

Dear Parent:

Your student has expressed an interest in the Houston Community College System Upward Bound Program. Upward Bound provides academic counseling and cultural enrichment activities to its participants to better prepare them for entrance into a post-secondary educational institution.

Upward Bound is a federally funded program and ALL participants must meet federal guidelines according to the U.S. Department of Education. All of the data requested in the application packet is necessary to adequately assess your child's eligibility for the program and needs for program services. The Upward Bound Program prides itself in meeting individual needs which are determined partly through a review of the application materials. Therefore, we ask that you review carefully all statements and respond accordingly. All records are kept confidential. However, the federal government does request certain data on students to evaluate the effectiveness of the program and our adherence to federal regulations.

Participation in the Upward Bound Program is a big commitment on the student's part; weekly Saturday sessions during the academic year and a mandatory six-week Summer component each year until he/she graduates from high school requires a lot of will power and motivation. Your support will be needed and expected throughout this period.

We the HCCS Upward Bound Staff will support your student achieve his/her desired educational goals. We look forward to working together on your student's educational journey.

Sincerely,

Upward Bound Staff

Dear Applicant:

Thank you for your interest in the HCC*Central Campus Upward Bound Program. Upward Bound is federally funded and all participants must meet eligibility criteria. **Your completion and return of all requested documents will help us to quickly determine your eligibility.** Advisor will schedule an appointment with the parent and student for a face-to-face interview.

Before a student is officially admitted into the Upward Bound Program, a probationary period of six (6) Saturdays must be completed during the Academic Year. If student starts during the Summer Component a **probationary period of ten (10) days** must be completed to qualify for stipend.

This probationary period will monitor attendance, behavior, attitude, participation and high school grades during each Saturday session. Stipend will not be provided during this probationary period. Once the six (6) Saturdays or ten (10) days have been completed and the student successfully meets the established criteria, then the student will be officially admitted into the program and will begin to earn a stipend. We are providing an application packet which, should be completed and returned to the Advisor or the address below. All information will be kept confidential. Students are not allowed to attend Upward Bound until approved by Director. Please answer all questions, and if something does not apply, write N/A in the space provided.

**UPWARD BOUND PROGRAM
HCC CENTRAL COLLEGE
1300-B Holman St. Suite 107, MC1229H
HOUSTON, TX 77004
Phone: (713) 718-6388
Fax: (713) 718-6390**

Each student will be contacted after the application packet has been received and reviewed. Once approved an acceptance packet will be provided to the parent / legal guardian. If you have any questions, please feel free to call the office Tuesday through Friday, between the hours of 8:00 a.m. through 5:00 p.m. Tutoring is available for all academic subjects on Wednesdays 4:30 p.m. to 7:00 p.m. *Specialized* Tutoring is available Saturdays from 8:30 a.m. to 12:30 p.m.

Sincerely,

The Upward Bound Staff

HCC CENTRAL UPWARD BOUND PROGRAM CHECKLIST FORM

Please note* These documents are required by federal law.

Please turn in **COPIES** of the following information.

Staff Initials

1. Copy of you last report card.

2. Copy of your birth certificate or permanent resident card (if you are from another country).

3. Copy of your parent/legal guardian's last income tax filed (form 1040) Please make a copy and turn it in for your folder. (i.e. If you are applying in 2004, then you should turn in the 1040 from 2003).

4. Copy of your families Medicaid Care (for the current month) or verification receiving financial assistance from the Texas Department of Human Services.

5. Copy of Award Letter from Social Security Administration if your parents are receiving assistance from Social Security Administration because of a disability or as Survivors.

If you have any questions, please call the Upward Bound Program Office

UPWARD BOUND PROGRAM
HOUSTON COMMUNITY COLLEGE- CENTRAL
1300-B Holman St. Suite 107, MC 1229H
Houston, TX 77004
Phone: (713) 718-6388
FAX: (713) 718-6390

Tentative start date is _____

Information checked by: _____
Staff Name Date

**HCC CENTRAL UPWARD BOUND
PROGRAM APPLICATION**

Name of Applicant: _____ Social Security No: _____

Home Address: _____ Zip Code: _____

Cell Phone: _____ Do we have your approval to text you: YES NO
If yes, parent/guardian please initial _____

Date of Birth: _____ Age: _____ Sex: M F Place of Birth: _____

Name of School: _____ Grade Level: _____ Home Phone: _____

Citizenship Status: U.S. Citizen Permanent Resident Temporary Resident Other (please explain)

Ethnic Background: African-American/Black Mexican-American/Hispanic White/Caucasian Asian Other

After high school graduation, do you intend to further your education and enroll in?
Trade School College/University Service None

Are you currently participating in any extra curricular activities that will prohibit you from fully participating in 25 Saturday sessions during the academic year and 6 weeks during the summer? YES NO

Are you currently, the applicant, working part-time? YES NO If yes, After school Weekends

