

FOR UB STAFF ONLY

\_\_\_\_\_  
(Date app. Received)

# FRESNO CITY COLLEGE UPWARD BOUND PROGRAM APPLICATION



1101 E. university Ave. Fresno, CA 93741  
Phone (559) 443-8593 / Fax (559) 442-8257

THIS APPLICATION IS DUE ON:  
\_\_\_\_\_ TO: \_\_\_\_\_

## COMPLETE AND RETURN ALL ITEMS 1 THROUGH 8

1. Upward Bound Application
2. **TWO** Recommendation Forms
3. Student Questionnaire
4. Parent Questionnaire
5. Parent/Guardian Consent Form
6. Health History Form (please complete both sides)
7. Academic Transcript
8. Verification of Income

**Please read the application carefully and ensure that all blanks are appropriately filled and signed.**

If the application is submitted incomplete, processing will be delayed. If you have any questions, please call the Upward Bound Office at (559) 443-8593

***(Hmong and Spanish speakers available!!!)***

**PLEASE FILL OUT IN PEN.**



Fresno City College (FCC) is a college of the State Center community College District.  
This institution does not discriminate on the basis of race, sex, handicap, religion, or age.  
All Upward Bound records are confidential and secured in accordance with the  
Family Educational Rights & Privacy Act (FERPA).



Revised 2016

**FRESNO  
CITY COLLEGE  
UPWARD BOUND PROGRAM  
APPLICATION**



1101 E. university Ave. Fresno, CA 93741  
Phone (559) 443-8593 / Fax (559) 442-8257

Name: \_\_\_\_\_  
Last
First
Middle

**SECTION A:  
Personal & Demographic Information:**

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student ID: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_Male \_\_\_Female Grade level: 8 9 10 11 School: \_\_\_\_\_

Home Phone # (\_\_\_\_) - \_\_\_\_\_ Cell Phone # (\_\_\_\_) - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Student Email: \_\_\_\_\_

Primary Language Spoken: _____		Ethnic Identity _____ (Enter # code)	
1. American Indian or Alaskan Native	2. Asian	4. Hispanic or Latino	5. White
3. Black or African American		6. Native Hawaiian or other Pacific Islander	

Are you a US Citizen? \_\_\_Yes \_\_\_No Where were you born? \_\_\_\_\_

**If NO, please provide a copy of your PERMANT RESIDENT with the complete application**

Please list **ALL** persons, **(including yourself)** living in your household:

	<u>NAME</u>	<u>RELATIONSHIP TO APPLICANT</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____

Total family members: \_\_\_\_\_

**(Please Turn Over)**

**SECTION B:**

**Eligibility:**

**Please check or circle ALL that apply:**

**First Generation**

Did either of your parents or guardians graduate from a **four-year college**?  Yes  No

Please circle the highest level of education completed by your parents or guardians:

Mother: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

Father : 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

**Low Income** (see table below)  Yes  No

The U.S. Department of Education provides TRIO funding for the U.B. grant. U.B. applicants will be considered without regard to race, color, religion, national origin, sexual orientation, marital status or disability. Personal information collected is for reporting requirements and is confidential.

Federal TRIO Program 2015 Year Annual Low Income Levels  
Table for 48 contiguous states. (For Alaska and Hawaii residents call UB office)

Family Size	Income Level	Family Size	Income Level	
1 person	\$17,820	5 people	\$42,660	
2 people	\$24,030	6 people	\$48,870	* add \$6,240 for
3 people	\$30,240	7 people	\$55,095	each additional
4 people	\$36,450	8 people	\$61,335	family member

**Do you receive:** Social Security Benefits  Yes  No  
CalWORKs/AFDC/EBT  Yes  No

**Did file a Federal Tax Return?**  Yes  No

**PLEASE NOTE:** FCC Upward Bound requires **ONE** of the following forms of financial verification to be included along with your completed application:

- 1) A signed statement identifying the parent(s) family size AND income level **OR**
- 2) Verification of family income from a government source CalWORKs, EBT, etc. **OR**
- 3) A **SIGNED** United states income tax return.

