Hibbing Community College’s TRIO Upward Bound program supports high school students in preparation for college through academic support services in partnership with Chisholm, Hibbing and Nashwauk-Keewatin High Schools.

Upward Bound is a TRIO program funded by the US Department of Education.
STUDENT APPLICATION CHECKLIST

_____ Student/Parent Information Form

_____ Income Information (from *2018 taxes - TAXABLE income)
   1040 form: Line 43 is your taxable income
   1040A form: Line 27 is your taxable income
   *If your household income has changed since 2018 Tax filing, notify Upward Bound staff.

_____ Consent for Release of Information form for Student Academic Records

_____ Guidance Counselor & Teacher Recommendation Forms

Please return completed application to:
   School Guidance Counselor
   or Upward Bound Advisor:
   Ann Vucetich (11th & 12th grade)
   Rhonda Wiiliainen (9th & 10 grade)

Or mail to:
   Hibbing Community College
   TRIO Upward Bound
   1515 E. 25th St.
   Hibbing, MN 55746

Once these forms are submitted, Hibbing Community College Upward Bound staff will obtain student recommendation forms from a school Guidance Counselor and Teacher of your choice, then contact you to schedule an interview with student and a parent/guardian. Please allow two weeks for processing and notification.

-------------------------------------------------------------

Evelyn Rolloff, Director
   evelyn.rolloff@hibbing.edu
   (218) 312-1509

Ann Vucetich, Advisor
   annvucetich@hibbing.edu
   218-312-9103

Rhonda Wiiliainen, Advisor
   rhondawiiliainen@hibbing.edu
   218-312-9802

Hibbing Community College Web page: http://hibbing.edu/campus-services/trio-upward-bound

HCC Upward Bound Facebook: https://www.facebook.com/profile.php?id=100013300878920
# Student/Parent Information Form

**Please Print in Black Ink**

## Student Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Legal Name</td>
<td>________________</td>
</tr>
<tr>
<td>Preferred Name</td>
<td>________________</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>City</td>
<td>________________</td>
</tr>
<tr>
<td>State</td>
<td>________________</td>
</tr>
<tr>
<td>Zip Code</td>
<td>________________</td>
</tr>
<tr>
<td>Student Cell Number</td>
<td>________________</td>
</tr>
<tr>
<td>Student Email</td>
<td>________________</td>
</tr>
<tr>
<td>Home Phone Number (if any)</td>
<td>______________________      _____</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>________________</td>
</tr>
<tr>
<td>Birthdate</td>
<td>________________ Age____ Male ___ Female ___ MM/DD/YY</td>
</tr>
<tr>
<td>How would you identify yourself?</td>
<td>______________________ American Indian/Alaskan Native Hispanic Asian/Pacific Islander White (non-Hispanic) Black (non-Hispanic) Other (multi-racial) ______________________</td>
</tr>
<tr>
<td>Do you have any disabilities?</td>
<td>Learning ___ Physical ___ Please describe:</td>
</tr>
<tr>
<td>Do you work with a Special Education Teacher?</td>
<td>NO___ YES___ Name of teacher ______________________</td>
</tr>
<tr>
<td>High School</td>
<td>______________________ Grade ______</td>
</tr>
<tr>
<td>School Counselor</td>
<td>______________________</td>
</tr>
<tr>
<td>Name of Teacher you would like to complete an UB Recommendation Form:</td>
<td>______________________</td>
</tr>
<tr>
<td>Student place of employment (if employed)</td>
<td>______________________ Phone ______________________</td>
</tr>
<tr>
<td>Do you have a court appointed guardian?</td>
<td>Yes_______No_______</td>
</tr>
</tbody>
</table>

**Participation in TRIO Upward Bound programming is important! Do you agree to participate in Upward Bound programming?** Yes_______No_______
Parent/Guardian/Family Information

Mother’s Name_________________________________________ Phone______________ Email________________

Occupation__________________________________________ Place of Employment__________________________________

Work Phone ____________________ Work email____________________________

Highest Grade Completed (please circle): 9 10 11 12 College: 1 2 3 4 Degree: Y N

Did student’s mother earn a bachelor’s degree? (please circle) Yes No

Father’s Name_________________________________________ Phone______________ Email________________

