



# 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: \_\_\_\_\_  
(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: <input type="checkbox"/> Less than High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College/No Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's and beyond	Education Level: <input type="checkbox"/> Less than High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College/No Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's and beyond
Have you received a four-year degree from a college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received a four-year degree from a college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Check here, if UB can send you text/email notifications	<input type="checkbox"/> Check here, if UB can send you text/email notifications

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



SCAN ME

Contact us at (530) 661-2285 or [wcctrio@yccd.edu](mailto: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)

• 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 <b>taxable income</b>	15	

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

Cat. No. 11320B

Form **1040** (2023)

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: \_\_\_\_\_