Total family income earned from employment for last year \$ _____

FOR OFFICE USE: <input type="checkbox"/> Low Income & 1 st Generation Low Income <input type="checkbox"/> 1 st Generation Only <input type="checkbox"/> At Risk for academic failure only <input type="checkbox"/> Low Income & at high risk for academic failure <input type="checkbox"/> 1 st Generation & at high risk for academic failure <input type="checkbox"/> Low income, 1 st Generation, & at high risk for academic failure

Total family income received from non-taxable source for last year \$ _____
AFDC Food Stamps Social Security Benefits SSI Other

Total number of persons living in your household _____

Parent/Legal Guardian's name _____ Employer _____
Relationship to student _____

Parent/Legal Guardian's name _____ Employer _____
Relationship to student _____

Does mother have a college degree (4 years)? YES NO
Does father have a college degree (4 years)? YES NO

I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THIS APPLICATION. I CERTIFY THAT ALL INFORMATION THAT I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Student's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____

Office Use Only ADA Accomodations: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
--

Office Use Only <input type="checkbox"/> Accepted <input type="checkbox"/> Wait Listed <input type="checkbox"/> Rejected Date: _____

HCC CENTRAL UPWARD BOUND

Affidavit of Waiver

I, _____, Parent/Legal Guardian of _____, am aware, and agree that Houston Community College System here in after called the college, its agents, officers, employees and assignees are not, nor will they be held personally or officially liable for any and all damages resulting from any and all incidents, accidents, injuries, or claims which may arise out of my child's participation in the Upward Bound Program. I understand that he/she is participating in this program and its program activities totally at his/her own risk. The college will not, in any circumstances, be held liable for any accidents, incidents, injuries or claims that may arise out of such program activities, including but not limited to field trips, outings, tours, gatherings, and other activity.

I am also aware that this waiver does not excuse the college, for any negligent conduct that directly cause injury to my child.

Wherefore, I waive any and all rights that may arise to hold liable by any cause of action the college, its agents, officers, employees, and assignees in their official or personal capacity.

Parent/Legal Guardian's Signature

Date

HCC CENTRAL UPWARD BOUND

Release of Information

_____ (School or Test Center)
has permission to release transcripts, test records, educational, and personal data on my
son/daughter _____, to the Houston Community
College System, Upward Bound Program so that it may be used in determining Upward Bound
eligibility.

Student's signature: _____

Parent/Legal Guardian's signature: _____

Date: _____
(High School Copy)

HCC CENTRAL UPWARD BOUND

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_____ (School or Test Center)
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son/daughter _____, to the Houston Community
College System, Upward Bound Program so that it may be used in determining Upward Bound
eligibility.

Student's signature: _____

Parent/Legal Guardian's signature: _____

Date: _____
(HCCS Upward Bound Copy)



VIDEOTAPE, PHOTOGRAPHIC, PRINT AND AUDIO RELEASE FORM

I, the model, hereby grant Houston Community College permission to make still photographs, video tapes, audio recordings and/or use of verbal quotes from me. I also give Houston Community College permission to use these completed audiovisual and print products for Houston Community College promotional purposes without compensation or remuneration to me in any manner; in like and related regard, HCC will not charge or assess me any fees or service charges for my voluntary participation in this audiovisual product production.

Further, I relinquish and give to the Houston Community College all rights, title and interest, if any, I may have in the completed video tapes, still photographs or audio recordings, negative, prints, reproductions and copies of the masters, negatives, recordings, duplicates, prints and verbal quotes for print. Witness our hands and concurrence to the above terms:

Signature (Model)

Address

Signature of Parent/Guardian if Minor

Phone

Date

Signature (HCC Public Relations Director)



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Signature (Model)

Address

Signature of Parent/Guardian if Minor

Phone

Date

Signature (HCC Public Relations Director)

HCC CENTRAL UPWARD BOUND STUDENT PARTICIPATION CONTRACT

Parents and students must fully understand the commitment they are making to the Houston Community College – Central Campus Upward Bound Program and the investment the program is making in each participant.

Student Participation Statement:

Please initial each statement.

As a member of the HCC- Central Upward Bound Program, I understand that my commitment to this project assists me in going to college and obtaining a WorkForce Certificate or College Degree. **I do hereby commit to the following:**

1. _____ Maintain a minimum 2.5 semester grade point average.
2. _____ Agree to adhere to the policies and procedures of HCC- Central Upward Bound Program.
3. _____ Agree to contact my Upward Bound counselor if there is a change in my class schedule, my home address or phone number, and/or if my family plans to move from the target area.
4. _____ Be an engaged student by participating in all Saturday classes, 6 week summer component, and turn in all homework and assignments given by UB Staff and / or Instructors
5. _____ Participate in after-school, in-school or Saturday meetings, testing, tutoring and field trips.
6. _____ I will not leave an Upward Bound activity early without prior approval and notification from my parent/guardian.
7. _____ Agree to participate in tutoring sessions as needed and/or recommended by my Advisor or Instructor.
8. _____ Follow the dress code, rules and regulations of HCC - Central Upward Bound Program and my high school.
9. _____ To respect myself, Upward Bound staff, instructors, tutors, other UB students, private and personal property.
10. _____ Never using or being in the possession of tobacco products, alcohol or other abusive substances, including “vapor” products during program activities or while on school or college property.
11. _____ Never being in the possession of firearms or other weapons during program activities or while on school or college property.
12. _____ Exhibiting positive behavior and attitude towards students and staff.
13. _____ Enrolling in college upon graduation from high school.
14. _____ Graduating from college with a two-year degree and/or a four-year degree (in 6 years or less).