**PLEASE contact us if further clarification is required.**

**HMONG AND SPANISH speakers available for translation.**

**BY SIGNING BELOW I HEREBY CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Parent/Legal Guardian's Name (Print)

\_\_\_\_\_  
Parent/Legal Guardian's Name (Sign)

\_\_\_\_\_  
Date

**FRESNO CITY COLLEGE  
UPWARD BOUND PROGRAM  
APPLICATION**

1101 E. university Ave. Fresno, CA 93741  
Phone (559) 443-8593 / Fax (559) 442-8257



Name of Counselor/Teacher	Date	Contact Information
Name of Student Applicant	Current GPA	Student ID

**INSTRUCTIONS TO SCHOOL TEACHER OR COUNSELOR:**

By filling this form you are identifying a potential college student who may benefit from the counseling and tutoring services provided by the Upward Bound Program at Fresno City College. Signing this form does not commit the nominating agency to any legal responsibility or liability.

Thank you for recommending the above named student as a candidate for enrollment in the Fresno City College Upward Bound Program. Please complete the following items as accurately as possible. If your relationship with the applicant does not allow you to make an evaluation on any item please indicate “N/A” (Not Applicable).

Please understand that this document may be made available for inspection at the student’s request, pursuant to the Family and Educational Rights and Privacy Act and related laws and regulations.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2. Based on your knowledge of the applicant, check how you rate his/her academic skills and potential to succeed in college.

	Outstanding	Above Average	Average	Needs Improvement
1) Academic achievement				
2) Writing skills				
3) Reading skills				
4) Math skills				
5) Academic potential				

Check how you rate applicant’s character and motivation:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1) Has positive self-image				
2) Demonstrates leadership capability				
3) Self-starter, has intellectual curiosity				
4) Is highly motivated				
5) Deals well w/ frustrating experiences, is tolerant of minor disappointments				
6) Has potential growth				

3. What other qualities come to mind that best describes this applicant?

---



---



---



---



---

4. If you were the applicant's college teacher or advisor, what services or assistance would you provide to help him/her succeed in college?

---

---

---

---

5. Are you aware of any current circumstances or problems that might affect applicant's performance in college (i.e., financial background, family responsibilities, educational preparation, health)?

---

---

---

---

6. What is your assessment of the student's potential and motivation to succeed in college? What is your evaluation of the applicant's capability for undertaking college work?

---

---

---

---

Counselor/Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_



**ATTENTION:** If you are a Counselor, please enclose copy of the student's academic transcript AND Math & English placement test scores.  
Thank you.

**FRESNO CITY COLLEGE  
UPWARD BOUND PROGRAM  
APPLICATION**

1101 E. university Ave. Fresno, CA 93741  
Phone (559) 443-8593 / Fax (559) 442-8257



Name of Counselor/Teacher	Date	Contact Information
Name of Student Applicant	Current GPA	Student ID

**INSTRUCTIONS TO SCHOOL TEACHER OR COUNSELOR:**

By filling this form you are identifying a potential college student who may benefit from the counseling and tutoring services provided by the Upward Bound Program at Fresno City College. Signing this form does not commit the nominating agency to any legal responsibility or liability.

Thank you for recommending the above named student as a candidate for enrollment in the Fresno City College Upward Bound Program. Please complete the following items as accurately as possible. If your relationship with the applicant does not allow you to make an evaluation on any item please indicate “N/A” (Not Applicable).

Please understand that this document may be made available for inspection at the student’s request, pursuant to the Family and Educational Rights and Privacy Act and related laws and regulations.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2. Based on your knowledge of the applicant, check how you rate his/her academic skills and potential to succeed in college.

	Outstanding	Above Average	Average	Needs Improvement
1) Academic achievement				
2) Writing skills				
3) Reading skills				
4) Math skills				
5) Academic potential				

Check how you rate applicant’s character and motivation:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1) Has positive self-image				
2) Demonstrates leadership capability				
3) Self-starter, has intellectual curiosity				
4) Is highly motivated				
5) Deals well w/ frustrating experiences, is tolerant of minor disappointments				
6) Has potential growth				

3. What other qualities come to mind that best describes this applicant?

---



---



---



---



---

4. If you were the applicant's college teacher or advisor, what services or assistance would you provide to help him/her succeed in college?

