Los Angeles Southwest College

Upward Bound-Washington Prep

TRiO

U. P. W. A. R. D. B. O. U. N. D.

A TRiO Program funded by the:

U.S. Department of Education

www.ed.gov/programs/trioupbound

www.lasc.edu

Please Return Completed Packet to:

Michael J. Harris
harrismj@lasc.edu
(323) 242-5522
(323) 241-5378

Los Angeles Southwest College
Student Service Building, Rm. 207
1600 W. Imperial Hwy
Los Angeles, CA 90047

Washington Prep. High School
@ The College Center

Stay Connected! www.lasc.edu
Los Angeles Southwest College

Upward Bound-Washington Prep

1600 West Imperial Hwy, Los Angeles, CA 90047 (323) 242-5522

A message to the Applicant,

The Upward Bound Program at Los Angeles Southwest College is proud to be able to provide a college preparatory program for Washington Prep. High School students. Upward Bound is an engaging educational program that prepares low-income, first-generation high school students for college. Program services include one-on-one academic advising, assistance with submission of college and financial aid applications, tutoring, college campus visits, cultural activities and a summer academic program. These services are offered at NO COST to eligible students and continue until you graduate from high school. Upward Bound provides an opportunity for success to those who are selected for participation and who are willing to dedicate themselves to hard work and commitment to the project. The goal of the Upward Bound Program is to prepare YOU for college success and to evaluate our program, Upward Bound is required to track students as they transition to post secondary education.

We hope that you will consider joining our Upward Bound family and maintaining a commitment to your educational excellence.

Sincerely,

Michael J. Harris

Upward Bound Program
Los Angeles Southwest College
harrismj@lasc.edu
(323) 242 - 5522

Upward Bound is a TRIO Program fully funded by the U.S. Department of Education
Remember the following before turning-in your application:

- Only fully completed applications can and will be considered.
- All letters of recommendation must be included in the application.
- A copy of last year’s Income Tax must be included with the application.
  - If your parents do not file, a completed Self-Disclosure letter must be submitted.

**Complete applications consist of the following items:**

- Student’s Personal Information & Needs Assessment signed by student
- Signed Family Background and Income Verification *(disponible en Español)*
- Autobiography.
- Consent for Release of Academic Records/Video Release Form *(disponible en Español)*
- Student Agreement initialed and signed by student
- Parent/Guardian Agreement initialized and signed by parent/guardian *(disponible en Español)*
- One (1) letter of recommendation from a school counselor *(form attached)*.
- One (1) letter of recommendation from an academic subject teacher *(form attached)*.
- School Transcript *(unofficial)*.
- Copy of last year’s income tax forms *(or Signed Self-Disclosure Form if your parents do not file)*.

**NOTE:** Make sure that both the student and parent/guardian sign the application as directed.

Requests for school transcripts may take a few days to be processed, please notify school with time in order to have transcripts submitted with completed application.

Also, because there are only a limited number of students admitted to this program, a complete application is mandatory. Don’t miss out!

**Please Return Completed Packet to:**

Michael J. Harris
harrismic@lasc.edu

(323) 242-5522 / (323) 241-5378

Los Angeles Southwest College
Student Service Building, Rm. 207
1600 W. Imperial Hwy
Los Angeles, CA 90047
Name: ___________________________  Last  First  Middle

Address: ___________________________  Street & Apartment #  City  Zip Code

SSN# ____________  Date of Birth: __/__/________  Gender:  □ Male  □ Female

Are you a U.S. citizen?  □ Yes  □ No  If No, Please Specify: ___________________________

Are you a Resident Alien?  □ Yes  □ No  Alien Resident Number: ___________________________

Home Number: ___________________________  Cell Number: ___________________________  Student's Email: ___________________________

Emergency Contact: ___________________________  Relationship: ___________________________  Phone Number: ___________________________

Ethnic Background: (Check)  

□ Black/African American  □ Native American/Alaskan Native

□ Asian/Asian American  □ White/Caucasian

□ Pacific Islander/Native Hawaiian  □ Hispanic/Latino

□ Other, Specify ___________________________

Do you have any physical condition or disability that requires special treatment or other considerations?  □ Yes  □ No  If yes, please explain: ___________________________

____________________________________________________

Are You Employed?  □ Yes  □ No  If Yes, Where? ___________________________  Hours per Week: ___________________________

Current grade level: _______ High School: ___________________________  Counselor's Name: ___________________________

What was your grade point average (GPA) at the end of last semester? ___________________________

How did you find out about the Upward Bound program? ___________________________

Have you ever been a member of the Upward Bound Program?  □ Yes  □ No

Do you participate in any other tutoring programs?  □ Yes  □ No  If Yes, What program(s)? ___________________________

Please list, in order of preference, the careers or occupations you are most interested in:

1) ___________________________  2) ___________________________  3) ___________________________

Please indicate the type of training/education that you are interested in after you complete high school:

□ 2 year College/University  □ Armed Forces

□ 4 year College/University  □ Undecided

□ Vocational/Technical school  □ Other, Specify ___________________________

Office Use Only

Received by: ___________________________  Date: ___________________________  Reviewed by: ___________________________  Date: ___________________________
Please check all the academic areas in which you need tutoring/assistance (check all that apply):

___ English/Literature  ___ Mathematics  ___ Science  ___ Other: ______
___ Foreign Language  ___ Reading  ___ Social Studies/History

Do you need the following information? (check all that apply):

___ How to meet high school graduation requirements
___ Strategies to be a successful student
___ Strategies to pass the California High School Exit Exam (CAHSEE)
___ How to apply for free financial aid (FAFSA) for college
___ How to apply to college
___ How to find and apply for scholarships
___ How to prepare for college entrance exams (ACT & SAT)
___ The difference between CSU, UC, community college and private universities
___ UC/CSU entrance requirements
___ Other (please list): ____________________________________________

Rate your need for Upward Bound to help you with the following:

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<tr>
<th></th>
<th>No Need</th>
<th>Some Need</th>
<th>Strong Need</th>
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<tbody>
<tr>
<td>Improving my self-esteem</td>
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<td>Building strong study skills</td>
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<td>Help prepare for tests</td>
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<tr>
<td>Improving my communication skills</td>
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<tr>
<td>Passing the CAHSEE exam</td>
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<tr>
<td>Improving my grades</td>
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<td>Learning how to better manage my time</td>
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<td>Developing new interests</td>
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<td>Exploring career options</td>
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<td>Choosing a college major</td>
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<td>Exploring college options</td>
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<td>Exploring ways to pay for college</td>
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<td>Visiting college campuses</td>
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<td>Learning about other cultures</td>
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<td>Visiting new places</td>
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<td>Other (please list)</td>
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</table>

Please list three universities you would like to visit or learn more about.

1. __________________________________  2. __________________________________  3. __________________________________

Student Name: ____________________  Student Signature: ____________________  Date: ____________
Applicant’s parent(s) or guardian(s): Please provide the following information in order for us to better evaluate your child’s eligibility for Upward Bound.

**Father's Name:**

**Occupation:**

(If guardian) **Relationship to student:**

**Home Address:**

**Street & Apt #**

**City**

**Zip**

**Home Telephone:**

**Cell phone:**

Are you a college graduate? ☐ Yes ☐ No If YES, indicate college attended and degree attained:

If NO, indicate highest grade level completed: 1 2 3 4 5 6 7 8 9 10 11 12 HS Diploma ☐ Yes ☐ No

**Mother's Name:**

**Occupation:**

(If guardian) **Relationship to student:**

**Address:**

**Street & Apt #**

**City**

**Zip**

**Home Telephone:**

**Cell phone:**

Are you a college graduate? ☐ Yes ☐ No If YES, indicate college attended and degree attained:

If no, indicate highest grade level completed: 1 2 3 4 5 6 7 8 9 10 11 12 HS Diploma ☐ Yes ☐ No

Please list all dependent children and adults living at home:

Begin with Applicant (Attach additional names on separate page if necessary)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to Applicant</th>
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**Income Verification (Disponible en Español)**

Parent(s') **taxable income** for 2013 $____________ (From 2013 U.S. Income Tax Return, enter the amount from Form 1040, line 43; line 27 for 1040A form; line 6 for 1040EZ form). **Attach a signed copy of your 2012 or 2013 income tax return.**

If tax forms are unavailable, complete the following:

My child (print student’s name) __________________________ has applied to the Upward Bound Program. I am submitting this letter, which will verify my income for the year (print previous year) __________.

During that time the approximate **total** family income was $____________. This figure includes AFDC, unemployment, Social Security and any other benefits received during that year.

Including myself, there were ____ persons living in my household during that same year.

I certify that the above is true and correct.

Parent/Guardian Name: __________________________ Parent/Guardian Signature: __________________________ Date: ________

I hereby attest that all information in this application is true and correct. I also understand that a false statement or misrepresentation will make the applicant ineligible for the LASC Upward Bound-Washington Prep Program.

