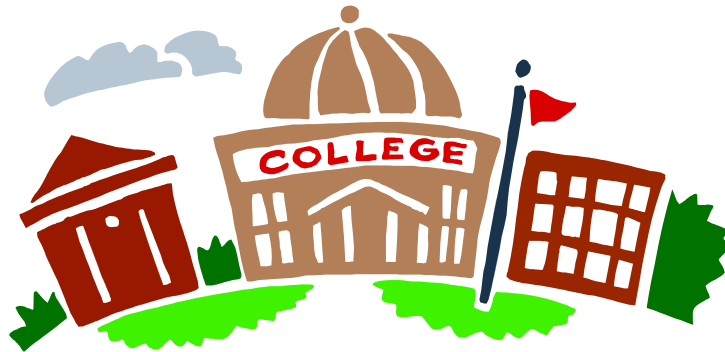


Name:

Southwest Minnesota State University

UPWARD BOUND

High School New Student Application



**Federal TRiO Program
Funded by the U.S. Department of Education**



Please note that all applications are accepted for review regardless of race, color, national origin, religion, gender or disability (U.S. Dept. of Education -GEPA Section 427).



Upward Bound Program Application 2025-2026

DIRECTIONS:

- Print clearly in ink.
- Be sure to answer all questions.
- Remember your parent/guardian's signature is required.
- Mail or fax your complete application to: The Southwest Minnesota State University – Upward Bound Program
1501 State Street
Marshall, MN 56258
Phone: (507) 537-7376 Fax: (507) 537-6022
- You may also submit your complete application directly to your school counselor.

Application Checklist:

- ☐ Student Application
- ☐ Parent/Guardian Information with a copy of their latest Income Tax Form
- ☐ A copy of your High School Transcript

PART I - STUDENT APPLICANT INFORMATION

Date:		Name:	
Social Security #:		School ID #:	Email Address:
High School Currently Attending:		Current Grade Level:	
Mailing Address: Street and Apt. No.			
City		State	Zip
Home Phone Number:		Alternative Phone Number:	
Date of Birth:	Age:	Gender: <u>Male</u> <u>Female</u>	
Citizenship: Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO – Are you a Permanent Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Ethnic Background: Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)? Yes No			
Racial Background (select one or more)			
American Indian or Alaska Native – a person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.			
Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.			
Black or African American – a person having origins in any of the black racial groups of Africa.			
Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.			
White – a person having origins in any of the original peoples of Europe, the Middle East or North Africa.			

Who do you live with? _____ Mother & Father _____ Father _____ Mother _____ Guardian _____ Other Name of Guardian if you do not live with one of your parents: _____	
What language is spoken at home? _____ English _____ Spanish _____ Other _____	
What are you favorite school subjects? 	What grades do you usually get?
What college or university do you plan to attend? <input type="checkbox"/> Undecided	What do you plan on majoring in? <input type="checkbox"/> Undecided
What kind of career or job would you like to have? <input type="checkbox"/> Undecided	How did you find out about Upward Bound?
What type of degree do you plan to obtain? You can check more than one. <div style="display: flex; justify-content: space-between;"> _____ High School Diploma _____ Vocational or Technical School Degree _____ Two Year/Associate Degree </div> <div style="display: flex; justify-content: space-between;"> _____ 4 Year College Degree _____ Masters Degree _____ Doctoral Degree </div>	
List any extracurricular activities are you involved in? _____ _____ _____	
Do you work or plan to work this school year and/or this summer? _____ Yes _____ No If Yes, when? _____ Where? _____ How many hours a week? _____	

- PLEASE ATTACH A COPY OF YOUR MOST RECENT REPORT CARD TO THIS APPLICATION.

RELEASE OF SCHOOL RECORDS

I authorize the **Upward Bound Program of Southwest Minnesota State University** to access and/or receive copies of my academic transcripts, grade reports, report cards, assessment scores, and any other academic information and test results necessary to complete the program's application process and to monitor my academic progress including grade portals.

Student's Signature _____

Date _____

Student's Name: _____

Social Security #: _____
Required for Consideration

School: _____

Current GPA _____

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.



PART II – UB Parent Application (To Be Completed by Parent/Guardian):

**Southwest Minnesota State University
Upward Bound Program
1501 State Street
Marshall, MN 56258
Phone: (507) 537-7376 Fax: (507) 537-6022**

Dear Parent/Guardian:

Your child has indicated an interest in the Upward Bound (UB) Project of Southwest Minnesota State University. Upward Bound (UB) is a **free** college preparatory program for high school students funded by the U.S. Department of Education and sponsored locally by Southwest State University. UB is specifically designed to strengthen the academic skills of eligible high school students to excel academically and pursue postsecondary degrees after high school graduation.

Year-round services provided by UB include:

- Tutorial services during the school year to strengthen academic skills and prepare students for success at the college level;
- A 6-week summer instructional component that is designed to simulate a college-going experience that includes daily coursework in math and science as well as other related activities such as field trips and special events;
- Academic advising from UB staff and individual assistance with the college admissions and financial aid application process during the academic school year.

In order to comply with federal regulations, all UB participants must meet the following criteria:

- Indicate an interest in attending college;
- Demonstrate academic need (low grades and/or low test scores),
- Qualify as Low Income and/or Potential First Generation College Graduate (neither parent has received a 4-year degree);
- Commit to remain active in UB until high school graduation

Please complete this application and return with your child's **Student Application** to the address or fax number listed above. You may also return your completed application to your child's school counselor. All completed applications will be reviewed and eligible applicants contacted within 14 days for a **Student & Parent Interview** with program staff.

Thank you for your interest in the Upward Bound Project. Please call me at **(507) 537-7376** if you have any questions or need additional assistance.

Sincerely,

Amy Nemitz,
Interim Director Upward Bound

PART III – UB Parent Application (To Be Completed by Parent/Guardian):

Student's Name:	Current School & Grade Level:
Mother's Name:	Father's Name:
Mother's Address:	Father's Address:
Mother's Home Phone Number:	Father's Home Phone Number:
Mother's Cell Phone Number:	Father's Cell Phone Number:
Mother's Work Number:	Father's Work Number:
Has either parent <u>received</u> a 4-year degree from a college or university? _____ Yes _____ No	

Estimate of your family's <u>TAXABLE</u> income: (NOT Gross income, <u>ONLY TAXABLE</u> income from your 2023 IRS 1040 tax form.) CHECK ONLY ONE!		
<input type="checkbox"/> No income, receiving state assistance	<input type="checkbox"/> \$31,726 – 39,975	<input type="checkbox"/> \$56,476– 64,725
<input type="checkbox"/> \$0–23,475	<input type="checkbox"/> \$39,976– 48,225	<input type="checkbox"/> \$64,726 – 72,975
<input type="checkbox"/> \$23,476 – 31,725	<input type="checkbox"/> \$48,226– 56,475	<input type="checkbox"/> \$72,976 – 81,225
Number of people in household supported by the family income: _____	My child is enrolled in free lunch or reduced lunch (Choose one): <input type="checkbox"/> FREE <input type="checkbox"/> REDUCED	
My Child's Citizenship is: <input type="checkbox"/> USA <input type="checkbox"/> OTHER: _____ <small>(specify country)</small>	Non- U.S. Citizen – VISA Type CHILD'S PERMANENT RESIDENT CARD: # _____ (attach copy (both sides) of child's card)	My Child is Under Foster Care: <input type="checkbox"/> YES <input type="checkbox"/> NO

I certify that the information provided on this form is true and complete to the best of my knowledge.

Parent's Signature

Date

Please attach a **SIGNED** copy of your **2024 U.S. Income Tax Form** in order to verify annual taxable income

RELEASE OF SCHOOL RECORDS and PHOTO/VIDEO RELEASE

I authorize the **Upward Bound Program** of Southwest Minnesota State University to access and/or receive copies of my student's academic transcripts, grade reports, report cards, state assessment scores, and any other academic information and test results necessary to complete the program's application process and to monitor my child's academic progress including grade portals. **I authorize the release of photos and videos taken of my child taken during UB programming.**

Parent's Signature

Parent email address

Date

Student's Name: _____

Social Security #: _____

School: _____

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Personal Essay

The personal essay is an important part of the selection process. In a 250 or more word essay discuss **ONE** of the following topics: 1) Events and persons in your background that have influenced you in your educational and professional aspirations; **OR** 2) Your purpose in applying to Upward Bound Program, what you believe you will attain from the experience, and the contributions you can make to the program; **OR** 3) your most impressive accomplishment and how it has impacted you. Please attach additional pages if necessary.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please give the attached **Recommendation Forms** to at least two (2) teachers or counselors at your high school. Remind your teacher(s)/counselor(s) to mail or fax these forms to our office as soon as possible. They can also return completed Recommendation Forms to you in a sealed envelope to submit with this application.

