

KEENE STATE COLLEGE UPWARD BOUND



STUDENT APPLICATION PACKET 2010

The information requested in this form is needed to determine eligibility for admission to this federally-funded program. It is necessary for the student's guidance counselor to submit the Counselor Recommendation form and a transcript of the student's grades and standardized test scores. Recommendations from an English teacher and either a social studies, science, math or foreign language teacher are also required.

Applications will be accepted from **Monday, January 11 through Wednesday, March 15, 2010**. Applications will be considered when completed **in full**. Federal regulations require that Upward Bound keep such records on all students. All answers will be treated confidentially. It is the applicant's responsibility to see to it that the **Guidance and Two Teacher Recommendation forms** are submitted in addition to the part submitted by the family. The applicant should check with the teachers and guidance counselor to make sure the necessary information has been sent.

Admission into the program is based on financial eligibility, academic eligibility and a personal interview.

CHECKLIST

The Upward Bound Student Application packet includes:

- Student Application form (*pages 1 & 2*)
- Family Financial Statement (*page 3*)
The Family Financial Statement may be returned after March 15th.
If Page 3 is not returned before April 15th, Upward Bound will be unable to reach an admission's decision for the student, and the student may not be admitted.
- Records Release Form (*page 4*) **submit to Guidance Office**
- Guidance Counselor Recommendation form (*page 5*)
- English Teacher Recommendation form (*page 6*)
- Teacher Recommendation form (*page 7*)

Keene State College Upward Bound
229 Main Street
Keene, NH 03435-1801
Phone: 603-358-2360
Fax: 603-358-2059
www.keene.edu/upward

Keene State College Upward Bound Student Application 2010

Please fill in all items below. Indicate NA if an item is not applicable.

FOR OFFICE USE ONLY

Date Received: _____

- Guidance Financial Statement
 English Taxes
 Other

STUDENT INFORMATION

First Name	M.I.	Last Name	Nickname
Street Address			Social Security Number
City	State	Zip Code	Date of Birth
Home Telephone Number		Student Cell Phone Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Student Email Address			Is the Applicant a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If no, please explain on separate sheet)</small>
How did you hear about UB? <input type="checkbox"/> Friend <input type="checkbox"/> Teacher <input type="checkbox"/> Presentation <input type="checkbox"/> Relative <input type="checkbox"/> Guidance Counselor <input type="checkbox"/> Other (specify):			Languages Spoken at Home <input type="checkbox"/> English <input type="checkbox"/> Other (specify):
School Currently Attending		Guidance Counselor	Present Grade in School

PARENT/GUARDIAN INFORMATION

With whom does the applicant live? <input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother Only <input type="checkbox"/> Mother and Stepfather <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Father Only <input type="checkbox"/> Father and Stepmother <input type="checkbox"/> Other (specify):	
Name of Father or Male Guardian	Relationship
Email Address	Name of Current Employer (indicate if unemployed)
Cell Phone Number	Work Telephone Number
Highest Educational Degree Attained <input type="checkbox"/> High School Diploma <input type="checkbox"/> 2 Year College Degree <input type="checkbox"/> 4 Year College Degree <input type="checkbox"/> Other (specify):	Address of Employer
	Father/Guardian's Salary or Wages \$ _____ <input type="checkbox"/> per month <input type="checkbox"/> per year
Name of Mother or Female Guardian	Relationship
Email Address	Name of Current Employer (indicate if unemployed)
Cell Phone Number	Work Telephone Number
Highest Educational Degree Attained <input type="checkbox"/> High School Diploma <input type="checkbox"/> 2 Year College Degree <input type="checkbox"/> 4 Year College Degree <input type="checkbox"/> Other (specify):	Address of Employer
	Mother/Guardian's Salary or Wages \$ _____ <input type="checkbox"/> per month <input type="checkbox"/> per year
Is the applicant a ward of the state? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the applicant in foster care and not an official ward of the state? <input type="checkbox"/> Yes <small>(If yes, please include a letter from a caseworker indicating the state as custodian.)</small> <input type="checkbox"/> No

