2020-2021
Upward Bound Application to Determine Program Eligibility

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.
# HCC TRIO Upward Bound Student Information Form

**PLEASE FILL IN ALL LINES & email to evelyn.rolloff@hibbing.edu or Mail to Hibbing CC 1515 E 25th St., Hibbing MN 55746**

## Student Information

Full Legal Name______________________________  Preferred Name______________________________

Mailing Address__________________________________________________________________________

City ______________________  State__________________  Zip Code______________________________

Student Cell Number_________________________  Student Email______________________________

Home Phone Number (if any) ______________________

Social Security Number_______________________  Your Social Security number is vital for federal reporting. If you do not have a Social Security Number, please provide a copy of your green card.

Birthdate____________________  Age____

How would you identify yourself?

- ______ American Indian/Alaskan Native
- ______ Hispanic
- ______ Asian/Pacific Islander
- ______ White (non-Hispanic)
- ______ Black (non-Hispanic)
- ______ Other (multi-racial) ______________________

Do you have any disabilities?

- ______ Learning  ______ Physical (Please describe)______________________________

Do you receive Free or Reduced Lunch?  YES____  NO____

High School_________________________  Grade____  School Counselor_________________________

Name of Teacher you would like to complete an UB Recommendation Form:_________________________

Do you work with a Special Education Teacher?  YES____  NO____  Name of teacher_________________

Student place of employment (if employed)___________________________________________________

Do you have a court appointed guardian?  YES____  NO____ *(Have Guardian fill out Parent/Guardian page).*

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

**Mother/Guardian’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/Guardian’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 father earn a bachelor’s degree?* (please circle)   Yes  No

Parent’s current marital status:   ___ Single  ___ Married  ___ Separated  ___ Divorced

___ One parent deceased   ___ Both parents deceased   ___ Living with Guardian *(Include information above)*

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>
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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_____

**Parent/Guardian Signature** ___________________________ **Date** __________________
Federal TRIO Programs
Current-Year Low-Income Levels

(Effective January 15, 2020 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>
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<tbody>
<tr>
<td>1</td>
<td>$19,140</td>
<td>$23,925</td>
<td>$22,020</td>
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<tr>
<td>2</td>
<td>$25,860</td>
<td>$32,325</td>
<td>$29,745</td>
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<td>3</td>
<td>$32,580</td>
<td>$40,725</td>
<td>$37,470</td>
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<tr>
<td>4</td>
<td>$39,300</td>
<td>$49,125</td>
<td>$45,195</td>
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<tr>
<td>5</td>
<td>$46,020</td>
<td>$57,525</td>
<td>$52,920</td>
</tr>
<tr>
<td>6</td>
<td>$52,740</td>
<td>$65,925</td>
<td>$60,645</td>
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<tr>
<td>7</td>
<td>$59,460</td>
<td>$74,325</td>
<td>$68,370</td>
</tr>
<tr>
<td>8</td>
<td>$66,180</td>
<td>$82,725</td>
<td>$76,095</td>
</tr>
</tbody>
</table>

For family units with more than eight members, add the following amount for each additional family member: $6,720 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; $8,400 for Alaska; and $7,725 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 2020 poverty guidelines are in effect as of January 15, 2020. Federal Register notice was published January 17, 2020.

PARENT/GUARDIAN SECTION:

I hereby certify, under penalty of perjury, that my family taxable income from my 2019 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 (student) am a ward of the court, my family unit includes only myself. NOTE: If your family situation has changed since filing 2019 taxes (job loss or reduced hours, marriage, divorce, separation, etc.) notify Upward Bound staff.

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 & site. 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 Upward Bound and the U.S. Department of Education, the student is not eligible for the Program.

Consent to Obtain and Release Private Information
The Hibbing Community College Upward Bound Office requires your permission to obtain and/or give information about your child to the agencies, schools, colleges or persons listed on this form. We cannot obtain and/or release information without your consent.

Student’s Name__________________________ Date of Birth _____/_____/_______

I authorize any high school(s) and/or colleges 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): __________________________________________________________________________

_______________________________________

College(s): circle all that apply - Hibbing, Mesabi Range, Itasca, Vermilion & Rainy River Community

Colleges (North East Higher Education District). Other: __________________________________________________________________________

Parent/Guardian Name (please print)_______________________________________________________

Parent/Guardian Signature_________________________ Date __________

Signature of Upward Bound Staff_________________________ Date __________