

Woodland Community College Upward Bound



Student's full name:

GRADE: 9 10 11 12 GPA:

The Upward Bound (UB) Program at Woodland Community College is a federally funded pre-collegiate program for high school students, from designated schools. The program is designed to motivate and prepare students, with academic potential, for success in education beyond high school. Students must meet the income criteria and/or being a potential first generation college student.

Program participants will benefit from the following services: academic counseling, college and financial aid application assistance, essential skills workshops, tutoring, college visits and cultural activities. All program services are FREE, but a serious commitment from the student and family is expected. Mandatory weekly tutoring attendance is required. UB activities are scheduled throughout the school year and includes a **MANDATORY** six-week Academic Summer Program so that students can earn college credits while still in high school.

Who's eligible for TRiO?

Students who are

- (a) U.S. citizen or permanent resident
- (b) Attending Williams High School (8th can apply the summer prior to going into 9th grade)
- (c) Have a minimum GPA of 2.5
- (d) AND You also need to meet ONE or more of the following criteria:
 - 1. Be a first generation college student (neither parent has received a four-year college degree);
 - 2. Meet federal low-income guidelines (as determined by the federal government)

Selection Process

F 1 Only complete applications from eligible students will be reviewed. After the initial screening, eligible applicants and their parents will be invited to a short interview with project staff. In a competitive situation, priority will be given to applicants who demonstrate (1) the greatest need for support and (2) the strongest desire to be an active and engaged UB scholar. Space is limited and students are highly encouraged to submit applications as soon as possible.

Application Checklist							
Complete and sign the application							
	Personal Statement (pg. 3)						
	Provide a copy of an official form of identification						
	(State License, State ID card, Permanent Resident Card, Passport etc.)						
	Income taxes (choose one option)						
	Copy of last year's income tax (Form 1040 or 1040A/EZ). <u>NOTE:</u> *Parent tax returns are needed						
	if student can still be claimed as a DEPENDENT according to federal financial aid law.						
	OR-						
	Complete "Student Financial Eligibility In	formation" (pg. 3).					
Want more information? Contact us at (530) 661-2285 or wcctrio@yccd.edu You can also visit one of our offices:							
	Colusa County Campus	Williams High School					
	99 Ella Street	260 Eleventh Street					
	Williams, CA 95987	Williams, CA 95987					
	Room 121						
or officia	luca						
	Staff initial Date 2 nd Check: Staff initial	Date 3rd Check: Staff initial Date					





Student Information

Legal Name:	Grade: 9 10 11 12 GPA:			
School ID: Student's Gender:				
	MM/DD/YY			
Mailing Address:	(City) (State) (Zip Code)			
Parent email:	Student Email:			
Parent's cell #: ()	Student's Cell #: ()			
Student T-Shirt Size (Adult): Would you like to	o receive text notifications of our events? Student: Yes No			
Are you a U.S. citizen/ Permanent Resident? Yes No Social Security #: Permanent Resident #:	NOTE : You must be a US citizen or legal resident of the United States in order to participate in and receive services from Upward Bound. Before being selected A copy of your social security card will be required to verify your legal name and, if applicable, a copy of your residency card will be required to verify residency status.			
Ethnicity: American Indian Asian Black/African	American Hispanic or Latina/o White			
Do you have a physical or learning disability? \Box Yes \Box No If y				
Are you currently participating in any of the pre-college programs?	Check all that apply.			
AVID MESA EAOP ETS (Specify):	Upward Bound (Specify): Other:			
Do you, the STUDENT, have any children who live with you (Teen	n Parent)? 🗌 Yes 🗌 No			
Are you a foster youth? Yes No Are you a ward o	f the court? Yes No *Please provide documentation.			
Parent/Guardi	an Information			
Student Resides with: Both parents Mother Only Father Only Mother & Stepparent Father & Stepparent Foster parent(s) Legal guardian(s) Other (specify):				
Name:	Name:			
Relationship:	Relationship:			
Occupation/Job Title:	Occupation/Job Title:			
Contact Phone:	Contact Phone:			
Email: Check here, if UB can send you text/email notifications	Email: Check here, if UB can send you text/email notifications			
Check here, if UB can send you text/email notifications	Check here, if UB can send you text/email notifications			
Parent(s) preferred language: What primary language is spoken at home?				
Biological Parent Education Level: Please check highest level of education completed by biological/adoptive Father :				
No Formal Education Elementary School Jr. High High School Associate's Degree Bachelor's Degree Has biological/adoptive father received a four-year degree from a college or university in the USA? Yes No				
Please check highest level of education completed by biological/adoptive Mother: No Formal Education Elementary School Jr. High High School Associate's Degree Bachelor's Degree				
Has biological/adoptive mother received a four-year degree from a college or university in the USA? Yes No				

