



Dear Upward Bound Applicant:

We appreciate your interest in becoming a member of the Community Teen Coalition Upward Bound Program. If accepted, we are certain that you will find that our program will become a vital part of your high school years.

During the academic year phase, students are required to attend after school tutoring at Banneker or Griffin High School for a minimum of **3** hours per week. Academic courses are offered during the summer program, which meets from 8:30 a.m. until 4 p.m. for six weeks, beginning late May/early June and ending mid July. Throughout the year, in addition to tutoring and academic courses, we offer SAT/ACT preparation, counseling sessions, recreational activities, field trips, college tours and cultural events. Some Saturday sessions are required.

Upward Bound is free to all participants. Meals and transportation are provided during the summer program, and students receive a small stipend year round.

In order for you to be considered for enrollment into the Upward Bound Program, a great deal of information must be obtained from you and your parents. Let me assure you that ALL information is protected by the Privacy Act and no one may see it unless they work with or for the Community Teen Coalition Upward Bound Program.

After the application packet is complete, either you or your counselor should return it to:

**Community Teen Coalition
Upward Bound Programs
403 Hwy 74, Suite F
Peachtree City, GA 30269**

Once your application has been reviewed by the project staff, you will be notified. **If you meet all qualifications, you and your parent(s) or guardian(s) will be scheduled for a personal interview with Upward Bound Staff.**

If you have any questions, please do not hesitate to contact our office at (678) 994-5694.

Sincerely,

Dion Stokes

Dion Stokes, Director
Upward Bound Programs

Community Teen Coalition Upward Bound Program

INITIAL ENROLLMENT INTO UPWARD BOUND IS LIMITED TO NINTH AND TENTH GRADERS

STUDENT INFORMATION

1. Name: _____ SSN: _____
2. Address: _____ Phone Number: _____
 _____ Cell Number: _____
 City State Zip
3. Birth Date: _____ Birth Place (City, State): _____ Age: _____
4. () Male () Female U.S. Citizen () Yes () No Other _____ Visa Type _____
5. Ethnic Group: () Black/Afro-American () Native American () Asian () Hispanic () Caucasian () Other _____
6. Year in School: () 8th () 9th () 10th
7. High School Attending/Will Attend _____ Middle School Attending/Attended _____
8. Are you physically challenged? () Visual () Mobility () Hearing () learning Disability () Other _____

Parent/Guardian Information

(Provide information ONLY on parent(s)/guardian(s) with whom student lives.)

<u>Mother/Guardian</u>	<u>Father/Guardian</u>
Number of members in household: _____	Number of members in household: _____
Name: _____	Name: _____
Email: _____	Email: _____
Marital Status: () single () married () divorced () separated () widowed () other	Marital Status: () single () married () divorced () separated () widowed () other
Employer: _____	Employer: _____
Work Number: _____	Work Number: _____
Annual Income: \$ _____ Other Income: _____	Annual Income: \$ _____ Other Income: _____
Level of Education: High School Diploma () Yes () No Associate's Degree () Yes () No Year _____ Bachelor's Degree () Yes () No Year _____ If yes, Name of College: _____	Level of Education: High School Diploma () Yes () No Associate's Degree () Yes () No Year _____ Bachelor's Degree () Yes () No Year _____ If yes, Name of College: _____

FAMILY FINANCIAL INFORMATION

Do you file Federal Income Taxes? () Yes () No *If yes, please attach a copy of your most recent 1040 form*

Taxable income \$ _____ Non Taxable Income per month: \$ _____
 () TANF () Social Security () Veterans () Other _____

My signature indicates that the above information is true and accurate:

Parent or Guardian Signature _____ **Date** _____



STUDENT INFORMATION RELEASE AUTHORIZATION FORM

I, _____, do authorize the staff of the *Community Teen*
(Parent /Guardian's Name – Please Print)

Coalition Upward Bound Program to obtain copies of _____'s
(Child's Name – Please Print)
transcripts, report cards and all test scores throughout his/her high school years.

I understand that this information will be held in strict confidence and will be used to evaluate my child's progress to determine the effectiveness of the services rendered by the Upward Bound Program.

Parent/Guardian Signature

Date



COUNSELOR RECOMMENDATION FORM

Name of Student: _____ Grade Level: _____ G.P.A. _____

School: _____ Referral Name: _____

Student's Academic Progress in School: () Very Good () Good () Fair () Poor () Not able to evaluate

****Please attach a copy of MOST recent standardized test scores & transcript.
A final transcript will be required upon completion of eighth grade****

Standardized test student has completed CRCT _____ PSAT _____ GMAS _____ Other _____

Please rate the student in the following areas:

Student Assessment	Exceptional	Above Average	Average	Below Average	No Basis for Judgment
Shows academic potential					
Assumes responsibility					
Is motivated to achieve					
Is proficient in basic skills (Math, Language Arts Etc...)					
Is generally disciplined					
Is leadership oriented					
Has good attendance and punctuality					
Works well with others					
Accepts corrective criticism					
Has a positive sense of self					

NOTE: Your comments are most beneficial in the total selection process!

