



From the Director:

Thank you for your interest in the University of Montevallo TRIO Upward Bound Programs. These programs are 100% funded by the US Department of Education and hosted by the University of Montevallo. We serve qualified high school students in Chilton, Bibb, and Shelby counties, providing academic support and enrichment for success in high school and preparation for success in post-secondary education.

To qualify for the programs, students must:

- 1) Attend one of our target schools in Bibb, Chilton, and Shelby counties, **and**
- 2) Have at least a 2.5 grade point average, **and**
- 3) Be **either**
 - a. A first-generation college student (neither parent graduated from a 4-year college), **or**
 - b. From low-income household, **or**
 - c. Both, **and**
- 4) Be interested in pursuing a post-secondary degree the fall after high school graduation.

As you go through the application, please read and complete each form carefully. Return the completed application to your counselor, who will attach your transcript and testing information. Your application will **NOT** be considered unless it is filled out completely and includes all necessary documentation.

We take applications on a rolling basis, so students may apply at any time during the academic year. We evaluate every application based on whether the student meets the qualification requirements, as well as the student assessment, and the teacher and counselor recommendations. For applicants who qualify, we require an interview with the student and at least one parent or guardian before making the final admission decision.

It is the applicant's responsibility to ensure the package is complete.

For more information, please go to <https://www.montevallo.edu/trio-upward-bound/>. Please feel free to contact us if you have any concerns or additional questions. Our phone number is **205.665.6268**, and you can email me directly at barnesp@montevallo.edu.

Paul G. Barnes EdS
Director

How Do Students Apply?

Complete this application and submit the following documents:

- _____ Completed Student Information page (**parent/guardian signature required**)
- _____ Completed Student Assessment page (**writing sample required**)
- _____ Signed Consent for Release of Academic Record (**parent/guardian signature required**)
- _____ Teacher Recommendation Form (**completed and signed by teacher**)

Give your packet to your counselor to add:

- _____ Counselor Recommendation Form (**completed and signed by counselor**)
 - _____ Most recent year transcript and latest progress report if applicable
 - _____ Your 9 weeks Progress Report/Report Card
-

University of Montevallo TRIO Upward Bound Programs
Participant Application

Please print neatly except where your signature is required and use blue or black ink.

Date: _____ Current School Year: _____

Student Information

Name (*Last, First, M.I.*): _____

Mailing Address (*Street, City State, Zip*): _____

Preferred Name: _____ Date of Birth: _____

Email: _____ Student Cell Phone: _____

Gender (*circle one*): Female Male Other Hispanic/Latinx Ethnicity (*circle one*): Yes No

Race (*circle all that apply*): American Indian/ Alaska Native Asian Black or African American White

Native Hawaiian or Other Pacific Islander Other (*specify*): _____

United States Citizen (*circle one*): Yes No If not, give your USCIS#: _____

School: _____ Grade (*circle one*): 8 9 10 11 12

Do you have an IEP or 504? (*circle one*): Yes No Do you have a part-time job? (*circle one*): Yes No

Are you a foster child, aged out of the foster system, orphan, or ward of the state? (*circle one*) Yes No

Family Information

Parent/Guardian 1: _____ Relationship: _____

Mailing Address (*Street, City State, Zip*): _____

Has Primary Custody: (*circle one*): Yes No Has Bachelor's Degree (4-year) (*circle one*): Yes No

Email Address: _____ Cell Phone: _____

Parent/Guardian 2: _____ Relationship: _____

Mailing Address (*Street, City State, Zip*): _____

Has Primary Custody (*circle one*): Yes No Has Bachelor's Degree (4-year) (*circle one*): Yes No

Email Address: _____ Cell Phone: _____

Does student have contact with non-custodial parent? (*circle one*) Yes No Not Applicable

How many family members live in your household (include parents/guardians and children): _____

Enter your TAXABLE INCOME range from the previous calendar year's Federal 1040 line 43, 1040A line 27,
or 1040EZ line 6 (*NOT GROSS INCOME*): _____

Was your taxable income significantly higher than usual in the last calendar year? (*circle one*) Yes No

Will your taxable income be significantly less this year than last year? (*circle one*) Yes No

If you answered yes to either question, please explain why: _____

Confidentiality of Information and Certification

By signing below, I am stating that:

- 1) I understand that the UM TRIO Upward Bound Programs are 100% funded through grants from the US Department of Education (USED), that this information is required by the USED for evaluation purposes and to verify student eligibility, that this information is protected by the Federal Education Rights and Privacy Act (FERPA), and that no one may be given this information unless they are employed by the University of Montevallo TRIO Upward Bound Programs or is specifically authorized to determine the student's eligibility to participate in the program;
- 2) I understand that the University of Montevallo TRIO Upward Bound will not disclose any individually identifiable student information to any person, group, agency, or organization without further written permission from the student's parent or guardian; and

I declare that the information given here, including parent income and educational attainment is true and correct to the best of my knowledge and I understand that intentional false or misleading information may result in the disqualification of the applicant.