PART II – RECOMMENDATION FORMS (To be completed by a Teacher)

Southwest Minnesota State University
Upward Bound Program
1501 State Street
Marshall, MN 56258
Phone: (507) 537-7376 Fax: (507) 537-6022

Teacher Recommendation Form

Dear Teacher:

The student listed below is applying for admission into the Upward Bound (UB) Project of Southwest Minnesota State University. Your assessment of the student's conduct, character and academic need for program services is an integral element in the admission process. Please give us your honest assessment of this student's desire and ability to learn. Please mail the completed Recommendation Form to the above address or fax to (507) 537-6022. You may also return the completed Recommendation Form to the student in a sealed envelope to submit with his/her completed student application. Should you have any questions or concerns, please feel free to contact the UB Director or Assistant to the Director at the number listed above. The time and effort you have taken to complete this form is sincerely appreciated.

Student's Name _____ Grade Level _____ School _____
Class/Course Subject: _____ Current Class/Course Grade _____

Please place an "x" in the appropriate column for each characteristic listed below:

STUDENT CHARACTERISTICS	EXCELLENT	AVERAGE	FAIR	POOR
CONDUCT IN CLASS				
WILLINGLY PARTICIPATES IN CLASS				
RESPECTS OTHERS AND THEIR PROPERTY				
ABILITY TO FOLLOW INSTRUCTIONS				
COMPLETES ASSIGNED WORK ON TIME				
STUDY SKILLS/HABITS				
ANALYTICAL THINKING SKILLS				
MATURITY/INTEGRITY				
PUNCTUALITY				
EAGER TO LEARN NEW THINGS/INITIATIVE				
DEMONSTRATES MOTIVATION TO COMPLETE A 6-WEEK SUMMER PROGRAM				

Please provide comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the student's performance in Upward Bound. Additional comments may be written on the back. _____

Teacher's Printed Name & Title

School Telephone Number

Teacher's Signature

Date

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PART II – RECOMMENDATION FORMS (To be completed by Teacher or Counselor)

Southwest Minnesota State University
Upward Bound Program
1501 State Street
Marshall, MN 56258
Phone: (507) 537-7376 Fax: (507) 537-6022

Teacher/Counselor Recommendation Form

Dear Teacher/Counselor:

The student listed below is applying for admission into the Upward Bound (UB) Project of Southwest Minnesota State University. Your assessment of the student's conduct, character and academic need for program services is an integral element in the admission process. Please give us your honest assessment of this student's desire and ability to learn. Please mail the completed Recommendation Form to the above address or fax to (507) 537-6022. You may also return the completed Recommendation Form to the student in a sealed envelope to submit with his/her completed student application. Should you have any questions or concerns, please feel free to contact the UB Director or Assistant to the Director at the number listed above. The time and effort you have taken to complete this form is sincerely appreciated.

Student's Name _____ Grade Level _____ School _____
Class/Course Subject: _____ Current Class/Course Grade _____ Current Cum GPA _____
Please place an "x" in the appropriate column for each characteristic listed below:

STUDENT CHARACTERISTICS	EXCELLENT	AVERAGE	FAIR	POOR
CONDUCT IN CLASS				
WILLINGLY PARTICIPATES IN CLASS				
RESPECTS OTHERS AND THEIR PROPERTY				
ABILITY TO FOLLOW INSTRUCTIONS				
COMPLETES ASSIGNED WORK ON TIME				
STUDY SKILLS/HABITS				
ANALYTICAL THINKING SKILLS				
MATURITY/INTEGRITY				
PUNCTUALITY				
EAGER TO LEARN NEW THINGS/INITIATIVE				
DEMONSTRATES MOTIVATION TO COMPLETE A 6-WEEK SUMMER PROGRAM				

Please provide comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the student's performance in Upward Bound. Additional comments may be written on the back. _____

Teacher's/Counselor's Printed Name & Title

School Telephone Number

Teacher's/Counselor's Signature

Date

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