Student Name: __________________________ Student Signature: __________________________ Date: ________

Parent/Guardian Name: __________________________ Parent/Guardian Signature: __________________________ Date: ________

Upward Bound is a TRIO Program fully funded by the U.S. Department of Education

Application—Rev 1/2014
Write a 3-5 paragraph autobiography. You may want to address any of the following topics:

1. Childhood (Birth/family/Home Life/Early Education)
2. Education (School(s)/Extracurricular Activities/Church)
3. Achievements (Awards/Certificates/Accomplishments)
4. Jobs/Volunteer/Hobbies
5. Describe Yourself (Personality/Attitude/Etc.)
6. Future Plans (Life Goals and Dreams/Career Plans/Etc.) Include the UB Program and how the program will assist you with your plans
I, ____________________________ Parent/Guardian of ____________________________ hereby grant my permission for the Los Angeles Southwest College Upward Bound Program to obtain any and all of my child’s academic records including but not limited to high school transcripts, standardized test scores, teacher evaluations and any and all future college transcripts and records.

I understand that these records will only be used internally by the project on an individual basis. I also understand that compiled records on a group basis may include any and all of these records. Compiled information will be used to meet federal regulations of program evaluations.

None of my child’s individual records will be released to any person, corporation, or present or future employer.

It is also understood that by signing this form, permission is granted for the Upward Bound Program to use photos or video of my child’s participation in program activities on program brochures and website.

Student Signature ____________________________ Date ________
Parent/Guardian Signature ____________________________ Date ________

Yo, ____________________________ padre/tutor de ____________________________ por este medio concedo mi permiso para que el Programa Upward Bound de Los Angeles Southwest College pueda obtener cualquiera y todos los expedientes académicos de mi niño incluso, pero no limitado a transcripciones de escuela secundaria (high school transcripts), calificaciones de las pruebas estandarizadas, evaluaciones de maestros y cualquiera y todas las futuras transcripciones de colegio y archivos universitarios.

Entiendo que estos archivos sólo serán usados internamente por el programa Upward Bound en una base individual.

También entiendo que los archivos compilados en una base de grupo pueden incluir cualquiera y todos estos archivos. La información compilada será usada para cumplir reglamentos federales y para evaluaciones del programa Upward Bound.

Ninguno de los archivos individuales de mi niño será proporcionado a personas no empleadas por el programa, ni a ninguna corporación, o empleador presente o futuro.

También se concede permiso para utilizar fotos y video de la participación de mi hijo en las actividades del programa Upward Bound en la página web y folletos del programa.

Firma del Estudiante ____________________________ Fecha ________
Firma de Padre/Guardián ____________________________ Fecha ________
Parent Agreement

(Must be completed by the Parent/Guardian: Initial each statement and sign below)

I, ____________________________ Parent/Guardian of ____________________________ agree to the following:

1. I fully support my child’s application for admission into the Upward Bound Program.
2. I will attend an interview and any subsequent required academic advisory meetings with my child.
3. I will make sure that my child attends every tutoring session and activity of the Upward Bound Program.
4. I will stay informed of my child’s progress in school and Upward Bound.
5. I will participate in events in which parents are invited.
6. I will share concerns about my child’s education with the Upward Bound staff.
7. I support the mission of the Upward Bound Program and will make it a priority to assist my child in his/her education.
8. I understand the Upward Bound prefers that students do not work during the summer session except for extreme cases only and with the permission of the Director or Coordinator/Counselor.

Parent/Guardian Signature ____________________ Date __________

Student Agreement

(Must be completed by the Student; Initial each statement and sign below)

I, ____________________________, agree to the following:

1. I will attend every tutoring session and activity of the Upward Bound Program (UBP).
2. I understand that there are no unexcused absences at my high school; I will attend all classes as scheduled.
3. I understand that UBP will have access to my academic files (i.e. grade reports, transcripts, weekly progress reports, etc.)
4. I am aware that my academic and personal progress will be monitored by the UBP staff through contact with high school teachers, counselors, and administrators.
5. I will complete all class work assigned to me by the UBP instructors. I will complete assignments on time (unless prior arrangements have been made.)
6. I will be prepared for each tutoring session. Adequate preparation includes regular class attendance, completion on class assignments, weekly progress reports, current events, and a list of challenging areas to be worked on.
7. I will attend the entire summer component. I understand that attendance is mandatory.
8. I will carry myself in a courteous and respectful manner. Disruptive behavior and violations of the rules will not be tolerated.
9. I will not use drugs or alcohol. Violation of this policy will result in immediate intervention and/or possible expulsion from UBP.
10. I will practice tolerance and cooperation when interacting with others in UBP academic and social activities.
11. I will keep my parent(s)/guardian(s) aware of my participation and commitment to Upward Bound.
12. I am committed to going to college and getting a degree.