Parent/Guardian Name (*please print*): _____

Parent/Guardian Signature: _____

Date: _____

Student Name (*please print*): _____

Student Signature: _____

Date: _____

Office Use Only

Eligibility (*circle all that apply*): LI FG AR:Math AR:RLA AR:Algebra I AR:GPA

Interview (*circle one*): Yes No Accept (*circle one*): Yes No Start date: _____

Academic Records Release Form

FERPA Notice: The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student educational records. The University of Montevallo TRIO Upward Bound (UMUB) keeps all student records confidential, including records for applicants, participants, and former participants. The student always has the right to review any of their UMUB academic records. The parent has the right to review their student's academic record until the student turns 18, when the UMUB staff will require permission from the student to show such records to the parent. No one outside of the UMUB staff will have access to the student's records without the express permission of the student and, if the student is 18 or older, the parent.

By signing below, you give the UMUB staff permission to obtain all the student's academic records, including but not limited to transcripts, test scores and records, special accommodation plans (Individualized Education Plans (IEPs) and 504 Plans, etc.), and teacher evaluations for the purposes of determining eligibility and suitability for participation in the UM TRIO Upward Bound Program (the program).

Further, if the student is accepted into the program, you give the UMUB staff permission to obtain on a regular basis all academic, attendance, and behavioral records (including updates and revisions to any IEPs or 504 Plans and any newly created plans after the student's admission) for the purposes of developing such academic and personal development and support plans to assist the student in reaching their academic goals.

Further, this permission will remain in effect if the student drops out of the program prior to graduating from high school for the purpose of annual reporting to the US Department of Education as is required by the terms of the Upward Bound grants.

Further, you give permission to the UMUB staff to collect data from the National Student Clearinghouse and to obtain records as needed from all postsecondary educational institutions that the student attends for the term of six (6) years after graduating from high school or until the student attains a 4-year degree, whichever comes first.

Finally, the student and the parent (until the student turns 18) have the right to revoke this permission by submitting notice in writing to the UMUB Director.

Parent/Guardian Name (*please print*): _____

Parent/Guardian Signature: _____

Date: _____

Student Full Name (*please print*): _____

Student Signature: _____

Student Date of Birth: _____

Date: _____

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Teacher Recommendation Form

Student Name: _____ Grade Level: _____

Teacher Name: _____

Does the student receive special services? (*circle one*) No Yes

In reference to the student indicated above, please complete the information below:

Current program of study (*circle one*): Advanced Diploma Standard Diploma Occupational Diploma Other

Please note the items below. Check any that might indicate success in the UM TRIO Upward Bound Programs.

_____ Academic Ability

_____ Interest in Learning

_____ Willingness to Work Hard

_____ Respect for Self and Others

_____ Integrity and Honesty

_____ Interest in Attending Upward Bound

_____ Positive Attitude

_____ Projected Persistence in Upward Bound

_____ Persistence in Other School Activities

_____ Encouragement/Help from Home

_____ Potential to Earn a Bachelor's Degree

_____ Sibling participation in Upward Bound

Use the qualities listed above as a guide to rank the student according to the following scale (*circle one*):

5 – I have absolute confidence in this candidate's ability to complete the program and earn a college degree

4 – I strongly recommend this candidate and feel the program will be very beneficial

3 – I recommend this candidate with reservations but feel the program will be beneficial

2 – The candidate may benefit from the program but lacks motivation and persistence

1 – I do not believe this candidate will benefit from this program.

General Comments:

Teacher Signature: _____

Date: _____

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Counselor Recommendation Form

Student Name: _____ Grade Level: _____

Counselor Name: _____

In reference to the student indicated above, please provide/attach the information listed below:

- Applicant's Cumulative GPA: _____
- HSA/PARCC scores, standardized test scores, AP test scores
- High School Transcript
- Most recent grade report

Student's attendance record (*circle one*): Excellent Good Fair Poor

Student's motivation for enrolling in post-secondary education (*circle one*): High Medium Low

Does the student have limited English proficiency? (*circle one*) No Yes

Does the student qualify for free or reduced lunch? (*circle one*) No Yes (*please attach documentation*)

Is this student receiving any special accommodations or services? Please explain and attach documentation.

In your opinion, does this student have a need for academic support? Please briefly explain.

What is your perception of this student's academic potential? Include academic and social factors.

Based on academic potential/promise, how would you recommend this applicant? (*circle one*)

Highly recommend Recommend Recommend with reservations Do NOT recommend

Based on character and personal promise, how would you recommend this applicant? (*circle one*)

Highly recommend Recommend Recommend with reservations Do NOT recommend

Has the student ever been subject to school disciplinary action or suspension? (*circle one*) No Yes (specify)

Counselor Signature _____

Date _____