



Volunteers of America®

UPWARD BOUND DORSEY

Los Angeles and Orange County TRIO Programs

WHAT IS UPWARD BOUND?

Upward Bound is a TRIO Program funded by the U.S. Department of Education designed to motivate and support students from disadvantaged backgrounds to pursue a college education.

WHAT ARE THE BENEFITS OF JOINING UPWARD BOUND?

As a participant in the Upward Bound Program, students receive the following:

- Individualized educational planning and counseling
- College and career guidance and mentorship
- Six week summer college course
- College advising and application assistance
- Financial aid advising and scholarship assistance
- Supplemental instruction and tutoring
- College and cultural field trips
- Informed and qualified staff to meet the academic needs of the students

HOW DO STUDENTS JOIN THE VOA UPWARD BOUND-WEST ADAMS PROGRAM?

Students must be in the 9th, or 10th grade and **attend Dorsey High School**. All interested candidates must complete an application along with the requested documents (**birth certificate, parents' income tax and etc.**). After a completed application has been submitted, the student and parent will be contacted for an interview. Students who demonstrate academic need for program services and possess motivation and determination to increase their academic achievement will be selected to join the Upward Bound Program.

Upward Bound Application Checklist:

The following information must be submitted with an application. ***All application materials are confidential and are for the program use only.***

- ☐ A complete and signed application
- ☐ Income verification:
 - ☐ Copy of parents' most recent 1040 Federal Income Tax Form or a statement of income from social services
 - ☐ If parents did not file taxes please ask for the "Certificate of Taxes Not Filed" form
- ☐ Verification of U.S. Citizenship
 - ☐ Copy of birth certificate and copy of social security card or a permanent resident card (green card)
- ☐ GPA Verification
 - ☐ Middle School transcripts or most recent report card

Please inform us if you are having any trouble providing any of these documents.

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VOLUNTEERS OF AMERICA OF GREATER LOS ANGELES
Caring for our community since 1896

Upward Bound PROGRAM APPLICATION

STUDENT INFORMATION

Please Print Clearly Using Blue or Black Ink Only

Student's Name: _____
Last (Enter **exactly** as it appears on school documents) First Middle Jr., etc.

School: _____ Grade: ☐ 9th ☐ 10th ☐ 11th

Date of Birth: _____ Social Security Number: _____
MM/DD/YYYY

☐ Male
☐ Female

ADDRESS

E-mail Address: _____ Student Cell: _____

Home Address: _____
Number & Street Apartment #

City State ZIP Code

Please give your current mailing address for all correspondence if address is different from above.

Number & Street Apartment #

City State ZIP Code

Citizenship

☐ U.S. Citizen
☐ U.S. Permanent Resident Visa Card #: _____
☐ Other Citizenship Visa Type: _____

Place of Birth _____
City State Country

Ethnicity -Check One

☐ Hispanic ☐ Asian
☐ Mexican ☐ Central American: ☐ Vietnamese ☐ Other: _____
☐ Cuban ☐ South American: ☐ Native Hawaiian
☐ Puerto Rican ☐ Other: _____
☐ African-American, Black ☐ American Indian, Alaskan Native
☐ White Tribal Affiliation: _____

Home Language

What language is spoken in the home? ☐ English ☐ Spanish ☐ Vietnamese ☐ Other: _____

Parent Name: _____ Parent Signature: _____ Date: _____

FAMILY INFORMATION

A Parent, Guardian, Or Other Adult Legally Responsible For The Applicant Must Complete This Section.

Student Lives With:

- ☐ Both Parents
☐ Mother Only
☐ Father Only

- ☐ Relative Guardian
☐ Foster Parent
☐ Displaced youth

Relationship to student: _____

Parent/Guardian #1

Parent/Guardian #2

Last Name *First Name*

Last Name *First Name*

() ()

Home Phone *Cellular Phone*

() ()

Home Phone *Cellular Phone*

Employer: _____

Employer: _____

Work Phone: () _____

Work Phone: () _____

E-mail Address: _____

E-mail Address: _____

Household

Please give the name and relationship of all members of your household. Include additional household member on separate sheet if necessary.

Last Name *First Name*

Relationship to student *Age*

Last Name *First Name*

Relationship to student *Age*

Last Name *First Name*

Relationship to student *Age*

Last Name *First Name*

Relationship to student *Age*

Last Name *First Name*

Relationship to student *Age*

Last Name *First Name*

Relationship to student *Age*

Parent/Guardian Education -Select the highest level of education completed by the parent/guardian

Parent/Guardian #1

Parent/Guardian #2

- ☐ Did not graduate from high school
☐ High school graduate
☐ College Graduate (*bachelor's degree only*)

- ☐ Did not graduate from high school
☐ High school graduate
☐ College Graduate (*bachelor's degree only*)

Name of University

Name of University

Type of degree

Location

Type of degree

Location

Family Financial Information

This information is required by the United States Department of Education to determine applicant eligibility for program services.