Our signatures below indicate that we have reviewed the commitment statements and agree to abide by the regulations and policies that govern participation in the HCC – Central Upward Bound Program.

Student's Signature

Date

Parent/Legal Guardian's Signature

Date

HCC CENTRAL UPWARD BOUND PARENT/LEGAL GUARDIAN CONTRACT

Parent's/Legal Guardian's Commitment to TRIO – Upward Bound- HCC-Central Campus

Your son/daughter is starting their academic journey and will need your support. As a parent/legal guardian I know that my child is participating in the Houston Community College - Central Campus - Upward Bound Program. I do hereby commit to the following:

1. I ensure that my son/daughter will attend his/her scheduled high school classes each day.
2. I ensure that my son/daughter will attend all Upward Bound Saturday academic classes and activities; and the 6 weeks Summer Component.
3. I ensure that my son/daughter will participate in tutorials with the Upward Bound instructors/tutors to strengthen skills in areas where tests and grades have revealed a weakness.
4. I ensure that my son/daughter will abide by the Program rules and regulations.
5. I shall provide information such as grades, schedules, and release forms to Upward Bound staff upon request.
6. I shall keep an open line of communication with the Upward Bound staff via email, phone communication, face to face meeting, and texting.
7. I will model a positive behavior with my student.
8. I will attend the three (3) parent meetings per academic year.

Parent/Legal Guardian's Signature

Date

HCC Central Upward Bound Program Health Data Form

Person to be notified in case of an emergency:

Emergency #1 Name: _____ Phone #: _____

Emergency #2 Name: _____ Phone #: _____

Are you covered by any health insurance? Yes No

If "Yes", please answer the questions below:

Insurance Company: _____

Policy in Name of: _____

Policy or Group Number: _____

Physician: _____ Phone#: _____

Does applicant wear glasses? Yes No Contact Lenses? Yes No Other: _____

Is applicant presently on any medication? Yes No

If "Yes," please explain _____

Is applicant allergic to any medications? Yes No If "Yes," please explain _____

Is applicant allergic to any food? Yes No If "Yes," please explain _____

Does applicant have any problems with the following?

- | | | | |
|---|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bites/Stings | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Latex Gloves |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Heart | <input type="checkbox"/> Anemia | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Sinus | <input type="checkbox"/> Kidneys | <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Hearing Loss | _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> AIDS | _____ |

Does applicant have any dietary restrictions? Yes No

If "Yes," please explain _____

Does applicant had all childhood immunizations? Yes No

If "No" which one(s) does he/she not have _____

Is applicant under doctor's care for treatment of psychological issues? Yes No

If "Yes," how long have you been in treatment? _____

Does applicant have any dental problems? Yes No

If "Yes," please list them _____

Does applicant have any medical problem (s), which would prevent him/her from participating in out of class activities or of which Upward Bound staff should be aware of? Yes No

If "Yes," please explain _____

Signature of Parent/Legal Guardian

Signature of Applicant

Date

HCC Central Upward Bound Program

BUS SERVICE PICK-UP SCHEDULE

PICK UP LOCATIONS	TIME
SAM HOUSTON	7:30 AM
YATES	7:45 AM
NORTHSIDE	7:30 AM
AUSTIN	7:45 AM

NOTE

*PICK UP LOCATIONS IS IN FRONT OF THE SCHOOL LISTED.

IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CALL MAIN OFFICE @ 713-718-6388

HCC Central Upward Bound New Student Questionnaire Form

Student's Name: _____ **School:** _____ **Grade:** _____

Interview Date/Time: _____ **Initials of Staff Conducting Interview:** _____

1. Why would Upward Bound be beneficial for you?

2. How can you use the services of Upward Bound to improve your future goals?

3. How would you be an active participant in the Upward Bound Program?

4. Do you know what STAAR is? Yes No Have you taken the STAAR test? Yes No If no, when will you take the STAAR test?

5. Have you committed yourself to further your education beyond high school?

6. Have you improved your grades, attendance, conduct from your last report card?

7. What courses do you need help in and what was your grade?

8. Have you ever requested, needed or participated in specialized tutoring at your home school?

9. Do you bring your homework at home or do you complete it at school?

10. Are you doing all that you can to improve your grades? Yes No

11. Do you understand that to be in this program you must show academic improvement?

12. Do you understand that the probationary period includes participation in 6 (six) Saturday events?
 Yes No
13. Are you committed to this expectation? Yes No
14. Have you discussed with your parents/legal guardian that you are interested in joining this program?

15. Do you participate in ARD meetings? Yes No If yes, what accommodations are needed?