---

---

---

---

5. Are you aware of any current circumstances or problems that might affect applicant's performance in college (i.e., financial background, family responsibilities, educational preparation, health)?

---

---

---

---

6. What is your assessment of the student's potential and motivation to succeed in college? What is your evaluation of the applicant's capability for undertaking college work?

---

---

---

---

Counselor/Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_



**ATTENTION:** If you are a Counselor, please enclose copy of the student's academic transcript AND Math & English placement test scores.  
Thank you.

**FRESNO CITY COLLEGE  
UPWARD BOUND PROGRAM  
APPLICATION**

1101 E. university Ave. Fresno, CA 93741  
Phone (559) 443-8593 / Fax (559) 442-8257



## STUDENT QUESTIONNAIRE

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ ID #: \_\_\_\_\_

AGE: \_\_\_\_\_ CURRENT GRADE LEVEL: 8 9 10 11

EMAIL: \_\_\_\_\_

1. What do you know about the Upward Bound Program?
2. Why would you like to become an Upward Bound student? Please explain.
3. What are your favorite school subjects? Why?
4. What are your least favorite school subjects? Why?
5. Are you involved in sports, church, volunteer organizations or other extra-curricular activities? Please explain.
6. What are your future goals ten years from now? How do you plan to achieve them?
7. Where do you want to go to college? Why?



(Over, please)

8. What has been YOUR greatest accomplishment? Why?

9. Who has been the greatest influence in your life? Why?

10. What are your hobbies? Do you have any summer plans?

11. Which High School will you be attending/are you currently attending?

12. Are you willing and able to participate in the upcoming 6-week Summer Program? (Classes, Field Trips, Food, Theme Parks, Camping, and much more are all provided at no cost).

13. What is your T-Shirt size (Upward Bound T-shirts are given to students during the Summer Program)?

S                      M                      L                      XL                      XXL                      Other: \_\_\_\_\_

14. Are you able to attend the following: (Please circle "Yes" or "No")

a) After school tutorial sessions?                      Yes                      No

b) Saturday Program/field trips?                      Yes                      No

15. How many hours a day do you:

a) Work? \_\_\_\_\_

b) Spend at school? \_\_\_\_\_

c) Study? \_\_\_\_\_

d) Socialize? \_\_\_\_\_

e) Help with the house chores? \_\_\_\_\_

f) Sleep? \_\_\_\_\_

**TOTAL:**                      **24**



**FRESNO CITY COLLEGE  
UPWARD BOUND PROGRAM  
APPLICATION**

1101 E. university Ave. Fresno, CA 93741  
Phone (559) 443-8593 / Fax (559) 442-8257



## PARENT QUESTIONNAIRE

Student Name: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell/Home #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Contact #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell/Home #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Contact #: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Why do you want your son/daughter to participate in Upward Bound? What do you think this program can do for your child?
2. Are you willing to commit your effort to encourage and support your child's active attendance in Upward Bound activities such as after school tutoring, Saturday workshops, and occasional field trips?
3. What is the best time to reach you? Please specify, work or home #.
4. What organizations or activities are you involved in outside of your work? (i.e., Church, PTA, School, etc.)
5. Are you willing and interested in volunteering with or participating in Upward Bound activities if needed?  
\_\_\_\_ Yes \_\_\_\_ No: If "Yes", please circle all that apply below.

➤ Parent Academy / Fundraising Event / Hosting a Workshop / Other: \_\_\_\_\_

**FRESNO CITY COLLEGE  
UPWARD BOUND PROGRAM  
APPLICATION**

1101 E. university Ave. Fresno, CA 93741  
Phone (559) 443-8593



**PARENT/GUARDIAN CONSENT FORM**

As part of the Upward Bound Program and its curriculum, there will be advising services available to my child.

Personal advising can take the form of individual/group meetings, presentations, guest speakers, field trips, educational films/videos, or interactive activities, which may require expression of feelings and sharing opinions.