Student Signature ____________________ Date __________
Upward Bound Program Counselor Recommendation Form

Student’s Name: ___________________________ School ID # or DOB: ___________________________

Note: A recommendation from your counselor is required.

Dear Counselor: The student named above is applying to the Upward Bound Program. Upward Bound is an engaging educational program that prepares low-income first-generation high school students for college. Program services include one-on-one academic advising, tutoring, college campus visits, cultural activities and a summer program. Upward Bound also includes parent workshops. These services are offered at no cost to parents or students. Please take the time to complete these questions to better assist the program with the selection process. Thank you!

Student: ___________________________ Counselor: ___________________________

Grade: ______ Entry Date: _____________ Magnet Program: Yes ____ No ____ Track ________

Expected Date of Graduation: ___________________________ Cumulative G.P.A.: ___________________________

Assessments:

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<tr>
<th>Test</th>
<th>Test Date</th>
<th>Score</th>
<th>Grade Level</th>
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<td>PSAT</td>
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<td>Stanford 9</td>
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<td>CAHSEE</td>
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</table>

Is the applicant “on track” to graduate with his/her class? YES ☐ NO ☐

Does the applicant have attendance problems? YES ☐ NO ☐

Does the applicant have a discipline problem at school? YES ☐ NO ☐

Upward Bound participants should have the ability to succeed in post secondary school even though they may not now be demonstrating all of the characteristics of successful students. Please rate each by circling the appropriate response to these statements.

1-Strongly Disagree  5 Strongly Agree

| 1. Expresses interest in academic endeavors | 1 | 2 | 3 | 4 | 5 |
| 2. Has initiative and intellectual curiosity | 1 | 2 | 3 | 4 | 5 |
| 3. Demonstrates responsible behavior | 1 | 2 | 3 | 4 | 5 |
| 4. Has a good attendance/punctuality record | 1 | 2 | 3 | 4 | 5 |
| 5. Cooperates with school staff | 1 | 2 | 3 | 4 | 5 |
| 6. Is dependable and reliable | 1 | 2 | 3 | 4 | 5 |
| 7. Relates well with peers | 1 | 2 | 3 | 4 | 5 |
| 8. Demonstrates the motivation/desire to attend college | 1 | 2 | 3 | 4 | 5 |
| 9. Demonstrates leadership capabilities | 1 | 2 | 3 | 4 | 5 |

Continues on back

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Application—Rev 1/2014
What is your assessment of the student’s potential, motivation and capacity for undertaking college prep work and potential success in the Upward Bound Program?

Why do you believe this student qualifies to be in the Upward Bound Program and what services would you recommend in helping him/her succeed?

Additional comments on applicant that may aid us in our selection process:

Overall Recommendation:  ( ) Not Recommended  ( ) With Reservations  ( ) Strongly  ( ) Enthusiastically

Counselor’s Signature: ____________________________ Date: ________________

Thank you for your help! Please place completed form in a sealed envelope and return to student
Student’s Name: ___________________________ School ID # or DOB: __________________

Note: A recommendation from an academic subject teacher is required.

Dear Teacher: The student named above is applying to the Upward Bound Program. Upward Bound is an engaging educational program that prepares low-income first-generation high school students for college. Program services include one-on-one academic advising, tutoring, college campus visits, cultural activities and a summer program. Upward Bound also includes parent workshops. These services are offered at no cost to parents or students. Please take the time to complete these questions to better assist the program with the selection process. Thank you!

Teacher: __________________ Subject: ___________ Length of Time you’ve known student: ________

1. Based on your Knowledge of the applicant, check how you rate his/her academic skills

<table>
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<tr>
<th></th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs Improvement</th>
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<tbody>
<tr>
<td>Academic Achievement</td>
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<td>Writing Skills</td>
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<td>Reading Skills</td>
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<td>Math Skills</td>
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<td>Academic Potential</td>
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<td>Time Management</td>
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<td>Critical Thinking</td>
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<td>Study habits</td>
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2. Upward Bound participants should have the ability to succeed in post secondary school even though they may not now be demonstrating all of the characteristics of successful students. Please rate this by circling the appropriate response to these statements.

1-Strongly Disagree  5 Strongly Agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
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<th>4</th>
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<td>9. Demonstrates leadership capabilities</td>
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3. Additional Comments (if needed, use space on the back):

________________________________________________________________________

________________________________________________________________________

4. Overall Recommendation: ( ) Not Recommended ( ) With Reservations ( ) Strongly ( ) Enthusiastically

Teacher Signature: ___________________________ Date: __________________

Thank you for your help! Please place completed form in a sealed envelope and return to student.

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