	Parent/Guardian Incor	ne Information				
If applicant is a foster child	d, please provide proof of foster care st questions bel	atus and skip to the signature section. Otherwise answer low				
What is the TOTAL number o	f persons in your family (<i>Tax return f</i>	orm 1040 or 1040A tax form, line 6d):				
Please check ONE: Provide your family's total <u>TAXABLE</u> Income (<i>Tax return form 1040 use line 43; Tax return form 1040A use line 27</i>)						
	My family's TAXABLE (not total) income from the last calendar year was:					
	(Note: Your TAXABLE income can be found on the federal income tax return you filed for the last calendar year. All IRS forms will have a separate line for the total TAXABLE income; do not confuse it with your total wages or your adjusted gross income.)					
I <u>DID NOT</u> file a Federal Ir	ncome Tax Return for the last calendar y	year. My family's income was:				
I had no taxable income for	I had no taxable income for the last calendar year (if you checked this option an additional form may be required)					
Parent/Guardian Signature		Date:				
	Student Needs As					
	f statements about student needs. We asleeds. Your answers will be kept confider	k you to give your honest opinion about how the Upward ntial. Please check all that may interest you /benefit you or				
Academic Support Tutoring Science Writing Reading Math	Academic Advising Major Exploration Course selection assistance Developing a graduation plan Applying to College 	Financial Aid/ Financial Literacy FAFSA information/application help Scholarship information/Application help BOG Fee Waiver Saving and Debt information				
Career Advising Career Exploration Resume Building Interview skills	Other Time management skills Study Skills					
Have you ever taken a course a	at WCC? Yes No What cours	es did you take?				
Major(s) of interest		Career Goal				
What are your plans after you 4-Year College Commu	graduate from high school? inity College Technical/Vocational	School Military Other				
educational and career goals. Rewith the program. Include anyth	ason(s) you would like to join Upward l	inimum). Include information about your family background, Bound and what you expect to gain through your involvement ag us a more complete picture of you. Are you involved in ch this essay to your application.				
	Information and Me	dical Release				
WCC UB sponsored field trip,	the following information is necessar	d medical attention for an illness or injury while attending a ry for the licensed medical staff to treat the underage minor. Fored activities without this form being completed. Please				
If yes, why?	physician's care? Yes No					
Are there limits on your child's physical activities? Yes No If yes, explain:						
Does your child have allergies (i.e. to medications, insects, etc.)? Yes No If yes, explain:						
Does your child have medical	problems, or has (s)he been seriously	ill in the past 3 years? Yes No				

Student and Parent/Guardian Agreement

If accepted to the Upward Bound Program, I, the student, agree to:

- Attend all UB activities, which include workshops, tutoring, etc.
- Participate in the MANDATORY six-week summer academic program.
- Communicate with my UB Advisor about my educational and/or personal goals.
- Enroll in courses that are required for college admissions, achieve and maintain at least a 2.5 GPA, and graduate from high school.
- Apply for college and financial aid during my senior year.
- Enroll in the college of my choice the semester after I graduate from high school.
- Be committed to my education and the UB program.
- Grant access to my college enrollment, retention, and completion information.
- Grant access to my financial aid information from colleges and the federal government.

If accepted to the Upward Bound Program, I, the parent, agree to:

- Encourage my son/daughter in their education.
- Support the UB goals for my son/daughter.
- Require my son/daughter to attend all UB activities, which include workshops, tutoring, etc.
- Require my son/daughter to attend the MANDATORY six-week summer academic program.
- Attend and participate in UB event that require my presence.

Student Signature	 Date:	
Parent/Guardian Signature	 Date:	

Parent/Guardian Authorization

Medical Release: Should my student require medical attention while participating in UB activities and I cannot be contacted, I give my consent to medical examination and treatment deemed necessary by the attending medical professional.

Mandated Reporting: Most information shared between participants and Program Representatives is held completely confidential. Please be aware of the few exceptions. Information shared regarding abuse (physical, mental, or sexual) and/or harm to oneself or others must be reported by law to the appropriate individuals.

Permission to Access School Records: I hereby give TRIO/UB Program staff permission to have access to grades, progress reports, school transcripts, assessment test scores, school lunch program eligibility, and updated contact information from the school administration. I authorize UB to obtain information related to my child's application for college admission and acceptance status, financial aid application (FAFSA), and award letter at any and all colleges and universities.

Media Release: I hereby give permission to the TRIO/UB Program Staff to photograph my child for promotional purposes and/or file records related to the TRIO/UB Program and/or statements to be used by UB for promotion, publicity, or instructional purposes.

Participation: I give permission for my child to participate in UB activities. I agree to encourage my child to do well in high school and pursue post-secondary education.

In consideration of granting permission by the Upward Bound program for the above named minor to participant in the activities sponsored by WCC UB. The participant, his/her parent(s) or legally appointed guardian hereby agree to indemnify, hold harmless, release and forever discharge the employees and/or agents from all claims and demands which the participant, his/her parent(s) or legal guardian or the representatives or successors of them or any person may have against Yuba Community College District, its employees and agents by reason of acts, illness, injury, or other consequences arising or resulting directly or indirectly from the participation of said minor in the aforementioned.

Note: All personal records or documentation will be held in strictest confidence by the staff of WCC UB and the Yuba Community College District. (Consistent with the Federal Family Education Rights and Privacy Act of 1974, regulations, and other laws) Personal records will not be released to any other entity without my prior acknowledgment and consent. This acknowledgment will be effective for the duration of my child's participation in the program.

By signing my name on the signature line, I certify that each response within this application is true and complete to the best of my knowledge. It also indicates that I acknowledge and give consent to the requests of the UB Program.

Student Signature:	Date:
Parent/Guardian Signature:	Date: