



MISSION: The TRIO Pre-College programs at the University of California, Riverside impart knowledge to motivate, encourage, and equip low income and/or potential first-generation college students from select high schools to enroll in, persist at, and graduate from a postsecondary institution.

Name: _____
Grade: _____

School: Banning H.S. Beaumont H.S. Norte Vista H.S.

APPLICATION CHECKLIST

- Complete Upward Bound Application
- Personal Essay
- Copy of Current Transcript & Course Schedule
- Copy of state standardized test score
- Recommendation Form: Prepared by: _____
- How will the recommendation form be submitted _____

A. PERSONAL INFORMATION

1. Name _____
(First) (Middle initial) (Last)
2. Mailing Address _____
(Street or PO box) (City) (State) (Zip)
3. Parent Cell/Home # () _____ Student Cell # () _____
4. Social Security Number _____ 5. Date of Birth ____ / ____ / ____
6. U.S. Citizen: Yes No Permanent Resident Yes No
7. Grade _____ 8. Age _____ Student Email Address: _____
9. School Currently Attending _____ Student ID # _____
10. Student's Ethnicity: Do you identify yourself as Hispanic/Latino? Yes ____ No ____

MUST select one or more race you identify yourself with:

- American Indian or Alaska Native
- Asian: _____
- Black or African American

- White
- Native Hawaiian or Other Pacific Islander

11. Gender:

- Male
- Female

12. I currently live with: (please check one):

- Both Parents
- One Parent ____ Mother ____ Father
- In a foster home
- Other (specify) _____

13. Do you have a disability? Yes No If yes, please explain _____

B. PERSONAL INFORMATION

14. Name of Father / Stepfather _____
Presently Employed? Yes No
Highest year in school / college completed by your Father _____
Highest degree earned (mark one): None AA BS/BA MA/MS Ph D
15. Name of Mother / Stepmother _____
Presently Employed? Yes No
Highest year in school / college completed by your Mother _____
Highest degree earned (mark one): None AA BS/BA MA/MS Ph D
16. How many brothers or sisters have attended or are currently attending college? _____

17. What language is spoken at home by the majority of your family? _____

18. Do you currently have a job? Yes _____ No _____
If yes, how many hours do you work in an average week? _____ at what times? _____

19. What extra-curricular activities do you participate in (sports, clubs, outreach programs, etc.)

When do you meet? _____

C: ECONOMIC BACKGROUND

FINANCIAL INFORMATION: The Federal Law mandates that 2/3 of all Upward Bound Participants must be low-income and first-generation college bound. Upward Bound uses Taxable Income to determine financial eligibility.

What is your Family Unit Size? _____

Do you file a Federal Income tax return? YES NO

If YES, complete the following section based on your most recent Tax Return:

What was your TAXABLE INCOME: _____

Taxable Income can be found on your federal tax form:
1040—Page 2, line 43 1040 A—Page 2, line 27

If the applicant's parents/guardians DO NOT file an annual tax form, please complete the section below:

FOR FAMILIES THAT DO NOT FILE ANNUAL TAX FORMS

1. **INCOME FROM WORK:** What was the parent's _____ \$
monthly income from work?
2. **OTHER INCOME:** If the applicant's family receives other forms of income or assistance, please provide the **monthly** amount for each type of aid:
 - a. **Social Security, Disability, Survivors Benefits** \$ _____
 - b. **Aid to Families with Dependent Children (AFDC) or General Relief** \$ _____
 - c. **Unemployment Benefits** \$ _____
 - d. **Other, please specify:** \$ _____
3. **TOTAL MONTHLY INCOME:** \$ _____
4. **ANNUAL HOUSEHOLD INCOME:** Total monthly income * 12 \$ _____

I, _____, attest that the above information is true.
(Print Parent/Guardian Name)

Parent/Guardian Signature: _____ Date: _____

THREE SIGNATURES REQUIRED

If selected as a participant in the Upward Bound Program at UC Riverside, I agree to participate in all aspects of the program, including tutoring, Saturday sessions, the summer program, and field trips. Furthermore, I agree to conduct myself in a manner that will bring dignity to myself, my family, my school, my community, and Upward Bound

Student Signature

Student's Name PRINTED

Date

I certify that the enclosed information is true and complete to the best of my knowledge. I hereby grant permission to the personnel at my child's school to provide copies of transcripts, test scores, and related student information to Upward Bound staff. If my child is admitted to Upward Bound, I agree to participate in all meetings, orientations, or workshops organized by the program. I also agree to support my child in his/her academic endeavors and make my child's education a family responsibility and priority.

