, Motivation, and Self Confidence	1	2	3	4	
Maturity (relative to age) & Responsibility	1	2	3	4	
Study Skills/Habits					
Consideration and Respect for others	1	2	3	4	
Desire to learn, potential for intellectual growth	1	2	3	4	
Communication Skills	1	2	3	4	
Leadership Qualities	1	2	3	4	
Emotional Stability	1	2	3	4	

What are the first three words that come to mind to describe this student?

In what area(s) do you feel the student needs to improve the most?

Do you feel this student is committed to the goal of pursuing a postsecondary education?  
Please explain your answer.

Please add any additional information that will give us a more complete picture of the student.  
(If necessary, please use the back of this form)

Teacher/Counselor: \_\_\_\_\_  
Printed Name
Signature
Date

**RECOMMENDATION:** *Thank you for your time and effort to complete this evaluation.*

Strongly Recommend <input type="checkbox"/> Why?	Recommend with Reservation <input type="checkbox"/> Why?	Do Not Recommend <input type="checkbox"/> Why?
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\* **Teacher/Counselor: Please return this form to the Upward Bound Site Sponsor at your high school by: Monday, October 14, 2019. Thank you!**