Occupation__________________________________________ Place of Employment__________________________________

Work Phone ____________________ Work email____________________________

Highest Grade Completed (please circle): 9 10 11 12 College: 1 2 3 4 Degree: Y N

Did student’s mother earn a bachelor’s degree? (please circle) Yes No

Parent’s current marital status: _____ Single _____ Married _____Separated _____Divorced

_____One parent deceased _____Both parents deceased

Annual Taxable Family Income:______________ (Taxable income can be located on: 1040 - line 43; 1040 - line 27)

Dependents (i.e. brothers, sisters, grandparents) living at home or away at school:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Grade (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Parent/guardian encouragement and support for ongoing student participation in the Upward Bound program is crucial. Parents will be expected to participate in 1-2 parent information meetings/events annually, provide transportation to monthly student events, as well as be available to address any issues that arise.

Do you agree to participate in parent information meetings/events and support your student’s involvement in TRIO Upward Bound programming? Yes_____ No_____
Federal TRIO Programs

Current-Year Low-Income Levels

(Effective January 11, 2019 until further notice)

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

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.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The 2019 poverty guidelines are in effect as of January 11, 2019. Federal Register notice forthcoming. Publication is delayed due to temporary closure of federal offices.

I hereby certify, under penalty of perjury, that my family taxable income from my 2018 taxes (circle one) Exceeds Does not Exceed the levels listed above based on the size of my family unit. I understand that my family unit includes myself, my spouse (if applicable) and my dependents. I understand that if I am not married, under the age of 24, not in the military or do not have any dependents of my own, that my family unit includes myself, my siblings (if any) and my parent(s) from whom I received the most support prior to the age of 18. If I am a ward of the court, my family unit includes only myself.

I also understand that this is a federally funded program, and that this information is subject to review by Federal authorities if the Upward Bound program to which I have applied is audited, and I will be held responsible for the certification made by my signature. I affirm that this information is true and accurate to the best of my knowledge.

Student Printed name ________________________  Student Signature__________________________  Date__________

Parent/Guardian Signature ______________________________  Date________________________
CONSENT FOR RELEASE OF INFORMATION FORM

CONFIDENTIALITY OF INFORMATION

Students, and parents/guardians of any students under 18 years of age, have access to any and all of a participant’s educational information in their Upward Bound files kept in a secure location at Hibbing Community College. Information provided to the UB Program, educational and personal (e.g. name, sex, age, ethnic origin, social security number, etc.) is also entered into a secure Student Access database and reported to the U.S. Department of Education. This information is protected in the Privacy Act of 1974. No person may see the information unless they are specifically connected to the Upward Bound Program. The information provided in this application is necessary to determine if you are eligible to participate in the program and helps the U.S. Department of Education measure your success, and the success of the HCC UB program. The U.S. Department of Education has the authority to gather this information for the purpose of bettering Upward Bound as a program (20 USC 1231a). If you choose not to provide this information to the Upward Bound Program and the U.S. Department of Education, the student is not eligible for the Upward Bound Program.

Consent to Obtain and Release Private Information

The Upward Bound Office requires your permission to obtain and/or give information about you/your child to the agencies or persons listed on this form. We cannot obtain and/or release information without your consent.

Student’s Name________________________________ Date of Birth _____/_____/______

Student Power School/Parent Portal Login Information (necessary for staff to look at academic records when determining if student will be admitted into program and for tracking progress once in Upward Bound):

Login Username:________________________________________________________

Login Password:________________________________________________________

If you do not know or remember your Power School/Parent Portal login information, it may be retrieved by calling the high school office.

I authorize any high school(s) my child attends to release official transcripts, test scores, and other records for my son/daughter to the HCC Upward Bound staff for reporting, program needs, including the release of these records to post-secondary institutions as they relate to the educational and college planning and coursework, and for evaluation purposes.

High school(s): __________________________________________________________

____________________________________

Parent/Guardian Name (please print)__________________________________________

Parent/Guardian Signature________________________________ Date ________________

Signature of Upward Bound Staff________________________________________ Date ________________
GUIDANCE COUNSELOR RECOMMENDATION FORM FOR

HCC UPWARD BOUND STUDENT APPLICANT

Counselor: The student listed below has applied to the HCC Upward Bound program. Please complete the following information and e-mail this form along with his/her current report card and all standardized test results to the appropriate staff (listed below), or place in Upward Bound mailbox at school.

Name of Student:

School: Current Grade Level:

Counselor:

........................................................................................................................................................................

Dates of Attendance At School:

Most Recent Term GPA: Cumulative GPA:

Rank In Class: Number In Class:

Please list any physical disabilities and special education needs the student may have:

What challenges does this student have?

What other information can you share that would be helpful?

Please circle all that apply:

1. Low grade point average
2. Low achievement test scores
3. Low educational aspirations
4. Low grade point average and low educational aspirations
5. Low grade point average and low achievement test scores
6. Low achievement test scores and low educational aspirations

7. Lack of opportunity, support, and/or guidance to take challenging college preparation courses

8. Lack of career goals and/or need to accurate information on careers

9. Limited English proficiency

10. Lack of confidence, self esteem, and/or social skills

11. Predominately low income community

12. Rural isolation

13. Interest in careers in math and science

14. Other ________________________________

15. Diagnosed learning disability

Signature______________________________________________ Date__________________

If you would to share more information please contact:

Upward Bound Director Evelyn Rolloff at 218-312-1509 or at evelyn.rolloff@hibbing.edu

This recommendation can be returned to Upward Bound Advisors: Ann Vucetich (11th & 12th) annvucetich@hibbing.edu 218-312-9103 & Rhonda Willainen (9th & 10th) 218-312-9802 or @ rhondawiiliainen@hibbing.edu

Thank You!
Dear Teacher: This student has selected you as the best teacher to give a fair and accurate recommendation for the HCC Upward Bound program. Please complete the information on the above student and return this form to the school counselor, put in Upward Bound mailbox at school, or e-mail it to rhondawiillainen@hibbing.edu or annvucetich@hibbing.edu

Please complete the requested information based upon the following evaluation scale

<table>
<thead>
<tr>
<th>Scale</th>
<th>Exceptional (4)</th>
<th>Good (3)</th>
<th>Average (2)</th>
<th>Poor (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Record</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Cognitive Ability</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Initiative</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Integrity</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Emotional Stability</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Influence and Leadership Ability</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Concern for Others</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Attitude toward School Work</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Work Ethic</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Personal Character</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Please check all that apply:
- □ Asks teacher for help when not understanding something
- □ Has high regard for teachers
- □ Has respect for teachers
- □ Is hostile/oppositional with teachers

Please check those performance areas in which you feel the student needs improvement:

- □ Motivation
- □ Writing skills
- □ Study habits
- □ Critical thinking
- □ Communication skills
- □ Self-esteem
- □ Basic academic skills related to this course area
- □ Effort
- □ Other ___________________________
Please explain this student’s social/peer dynamics (popular, a loner, ostracized, gets along well with others, a bully, etc.):

Is this student highly motivated?

Does this student have college aspirations?

What challenges do you think this student has?

Please circle the numbers next to all needs that apply:

1. Good attention span
2. Completes assignments
3. Turns assignments in on time
4. Asks questions in class
5. Socializes with other students
6. High test scores
7. Low test scores and low educational aspirations
8. Lack of opportunity, support, and/or guidance to take challenging college preparation courses
9. Lack of career goals and/or need to accurate information on careers
10. Limited English proficiency
11. Lack of confidence, self esteem, and/or social skills
12. Self-imposed isolation
13. Interest in careers in math and science

Additional comments and/or recommendations:

Teacher Name (please print)__________________________________________

Signature __________________________________________________________

Date_________________  School_____________________________________

If you have additional information you would like to share please contact Upward Bound Director Evelyn Rolloff at 218-312-1509 or at evelynrolloff@hibbing.edu. Please return this form to Upward Bound advisors Ann Vucetich at annvucetich@hibbing.edu or Rhonda Wiiliainen at rhondawiiliainen@hibbing.edu.