Parent Signature

Parent's Name PRINTED

Date

I certify that the enclosed information is true and complete to the best of my knowledge. I recommend that the student participate in Upward Bound and will provide copies of transcripts, test scores, and related student information to Upward Bound staff. I agree to participate in all meetings, orientations, or workshops organized by the program if requested to do so. I also agree to support the student in his/her academic endeavors and make their education our responsibility and priority.

Counselor Signature

Counselor's Name PRINTED

Date

PLEASE MAKE SURE THE FOLLOWING DOCUMENTS ARE ATTACHED TO THE COMPLETED APPLICATION

1. A copy of your course schedule.
2. A copy of your current transcript (an unofficial copy is acceptable).
3. Copy of your state standardized test scores.
4. **Personal Essay: On a separate sheet of paper please answer the following questions.**

Paragraph 1) Introduce yourself. Include information about your birthplace, interest, hobbies, extracurricular activities (clubs, jobs, etc) and your relationship with your family.

Paragraph 2) Describe your school and community. Would you change anything about these places? How will going to college help you make these changes?

Paragraph 3) Why do you want to go to college? What do you plan to study? Did anyone or any particular experience motivate you to pursue college?

Paragraph 4) Consider your current academic performance, including your GPA and test scores. Are you satisfied with your performance so far? If not, what factors have contributed to your performance (no place to study, work after school, excessive procrastination, etc.). Which subject is the hardest for you to learn? What types of services could help you improve your performance (i.e. tutoring, study skills workshops, etc.)

Paragraph 5) Explain why you want to participate in the Upward Bound program. What do you expect to gain from your participation? What are your long-term educational and professional goals? Also include some of your future plans; travel, improving your community, volunteering, etc.

RECOMMENDATION FORM

Applicant's Name: _____
Your Name

(Area Code) Phone Number

TO THE STUDENT: Complete the above information and give this form to a counselor, teacher, community member, employer or any individual who can comment about your potential to succeed in college. *This form should not be completed by a family member.*

TO THE INDIVIDUAL COMPLETING THIS FORM:

The person whose name appears above has applied for admission to the Upward Bound Program. The selection committee would appreciate your answering the questions below in a specific and candid manner, noting any particular incidents, which illustrate his/her maturity, initiative and academic potential to succeed. Please understand that your recommendation may be made available for inspection at the student's request, pursuant to the Family and Educational Rights and Privacy Act of 1974 and related laws and regulations (use additional sheet, if necessary)

WHEN COMPLETE, MAIL OR FAX TO: Upward Bound Programs, UC Riverside
 1228 Student Services Building
 900 University Ave. , Riverside, CA 92521
 (951) 827-7983, FAX (951) 827-4762

Name _____ **Position** _____

School/Organization _____ **Phone #** _____

Address _____

Address City State Zip Code

Explain comments by using complete sentences; avoid short answers such as "yes" or "no". If your relationship with the applicant does not allow you to make an evaluation of any item, please indicate "N/A" or not applicable.

1. How long have you known the applicant? _____ year(s). Under what circumstances?

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) Science Skills				
6) Academic Potential				

3 Check how you rate the applicant's characteristics and motivation.

	Strongly Agree	Agree	Agree Somewhat	Disagree
1) Positive self -image				
2) Demonstrates Leadership capabilities				
3) Self-starter, intellectual curiosity				
4) Highly motivated				
5) Survives frustrating experiences				
6) Potential for growth				

4. What other qualities come to mind that best describe the applicant?

5. To the best of your knowledge, does this applicant have a disadvantaged background (i.e., low income for several years, first generation college student, inner-city or migrant family)?

Yes No Why?

6. What services or assistance would assist him/her to succeed in college?

7. Are you aware of any current circumstances or problems which might affect the applicant's performance in high school (e.g., financial background, family responsibilities, educational preparation, health)?

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

Signature _____

Date _____

Parent Authorization

I, _____, parent or legal guardian of _____, understand and hereby give permission for my child to participate in Upward Bound Oasis Program activities conducted by the University of California, Riverside (UCR). Furthermore, I understand that the primary objectives of Upward Bound are to have students promote to the next grade level, enroll in a rigorous secondary school program ("a-g" courses), graduate from high school, apply for postsecondary education and financial aid and enroll in a postsecondary institution.