Do you recommend this student for the Upward Bound Program?

() Strongly recommend () Recommend () Recommend with reservations () Do not recommend

Why/Why not _____

What special needs (s) and/or unusual circumstance (s) should Upward Bound be aware of in order to better assist the student? _____

Guidance Counselor's Signature

Date



TEACHER RECOMMENDATION FORM

Name of Student: _____ Grade Level: _____ G.P.A. _____

School: _____ Referral Person/Title: _____

Student's Academic Progress in School: () Very Good () Good () Fair () Poor () Not able to evaluate

Please rate the student in the following areas:

Student Assessment	Exceptional	Above Average	Average	Below Average	No Basis for Judgment
Shows academic potential					
Assumes responsibility					
Is motivated to achieve					
Is proficient in basic skills (Math, Language Arts Etc.)					
Is generally disciplined					
Is leadership oriented					
Has good attendance and punctuality					
Works well with others					
Accepts corrective criticism					
Has a positive sense of self					

NOTE: Your comments are most beneficial in the total selection process!

Do you recommend this student for the Upward Bound Program?

() Strongly recommend () Recommend () Recommend with reservations () Do not recommend

Why/Why Not _____

What special problems (s) and/or unusual circumstance (s) should Upward Bound be aware of in order to better assist the student? _____

 Teacher's Subject

 Teacher's Name (Please Print)

 Teacher's Signature

 Date

Upward Bound Student Self Assessment

NAME: _____ DATE: _____

Instructions: To help Upward Bound Staff develop a plan of services for you, we must know what you need. Please read through the following lists and indicate whether you feel you have a "high need", "some need", or "no need" for help or improvement in that area.

ACADEMIC SKILLS:	High Need	Some Need	No Need
English and writing skills:			
Spelling	-----	-----	-----
Grammar	-----	-----	-----
Punctuation	-----	-----	-----
Organizing your writing	-----	-----	-----
Writing essays and reports	-----	-----	-----
Verbal expression (speaking skills)	-----	-----	-----
English as a second language	-----	-----	-----
Reading skills:			
Improving vocabulary	-----	-----	-----
Reading speed	-----	-----	-----
Comprehension (understanding)	-----	-----	-----
Retention (remembering what you read)	-----	-----	-----
Math skills:			
Basic arithmetic	-----	-----	-----
Basic Algebra	-----	-----	-----
Advanced math	-----	-----	-----
Science skills			
Social Studies skills			
Learning and study skills			
Time management	-----	-----	-----
Developing good study habits	-----	-----	-----
Studying for and taking tests	-----	-----	-----
Taking notes in class	-----	-----	-----
Developing library skills	-----	-----	-----
Careers:			
Setting educational goals	-----	-----	-----
Exploring career options	-----	-----	-----
Identifying career interests	-----	-----	-----
Identifying career aptitudes	-----	-----	-----
Personal motivation:			
Improving school/class attendance	-----	-----	-----
Studying/doing homework	-----	-----	-----
Improving attitude toward school	-----	-----	-----
Setting goals and priorities	-----	-----	-----
Personal counseling:			
Improving interpersonal skills	-----	-----	-----
Building self-confidence	-----	-----	-----
Working through a personal problem	-----	-----	-----
Working through a family problem	-----	-----	-----
Drug or alcohol use or abuse	-----	-----	-----
College Admissions:			
Admission requirements	-----	-----	-----
Identifying and applying for scholarships	-----	-----	-----
Financial Aid	-----	-----	-----
Deciding which college to attend	-----	-----	-----

Are there other academic or personal areas in which you would like assistance or counseling? If yes, please explain: _____



COMMUNITY TEEN COALITION
UPWARD BOUND

Please write an autobiographical sketch. Tell us something about yourself that is not part of your application. Include your future plans and reasons for wanting to be in the Upward Bound program.



APPLICATION CHECKLIST

The following items **MUST** be included with your application in order for you to be considered for admission into the Community Teen Coalition Upward Bound Program. (Use this checklist to make sure that **ALL** required forms are included).

- Application Form (Neatly written or typed)
- Copy of most recent 1040 tax form and, if applicable, verification of other sources of income such as: TANF (Formerly AFDC), Disability, Social Security or Unemployment benefits.
- Record Release Form
- Standardized Test Scores with **Transcript**
- Counselor Recommendation Form
- Teacher Recommendation Form
- Student Self Assessment
- Student Autobiographical Sketch