WITH YOUR SIGNATURE BELOW, PLEASE VERIFY THAT THE INFORMATION STATED ON PAGE 1 IS CORRECT

Student Signature	Date	Parent/Guardian Signature	Date

HOUSEHOLD INFORMATION

How many people, including this student, presently live together in the same household?	
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Please list the names of all persons (except for parents/guardians listed on page 1), along with their relationship to this applicant. If the person is not related to the applicant but is presently living in the household, please put "unrelated." The age is necessary only for brothers and sisters. If the person is neither attending school nor employed, please put "not employed." If the person is attending school, please give the grade level. If the person is a baby or preschooler, put N/A.

	Name	Relationship to Student	Age	Name of College, School or Place of Employment	College or School Grade
1					
2					
3					
4					
5					
6					

Please use a separate sheet for additional family members.

Does the applicant have brothers or sisters who are attending or have attended college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, give name(s) & college(s):

Do you:	<input type="checkbox"/> own your own home <input type="checkbox"/> rent your home <input type="checkbox"/> live in public housing
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Please indicate any assistance or benefits received:

	type:	Amount per month
Public Assistance (e.g. AFDC, fuel assistance, food stamps, ANFC)		\$
Social Security Benefits	family member:	\$
Veteran's Benefits	family member:	\$

Do you currently receive child support for the applicant student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please indicate the amount received for only the applicant student: \$ per month per year

Assets

As of today, what is your (parent/guardian) total current balance of cash, savings and checking accounts?	\$
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What is the total value of your (parent/guardian) investments, including stocks, bonds, mutual funds, etc.? <i>(do not include life insurance or retirement values)</i>	\$
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Does an immediate family member own real estate other than your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please specify:

Does the family own or operate a farm or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain briefly:

EDUCATIONAL OPPORTUNITY PROGRAM AFFILIATIONS

VERMONT STUDENTS ONLY: Is the applicant a participant in the VSAC Outreach Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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NEW HAMPSHIRE STUDENTS ONLY: Is the applicant a participant in the Talent Search Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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WRITING SAMPLE

In the space provided below, the applicant (student) should indicate why she/he is interested in participating in the Keene State College Upward Bound Program. Additional sheets may be attached but are not necessary.

WITH YOUR SIGNATURE BELOW, PLEASE VERIFY THAT THE INFORMATION STATED ON PAGE 2 IS CORRECT

Student Signature	Date	Parent/Guardian Signature	Date

Keene State College Upward Bound Family Financial Statement

Name of Student	School

Please enter the following income information from the 2009 IRS Income Tax Return. Please do not approximate. The information is required from the person(s) on whose tax return the applicant is claimed as a dependent. **Attach a copy of the tax return to this statement.** If you do not file a tax return, please indicate that in the appropriate space below and sign at the bottom.

If the tax return has not yet been completed, please submit the rest of this application by **March 15** and send this **Family Financial Statement** with the tax return when it is completed (by April 15).

Part 1. Which tax form do you file? (Check only 1)	
Form	Continuation Instructions
<input type="checkbox"/> 1040	→ Proceed to Part 2
<input type="checkbox"/> 1040-A	→ Proceed to Part 2
<input type="checkbox"/> 1040- EZ	→ Indicate the taxable amount on Line 6 : \$ Disregard Part 2 and sign at the bottom.
<input type="checkbox"/> Do not file a tax return	→ Disregard Part 2, sign at the bottom and attach a copy of an AFDC or ANFC statement, or a letter from a case worker indicating the student is a ward of the state.