I hereby authorize the Upward Bound Oasis Program staff and assistants at the University of California, Riverside to:

1. Have access to, and make and receive copies of my child's (a) academic records through the completion of the 12th grade, and (b) my child's standardized test records through the completion of 12th grade, including tests taken under the auspices of the Educational Testing Service. I authorize access to hard copies and electronic copies of the records, as well as access to electronic databases and warehouses. I understand that these records will be used to monitor my child's academic progress and to determine when academic support services are needed.
2. Disclose information from my child's academic records to representatives of colleges and universities and other institutions so that they may determine my child's eligibility for admissions at their institutions, his/her need for special services, and for general use in planning of outreach activities. The records will be maintained by the University of California, Riverside consistent with Federal Family Education Rights and Privacy Act of 1970 and university policies.
3. Speak and/or exchange information with counselors, teachers and other school administrators about my child's academic progress as part of the services provided by UC Riverside's Upward Bound Oasis Program.
4. Allow my child to access network computer services such as the World Wide Web (internet) and electronic mail for the purposes of requesting and obtaining postsecondary preparation and institution information.
5. Allow my child to attend educational and cultural field trips and/or other activities sponsored and coordinated by UCR's Upward Bound Oasis Program and sometimes by other organizations within the university. I understand that my child will have adult supervision while participating in these activities.
6. Obtain academic records upon transfer to another school/institution outside of Upward Bound Programs' service area or sent to another school/institution serviced by another Upward Bound program.

7. I, the undersigned, give my permission to be photographed, videotaped, voice recorded, and/or quoted while participating in the Upward Bound Oasis Program. I understand that this agreement gives the University of California full discretion and authority to edit and use the photographs, videotape, voice recordings, and/or quotes for documenting or publicizing the Upward Bound Oasis Program. I understand that the photographs, videotapes, voice recordings, and/or quotes will be, and remain, the property of the University of California.

I understand and agree that this Parent Authorization will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children, and any guardian for said children.

I understand that this Parent Authorization is valid for the duration of the time that my child participates in Upward Bound, unless I rescind it through written instructions.

I acknowledge that I have read this Parent Authorization and that I understand the words and language in it.

I am the parent or legal guardian of the minor _____, and I am signing this parent Authorization on behalf of said minor.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Parent Agreement

I understand that in order for my son/daughter to be a successful student, it is important for me to have an active role in their social and academic development. I also understand that the Upward Bound Oasis Program at the University of California, Riverside has as its main goal and objective to assist my son/daughter graduate from high school and pursue a post-secondary education. Therefore, I agree to comply with the following statements through my son's/daughter's duration of high school to the best of my ability:

1. Assist my son/daughter with school work at home by:
 - providing a specific area of the home for daily study
 - set a specific time for homework
 - provide assistance with homework when possible
2. Maintain daily communication with my son/daughter about school activities (i.e. homework, extra curricular activities, classes, etc).
3. Attend a meeting with my son's/daughter's school counselor to monitor their academic progress.
4. Attend at least one Upward Bound scheduled parent activity for each year my son/daughter remains an active participant of the program.
5. Notify Upward Bound personnel of address, phone number, and or school changes to maintain updated and accurate records for the participant.
6. I understand that my son/daughter must maintain a cumulative grade point average (GPA) of 2.5 in "a-g" courses through high school graduation (9th-12th grade).
7. I will assist my son/daughter with the application process to at least one postsecondary institution by visiting colleges/universities (if possible), attending available workshops (if possible), providing the required documentation, etc.
8. I will assist my son/daughter with the completion and submission of the Free Application for Federal Student Aid (FAFSA) during their Senior (12th grade) year of high school. I understand that I must provide income tax, residency, and social security documentation to complete the process.
9. I understand that my son/daughter may not be allowed to participate in specific activities and/or fieldtrips if he/she does not adhere to the stipulations outlined in the Student Agreement or actively participate in program activities.

I acknowledge that I have read and understand this Parent Agreement and that the Upward Bound Assistant Director will review and/or renew this Parent Agreement if necessary so long as my son/daughter is a participant of the Upward Bound Oasis Program.

