



Woodland Community College Upward Bound Application



Student Information

Legal Name: _____ Grade: _____ GPA: _____
(Last) (First) (MI)
 School ID: _____ High School: Pierce High School Williams Jr/Sr High School DOB: ____/____/____
MM/DD/YY
 Student's Gender: Female Male Preferred Pronoun(s): _____ T-Shirt Size (Adult): _____
 Student's Personal Email (**DO NOT use your student email**): _____
 Mailing Address: _____
(City) (State) (Zip Code)
 Student's Cell #: _____ **Would you like to receive text notifications of our events?** Yes No

Ethnicity: American Indian Asian Black/African American Hispanic or Latina/o White
 Native Hawaiian or other Pacific Islander Other (specify): _____

Do you have a physical or learning disability? Yes No If yes, please explain: _____

Are you currently participating in any of the pre-college programs? Check all that apply.

AVID MESA EAOP ETS-Chico State ETS-WCC GEARUP Other: _____

Do you, the STUDENT, have any children who live with you (Teen Parent)? Yes No

Are you a foster youth? Yes No Are you a ward of the court? Yes No **Please provide documentation.*

Parent/Guardian 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: _____

Email: _____

Education Level: Less than High School
 HS Diploma/GED Some College/No Degree
 Certificate Associate's Degree Bachelor's Degree
 Master's and beyond

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Have you received a four-year degree from a college or university? Yes No

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Check here, if UB can send you text/email notifications

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Parent(s) preferred language: _____ What primary language is spoken at home? _____



SCAN ME

Contact us at (530) 661-2285 or wcctrio@yccd.edu.

You can also visit one of our offices or apply online:

Colusa County Campus
 99 Ella Street
 Williams, CA 95987
 Room 120

Pierce High School
 960 Wildwood Rd,
 Arbuckle, CA 95912

Williams High School
 260 Eleventh Street
 Williams, CA 95987

Parent/Guardian Income Information

APPLICATIONS WILL NOT BE PROCESSED, IF SECTION BELOW IS NOT COMPLETED. If applicant is a foster child, please provide proof of foster care status and skip to the signature section. Otherwise answer questions below.

What is the **TOTAL** number of persons in your household:

Please check **ONE**: Provide your family's total **TAXABLE** Income

I filed taxes, My family's **TAXABLE (not total)** income from the last calendar year was: .00

You can find your taxable income on line 15 (refer to example below)

household, \$19,400 • If you checked any box under Standard Deduction, see instructions.	12	Standard deduction or itemized deductions (from Schedule A)	12	
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2022)

I **DID NOT** file a Federal Income Tax Return for the last calendar year. My family's income was: .00

I had no taxable income for the last calendar year (if you checked this option an additional form may be required)

Student Personal Statement

Please **type** a brief autobiography (200 words minimum). Include information about your family background, educational and career goals. Reason(s) you would like to join Upward Bound and what you expect to gain through your involvement with the program. Include anything else that may be helpful in giving us a more complete picture of you. Are you involved in extracurricular activities, community service, working, etc.? **Please attach this essay to your application.**

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.

FERPA Consent: 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. I authorize the release of verifying placement and retention in college and/or employment after graduating high school to provide support with retention in college and employment.

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: _____