Part 2. Please provide the following information from your 1040 & 1040-A forms		
How do you file? (check one)		
<input type="checkbox"/> Single	<input type="checkbox"/> *Married filing separate (include both)	<input type="checkbox"/> Qualifying Widow(er)
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Married filing joint	
Please provide the following information from your 1040 & 1040-A forms		
	Amount listed on given line	* Spouse 2 - Only if you are married & filing separately
Number of exemptions claimed 1040-A & 1040 Line 6d		
Adjusted Gross Income 1040A Line 21 or 1040 Line 37		
Deductions 1040A Line 24a or 1040 Line 40a		

Reminder: Along with this page with an original signature, attach a complete copy of the 2009 Federal Income Tax Return including all schedules filed such as Schedules A, B, C, D and E. We need only the federal tax return that claims the applicant as a dependent.

WITH YOUR SIGNATURE BELOW, PLEASE VERIFY THAT THE INFORMATION STATED ON THIS PAGE IS CORRECT	
Signature of person who claims the student on 2009 federal income tax return	Date

For Upward Bound Office Use Only	

PERMISSION TO RELEASE RECORDS

***This form should be returned to the Guidance Office
to be placed in the student's individual file at her/his high school.***



I hereby authorize the release of all records pertaining to

NAME OF STUDENT

to the Keene State College Upward Bound Program, including:

- **academic transcripts;**
- **test scores (including, but not limited to, state mandated testing, aptitude or intelligence tests and college preparatory examinations);**
- **grade reports; and**
- **copies of IEPs, 504 plans and applicable documentation;**

**dating from the seventh grade and extending through the entire period of
his/her enrollment in high school.**

Student Signature

Date

Parent/Guardian Signature

Date

Guidance Counselor Recommendation Form

DUE IN UPWARD BOUND OFFICE BY MARCH 15, 2010

This part of the Student Application for admission to the Keene State College Upward Bound program is to be completed by the guidance counselor.

Please send to Upward Bound, Keene State College, 229 Main Street, Keene NH 03435-1801. Thank you.

APPLICANT INFORMATION		
Name of Applicant Student	Present Grade	Date
Name of School		School's Telephone Number
Name of Guidance Counselor Completing Form		

ENROLLMENT INFORMATION			
Enrollment Status	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not Enrolled (Explain)		
Credits earned to date	Grade Point Average	Expected Graduation Date	
Please indicate number of <u>academic</u> classes in which student is currently enrolled in each of the following categories (do not include Band, Chorus, Physical Education, Art, etc.)			
Remedial	Vocational	General	College Preparatory

To the best of your ability, please indicate the major areas that best fit this student's needs (with checks)			
<input type="checkbox"/> Reading	<input type="checkbox"/> Writing	<input type="checkbox"/> Speaking	<input type="checkbox"/> Interpersonal/Group Relations
<input type="checkbox"/> Math	<input type="checkbox"/> Natural Sciences	<input type="checkbox"/> Social Sciences	<input type="checkbox"/> Single Parent Family
<input type="checkbox"/> Study Skills	<input type="checkbox"/> Cultural Enrichment	<input type="checkbox"/> Foster Home	
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Other (Please specify)		
Use the space below to clarify any needs checked above. Indicate any learning deficits, history of learning disabilities, or emotional or behavioral issues that could adversely impact academic or residential participation. If the student has an IEP, please submit a copy of this information as a part of the student's application. Sometimes a short description of the home situation can be helpful. If discretion is necessary, please indicate that a phone call or in person contact is requested.			

In your judgment, does the student have the potential for success in a formal, postsecondary educational institution and, if so, please cite specific sources of information that support your judgment. Also, please describe any disabling conditions. Use the reverse side if necessary.

Please attach all of the following: (The student's application will not be complete until all parts are received.)

1. All standardized test results available starting from the 8th grade year indicating Reading, Mathematics, English scores, achievement of state standards, as well as aptitude or intelligence.
2. The student's senior high school transcripts to date.
3. The student's course schedule(s) for the 2009-2010 academic year, including all quarter, semester & year-long classes.
4. A copy of the most recent IEP or 504 plan with documentation, as applicable.

Guidance Counselor Signature	Date