Parent/Guardian Name

Parent/Guardian Signature

Student's Name

Student's School

Date

Acuerdo de Padre

Entiendo que para que mi hijo/hija sea un estudiante con éxito, es importante para mí tener un papel activo en su desarrollo social y académico. También entiendo que el programa Upward Bound Oasis en la Universidad de California Riverside tiene como su principal objetivo, el de ayudar a mi hijo/hija graduarse de la escuela secundaria y llevar a cabo una educación postsecundaria. Por lo tanto, estoy de acuerdo a cumplir con los siguientes requisitos durante la duración en la escuela secundaria de mi hijo/hija, a lo mejor de mi capacidad:

1. Ayudar a mi hijo/hija con el trabajo de la escuela en casa:
 - proporcionando una área específica de la casa para el estudio diario
 - designando una hora específica para la tarea
 - Ayudando con la tarea cuando sea posible
2. Mantener la comunicación diaria con mi hijo/hija acerca de las actividades escolares (es decir, deberes, actividades extra curriculares, clases, etc.).
3. Asistir a una reunión con el consejero de escuela de mi hijo / hija para supervisar su progreso académico.
4. Asistir al menos a una actividad para padres de estudiantes de Upward Bound programada para cada año de que mi hijo/hija siga siendo un participante del programa.
5. Notificar al programa de Upward Bound de cambio de dirección, número de teléfono y o cambios de la escuela para mantener registros precisos y actualizados del participante.
6. Tengo entendido que mi hijo/hija debe mantener un acumulativo promedio (GPA) de 2.5 en cursos de "a-g" a través de la graduación de la escuela secundaria (grado de 9-12).
7. Ayudare a mi hijo/hija con el proceso de aplicación por lo menos a una institución postsecundaria, por ejemplo visitando colegios y universidades (si es posible), asistiendo a talleres disponibles (si es posible), y proporcionando la documentación requerida, etc.
8. Ayudare a mi hijo/hija con el proceso de aplicación de la Solicitud Gratuita de Ayuda Federal para Estudiantes (FAFSA) durante el último año (grado 12) de la secundaria. Entiendo que tengo que presentar la documentación de impuestos, sobre la renta de la casa, la residencia, y el número de seguro social para completar el proceso.
9. Tengo entendido que mi hijo/hija puede perder la participación en actividades específicas o paseos si no se adhiere a las estipulaciones descritas en el acuerdo de estudiantes o si deja de participar activamente en las actividades del programa.

Reconozco que he leído y comprendo este acuerdo de padre y que el Subdirector del programa Upward Bound revisara y/o renovara este acuerdo de padre si es necesario siempre y cuando mi hijo/hija sea participante del programa de Upward Bound Oasis.

Nombre del padre/guardián

Firma del padre/guardián

Nombre del estudiante

Escuela del estudiante

Fecha

Student Agreement

As a participant of the Upward Bound Oasis Program at the University of California, Riverside, I agree to the following terms, which are in compliance with the UB objectives:

1. I commit myself to complete Upward Bound by being in the program until the end of the Summer Residential Program following my graduation from high school.
2. I commit myself to do my very best in school and in the Summer Residential Program classes.
3. I commit myself to obey all the rules and regulations of the Upward Bound Program.
4. I commit myself to attend all Upward Bound activities – meetings, Saturday Sessions, tutoring/after school sessions, cultural and educational activities, etc. – throughout the year.
5. I commit myself to take college preparation classes (a-g courses) each year in high school.
6. I commit myself to graduate from high school and attend a four-year/two-year college/university.
7. I commit to apply for federal or state student aid. This includes submitting the Free Application for Federal Student Aid (FAFSA) and CAL Grant Application on or before March 2nd or the twelfth grade.
8. I commit to take the PSAT Exam in the fall of 10th grade and SAT Reasoning or ACT college entrance exam by the end of junior year in high school.
9. I commit myself to be friendly, mature, helpful, and share with others in the program.

I acknowledge that I have read this Student Agreement and understand the requirements listed above and may not be allowed to participate in the specific activities and/or fieldtrips if I do not maintain the mentioned academic progress or actively participate in program activities.

Student's Name: _____ School Name: _____

Student's Signature: _____ Date: _____

Grade Level: _____

Parent/Guardian Signature: _____ Date: _____

**AUTHORIZATION FOR THIRD PARTY
TO CONSENT TO TREATMENT OF MINOR
LACKING CAPACITY TO CONSENT**

(I)(We), the undersigned, parent(s)/person having legal custody/legal guardianship of (name of minor) _____, a minor, do hereby authorize (name of agent) University of California, Upward Bound Oasis Program Staff, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Family Code Section 6910.

(I)(We) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Family Code Section 6910 to surrender physical custody of such minor to (my)(our) above-named agent(s) upon completion of treatment. This authorization is given pursuant to Health and Safety Code Section 1283.

These authorizations shall remain effective until (month and day) August 31, 2017, unless sooner revoked in writing delivered to the agent(s) noted above.

Date: _____

Signature: _____
{parent/legal guardian/person having legal custody} (circle relationship)

(Please fill out reverse side of this page)

MEDICALLY RELEVANT INFORMATION

Minor's Name: _____

Minor's Birth Date:

Allergies to drugs or food:

Conditions for which minor is currently being treated: _____

Current Medications:

Restrictions on activity:

Primary care physician (name and telephone number): _____

Insurance Company:

Mother's name:

Mother's address:

Mother's telephone numbers: Work _____ Home _____ Other _____

Father's name: _____

Father's address: _____

Father's telephone numbers: Work _____ Home _____ Other _____

If there is any condition of which you are presently aware that may affect your ability to participate in this program, other than those identified above, please indicate:

Participant's name: _____
Please Print

UNIVERSITY OF CALIFORNIA, RIVERSIDE
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in *General Services for the Upward Bound Oasis Program until completion of high school (Academic Advising, Tutoring, Campus Tours, Specialized Workshops)* hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date Signature of Participant Date
Participant's Age (if minor) _____

UNIVERSIDAD DE CALIFORNIA, RIVERSIDE
Renuncia de Responsabilidad, Asunción de Riesgo, y Acuerdo de Indemnización

Renuncia: A cambio de que se me permita participar en cualquier capacidad en los *Servicios General para el Programa de Upward Bound Oasis hasta al terminarse la preparatoria (Aconsejo Académico, Tutela, Guiada de la Universidad, Talleres Especializados)*

mas adelante llamado "La Actividad", Yo, en mi nombre y en el de mis herederos, representantes o designados personales, **por la presente relevo, renuncio, eximo, y acepto no demandar** a los miembros de la Junta de Regentes de la Universidad de California, sus funcionarios, empleados y representantes de responsabilidad **de todo reclamo, incluyendo la negligencia de los miembros de la Junta de Regentes de la Universidad de California, sus funcionarios, empleados y representantes**, resultante de lesión, accidentes o enfermedades (inclusive la muerte) y perdida de propiedad originada por, pero no limitada a, la participación en La Actividad.

Asunción de Riesgos: La participación en La Actividad con lleva ciertos riesgos propios de tales proyectos y actividades que no pueden ser eliminados a pesar del cuidado que se tome para evitar lesiones o daños. Los riesgos específicos varían de una a otra actividad, pero los riesgos pueden incluir: 1) lesiones menores tales como rasguños, magulladuras y torceduras; 2) lesiones mayores como lesiones a los ojos o perdida de la vista, lesiones a coyunturas o a la espalda, ataques al corazón y contusión cerebral; 3) lesiones catastróficas, inclusive parálisis y muerte.

He leído los párrafos anteriores y se, comprendo y me doy cuenta de estos y otros riesgos que son inherentes de La Actividad. Por lo presente afirmo que mi participación es voluntaria y que asumo, a sabiendas, todos los riesgos.

Indemnización y eliminación de responsabilidad: También estoy de acuerdo en INDEMNIZAR Y EXONERAR DE TODA RESPONSABILIDAD a los miembros de la Junta de Regentes de la Universidad de California de cualquier y toda reclamación, acción, demanda, procedimiento, costo, gasto, daño y responsabilidad, inclusive los honorarios de abogados resultantes de mi participación en La Actividad y de reembolsar estos costos en caso de incurrir tales gastos.

Derechos y obligaciones: El firmante además esta de acuerdo específicamente con el hecho que la Renuncia y el acuerdo de Asunción de riesgos firmados en la presente se proponen ser tan amplios e inclusivos como permite la ley del estado de California y, que si cualquier parte de ellos se determina nula, se esta de acuerdo en que el resto, sin embargo, mantendrá toda su fuerza y efecto.

Reconocimiento de entendimiento: He leído esta Renuncia de responsabilidad, Asunción de riesgos y acuerdo de indemnización y entiendo por completo las condiciones **y entiendo que estoy renunciando a derechos substanciales, incluyendo mi derecho a entablar una demanda.** Reconozco que firmo este acuerdo libre y voluntariamente, **y con mi firma indico que esta es una renuncia completa e incondicional de toda responsabilidad** de la manera mas amplia permitida por la ley.