- ☐ Applicant is a foster youth/dependent of the court

Applicant's total monthly income: _____

- ☐ I did/will file an Income Tax Return for the last calendar year-**submit copy of Federal Income Tax Return with application**

Taxable Income: _____ 1040EZ Line 6, 1040 Line 43 or 1040A Line 27

- ☐ I did not/will not file an Income Tax Return for the last calendar year

Source of Income: Check all that apply, indicate the amount received monthly – **Submit proof of income with application**

☐ Social Security Benefits: _____

☐ Unemployment: _____

☐ Child Support/Alimony: _____

☐ Pension/Retirement: _____

☐ Disability/SSI/Worker's Compensation: _____

☐ Public Assistance

(CalWorks, GAIN, TANF, CalFresh, Kin-GAP)

Case Number: _____ Amount: _____

☐ Other-Please Explain _____

Total number of people in the household including applicant and parents/guardians: _____

I certify that all of the above information including income, residency and citizenship status is correct. All information reported will be kept confidential and used only for the purpose of determining eligibility for the Upward Bound program.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS APPLICATION

DATE

PRINTED NAME OF ADULT HOUSEHOLD MEMBER COMPLETING THIS APPLICATION

RELATIONSHIP TO STUDENT

For Office Use Only

☐

LI

☐

FG

☐

LIFG

☐

High Risk

Date Received: _____

Staff Initial: _____

Date Reviewed: _____

Director's Signature: _____

RELEASE OF SCHOOL RECORDS

Student Name: _____

*Last (Enter **exactly** as it appears on school documents)*

First

Middle

Jr., etc.

Date of Birth: _____

MM/DD/YYYY

Social Security Number: _____

I authorize Volunteers of America of Greater Los Angeles, Upward Bound Program to have access to and obtain copies of school records for the above named applicant. Access to academic records may include, but are not limited to the following:

- Class Schedule
- Transcript
- Standardized Test Scores
- Individualized Educational Plan (IEP)
- Attendance Data
- Verification of Enrollment (Secondary and Post-Secondary)
- Degree Verification (Secondary and Post- Secondary)
- **Any** additional information needed by the Upward Bound Program to complete the Annual Performance Report required by the U.S. Department of Education
- **Any** additional information deemed necessary by the Upward Bound Program needed to make decisions regarding the applicant's secondary and post-secondary education

For the purpose of program completion of the Annual Performance Report (APR), I authorize the release of school records from grade 6th through the completion of post-secondary education to Volunteers of America Los Angeles. **This form is valid for 10 years from initial signature date.**

| | |
|---------------------------------|------|
| SIGNATURE OF PARENT/GUARDIAN | DATE |
| PRINTED NAME OF PARENT/GUARDIAN | |
| SIGNATURE OF STUDENT APPLICANT | DATE |

I authorize Volunteers of America Los Angeles, Upward Bound to release my information to agencies other than the U. S. Department of Education.

Parent Initial

I give the Volunteers of America Los Angeles, Upward Bound permission for my child's name, photograph, work and/or statements to be used by Volunteers of America Upward Bound for promotional, publicity or instructional purposes.

Parent Initial

Academic Information

Are you currently participating in a college preparatory program (i.e. Upward Bound, Talent Search, Project Grad etc.)?

☐ Yes – Name of the Program: _____ Location: _____

☐ No

Do you have an Individualized Educational Plan (IEP) ☐ Yes ☐ No – If yes, please provide a copy

ESSAY

Answer **ALL** of the following questions in the space provided in essay format.

What are your academic goals? What are your personal goals?

What have you done to reach your goals? Who has helped you in reaching your goals?

Why do you want to participate in the Upward Bound Program?

ENGLISH/LANGUAGE ARTS RECOMMENDATION

Student Name: _____ Grade: _____ High School: _____

Dear Teacher,

This student is applying for admission into the Volunteers of America Upward Bound Program.

Please complete this form and return it to the student. This form is intended to help us determine academic need or improvement in your course area. Thank you for your time.

Grade at last progress report: _____

I. Please rate the student's skills and/or deficiencies in each of the following areas:

| | Outstanding | Above Average | Average | Below Average |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Written Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading Comprehension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test Taking Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

II. Please check **ALL** of challenges below that may apply to the student

- ☐ Diagnosed learning disability
- ☐ Low grade point average
- ☐ Low standardized test scores
- ☐ Low educational aspirations
- ☐ Student has trouble engaging in research; analyzing , integrating, and presenting information
- ☐ Lack of opportunity or support in taking challenging course work
- ☐ Lack of career goals and/or need for accurate career information
- ☐ Lack of confidence, self-esteem, or social skills
- ☐ Low income family and/or community
- ☐ Other: _____

Please identify and provide areas in which we can further assist this student in a tutorial setting.

Please comment on your perception of this student's maturity, cooperation, reliability, attendance and motivation to succeed academically:

Name of Instructor: _____

Signature: _____

Date: _____

MATH/SCIENCE RECOMMENDATION

Student Name: _____ Grade: _____ High School: _____

Dear Teacher,

This student is applying for admission into the Volunteers of America Upward Bound Program.

Please complete this form and return it to the student. This form is intended to help us determine academic need or improvement in your course area. Thank you for your time.

Grade at last progress report: _____

I. Please comment on this student's skills and/or deficiencies in each of the following areas:

| | Outstanding | Above Average | Average | Below Average |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Organizing information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Presenting ideas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of resource material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working in groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

II. Please check **ALL** of challenges below that may apply to the student

- ___ High interest in a math and/ science
- ___ Student unable to explain and apply mathematical concepts and interpret and carry out mathematical procedures
- ___ Diagnosed learning disability
- ___ Low grade point average
- ___ Low standardized test scores
- ___ Low educational aspirations
- ___ Lack of opportunity or support in taking challenging course work
- ___ Lack of career goals and/or need for accurate career information
- ___ Lack of confidence, self-esteem, or social skills
- ___ Low income family and/or community
- ___ Other: _____

Please identify and provide areas in which we can further assist this student in a tutorial setting.

Please comment on your perception of this student's maturity, cooperation, reliability, attendance, and motivation to succeed academically:

Name of Instructor: _____

Signature: _____

Date: _____