I understand that as parent/guardian, I have the right to expect the following:

1. The advising services my child receives are free and participation is voluntary
2. I may end my child's participation in the program at any time
3. I may ask the Director or Upward Bound staff about the methods being used in order to better understand what to expect.

I also understand that as parent/guardian:

4. **My child's high school or middle school has my permission to release to the Fresno City College Upward Bound Program relevant and applicable information concerning my child (transcripts, attendance reports, etc).**
5. **Fresno City College is mandated to report CHILD ABUSE to the authorities.**
6. **My child has my permission to participate in field trips planned for and supervised by the Fresno City College Upward Bound Program. The program, the college, and the employees of Upward Bound are released by me from claims against them arising from injuries which might occur in route to/at the destination.**
7. **I, the undersigned, declare under penalty of perjury that all information reported on this application is true to the best of my knowledge.**

\_\_\_\_\_  
Parent or Guardian Name (print)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

FRESNO CITY COLLEGE  
UPWARD BOUND PROGRAM  
APPLICATION

1101 E. university Ave. Fresno, CA 93741  
Phone (559) 443-8593



HEALTH HISTORY FORM

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Type (please circle): Home / Cell / W o r k

NON - Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Type (please circle): Home / Cell / W o r k

Date of last medical examination: \_\_\_\_\_

Have you had a serious illness or operation in the past? \_\_\_\_\_ If yes, please describe:

Have you had a recent exposure to any contagious disease? \_\_\_\_\_

If so, which one? \_\_\_\_\_ When \_\_\_\_\_

Have you ever had or still have one of the following illnesses?

Asthma Upset Stomach Kidney Trouble Diabetes Heart Trouble Rheumatic  
Fever Convulsions Severe Cramps Sinus Infections Migraine Headache Fainting Nose  
Bleeds Bed Wetting Sleepwalking Epilepsy Other(s) (please list) \_\_\_\_\_

**Are you allergic to:** plants, foods, insect bites, any medications? \_\_\_ YES \_\_\_ NO.

If YES to the question above, please list: \_\_\_\_\_

Date of last tetanus Injection \_\_\_\_\_

**Are you taking any prescribed medications (pills, inhalers, etc.)? YES NO If YES, explain full dosage, times to be taken, and reason for medication:**

\_\_\_\_\_

**\*\*Any medications taken to the Summer Program must be checked with the staff with all instructions fully explained and signed by parents. NO medication can be given without written permission from the parent. \*\***

**(Over, please)**

If necessary, how should Upward Bound staff address your child's illness(es) and/or allergy(ies):

---

---

Name of family physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Insurance Number (Kaiser, MediCal, Blue Cross, etc.): \_\_\_\_\_

**I CERTIFY THE ABOVE TO BE TRUE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
PARENT NAME (Print)

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**\*\*\*IMPORTANT\*\*\***

**MEDICAL RELEASE TO BE SIGNED BY PARENT:**

Should (child's name): \_\_\_\_\_ require medical attention and/or care while participating in the Fresno City College Upward Bound Program, I give my consent to medical examinations and necessary treatment, including drugs and X-rays, as may be deemed advisable by the attending physician. This consent shall be effective so long as he/she is participating in the Upward Bound Program. Should an emergency arise which requires major surgical procedures, Upward Bound staff will attempt to reach me and be guided by my wishes. In the event that I cannot be contacted, the attending physician has my consent to act as medical judgment may dictate.

\_\_\_\_\_  
PARENT NAME (Print)

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE



**Wait, you're almost done!!!**

**Remember to include the following documents along with your completed application. Not doing so will delay processing!!!**

1. Academic Transcript

- a. A copy can be requested from your school counselor

2. Verification of Income

- a. **PLEASE NOTE**: FCC Upward Bound requires **ONE** of the following forms of financial verification to be included along with your completed application

- 1) A signed statement identifying the parent(s) family size AND income level

**OR**

- 2) Verification of benefits from a government source CalWORKs, EBT, etc.

**OR**

- 3) A **SIGNED** United states income tax return from the previous year.

**PLEASE contact us if further clarification is required.**

**HMONG AND SPANISH speakers available for translation.**



Revised 2016