



www.yccd.edu

TRiO Programs

Upward Bound
&
Student Support Services

Woodland Community College
2300 E. Gibson Rd.
Woodland, CA 95776
Phone: (530) 661-2285
Fax: (530) 661-6202

Colusa County Outreach Facility
99 Ella Street
Williams, CA 95987
Phone: (530) 661-2285
Fax: (530) 661-2519

Upward Bound
WCC – Colusa County Outreach Facility
99 Ella Street
Williams, CA 95987

Dear Student,

I would like to cordially invite you to become a part of the Upward Bound Program at Woodland Community College. Upward Bound has helped high school students prepare for colleges and universities throughout the nation!

During the academic school year, students have questions concerning the admissions process to California colleges and universities. Upward Bound is available to answer questions or concerns related to the admissions process. In addition, Upward Bound provides financial aid workshops, college test preparation activities, and academic enrichment opportunities for its participants. **All services rendered by Upward Bound are free to its participants.**

Enclosed is an application packet for the Upward Bound Program. **Please review the information and submit the application with the requested documents to our office by Tuesday, May 31, 2011.** If you have any questions, please do not hesitate to call Preet Cheema, TRiO Secretary at (530) 661-2285 or by e-mail gcheema@yccd.edu.

We look forward to seeing you in the Upward Bound Program!

Best Regards,

A handwritten signature in blue ink, appearing to read "Artemio Pimentel".

Artemio Pimentel, Director
TRiO Programs

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: Female Male

Student ID: _____ Social Security Number: _____ - _____ - _____ Birth Date: _____ / _____ / _____

Mailing Address: _____ City: _____ Zip Code: _____ Home Phone: (_____) _____ - _____

Permanent Address: _____ City: _____ Zip Code: _____ Cell Phone: (_____) _____ - _____

High School: _____ Class of: _____ Present Grade Level: 9th 10th 11th 12th

Are you a participant of any of the following programs? AVID Cal-SOAP CAPP EAOP ETS
 GEAR-UP MESA TOP Other: _____

HOUSEHOLD INFORMATION

Father/Legal Guardian's Name: _____

Work/Day Phone No: (_____) _____

Occupation/Job Title: _____

Mother/Legal Guardian's Name: _____

Work/Day Phone No: (_____) _____

Occupation/Job Title: _____

Total Family Income: (1) \$16,245 or less (2) \$16,246 - \$21,854 (3) \$21,855 - \$27,465 (4) \$27,466 - \$33,075
(5) \$33,076 - \$38,685 (6) \$38,685 - \$44,295 (7) \$44,296 - \$49,905 (8) \$49,906 - \$55,515
(9) \$55,516 or greater

Are you eligible for free/reduced lunch program at your school?
 No Yes Not Known/Not Applicable

Is the family eligible for AFDC, TANF, or Social Security Benefits?
 No Yes Not Known/Not Applicable

Is the household a single parent home?
 No Yes

Is the applicant a foster child or ward of the court?
 No Yes

Is the applicant of Hispanic or Latino origin?
 No Yes

Family Size (please include the applicant as part of the total)? _____

Student's Ethnicity (Select as applicable):

<input type="checkbox"/> African/African-American	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pakistani
<input type="checkbox"/> American Indian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Russian
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Iu-Mien	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Black	<input type="checkbox"/> Japanese/Japanese	<input type="checkbox"/> Taiwanese
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Korean/Korean-American	<input type="checkbox"/> Thai
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Latino	<input type="checkbox"/> Ukrain
<input type="checkbox"/> Chicano	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Chinese/Chinese-American	<input type="checkbox"/> Mexican/Mexican-American	<input type="checkbox"/> White
<input type="checkbox"/> Fijian	<input type="checkbox"/> Middle Eastern	
<input type="checkbox"/> Filipino/Filipino-American	<input type="checkbox"/> Native Hawaiian	

Student's Race (Select as applicable):

Alaskan Native or American Indian
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Does the student speak in more than one language at home?
 No Yes If so, which language? _____

Does the student read in more than one language at home?
 No Yes If so, which language? _____

Does the student write in more than one language at home?
 No Yes If so, which language? _____

Does the student listen in more than one language at home?
 No Yes If so, which language? _____

Student's primary speaking language:

<input type="checkbox"/> Arabic	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Russian
<input type="checkbox"/> Armenian	<input type="checkbox"/> Hindi	<input type="checkbox"/> Samoan
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Spanish
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Italian	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Thai
<input type="checkbox"/> Dutch	<input type="checkbox"/> Korean	<input type="checkbox"/> Urdu
<input type="checkbox"/> English	<input type="checkbox"/> Laotian	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Formosan	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> French	<input type="checkbox"/> Mon-Khmer	<input type="checkbox"/> Other: _____
<input type="checkbox"/> German	<input type="checkbox"/> Panjabi	
<input type="checkbox"/> Greek	<input type="checkbox"/> Persian	
<input type="checkbox"/> Gujarathi	<input type="checkbox"/> Portuguese	

Student's secondary speaking language:

<input type="checkbox"/> Arabic	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Russian
<input type="checkbox"/> Armenian	<input type="checkbox"/> Hindi	<input type="checkbox"/> Samoan
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Spanish
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Italian	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Thai
<input type="checkbox"/> Dutch	<input type="checkbox"/> Korean	<input type="checkbox"/> Urdu
<input type="checkbox"/> English	<input type="checkbox"/> Laotian	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Formosan	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> French	<input type="checkbox"/> Mon-Khmer	<input type="checkbox"/> Other: _____
<input type="checkbox"/> German	<input type="checkbox"/> Panjabi	
<input type="checkbox"/> Greek	<input type="checkbox"/> Persian	
<input type="checkbox"/> Gujarathi	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Not Applicable

How did you learn about the Upward Bound program? _____

Would you like to receive emails from Upward Bound? No Yes If so, what is the preferred email address? _____ @ _____

Indicate the best day to contact you at your home? Monday Tuesday Wednesday Thursday Friday

Indicate the best time to contact you for each day: _____

Reviewed by: _____ Date: _____ / _____ / _____ Entered By: _____ Date: _____ / _____ / _____

Code: E F EF O

Highest Level of Education Completed:	Father/Guardian	Mother/Guardian	Student's Educational Goal
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fourth Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fifth Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sixth Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seventh Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eighth Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ninth Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenth Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eleventh Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twelfth Grade – Certificate of Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Education Degree (GED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High School Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Year in College/University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Year in College/University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Year in College/University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fourth Year in College/University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Degree Awarded (AB, BA, BS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some Graduate School Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's Degree Awarded (MA, MBA, MS, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some Doctorate Program Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate Degree Awarded (EdD, Ph.D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College degree obtained outside U.S.?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	
	Country?	Country?	

Please respond to the following short-answer questions.

After high school graduation, what do you plan to do?

Who is the most encouraging person in your life? Why?

Describe one person from the past or present who has influenced you. Why?

All applicants have personal attributes which can contribute to the program and its participants. Tell us about some of your personal attributes.

Autobiographical Essay:

Each applicant must write and submit an essay typed or in black/blue ink. In the essay, tell us about your background, special interests or hobbies, and any past accomplishments you are proud of. You may also want to consider writing about your experience in your school, your sentiments about education, and your perspective on your academic classes. In addition, describe your career aspirations, your thoughts about college, and how the Upward Bound program may be able to assist you during your educational endeavor. Also, describe your expectations for Upward Bound and what you wish to gain from the program.

Check List of Required Documents:

The following is a list of additional documents needed in order to process your application by the due date of **Tuesday, May 31, 2011**.

- A **completed application with signatures** accompanied with the **autobiography**.
- Copy of the **applicant's Social Security card** and **birth certificate**.
- Copy of **2010 Income Tax Forms** with the **signature of a parent/legal guardian** listed on the forms.
- Signed "Waiver of Liability, Assumption of Risk, and Indemnity Agreement"** by the **applicant and a parent/legal guardian** (attached).
- Signed "Parent/Guardian Authorization"** form from the applicant and a parent/legal guardian (attached).
- Recommendation from a high school teacher** that may be mailed separately (attached).
- Recommendation from a counselor, principal, teacher or vice-principal** that may be mailed separately (attached).
- A copy of the applicant's **middle school and high school transcripts**.
- A third **optional** recommendation from a high school teacher, employer, or community member that may be mailed separately (attached).

I certify the information provided is true and accurate to the best of my knowledge.

Student Signature: _____ Parent/Guardian's Signature: _____

Date: _____ / _____ / _____ Date: _____ / _____ / _____

Mail to:
WCC – Upward Bound
99 Ella Street
Williams, CA 95987

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in **Upward Bound Project and Activities**, herein after called the "Project", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** Yuba Community College District, its officers, employees, and agents **from liability from any and all claims including the negligence of Yuba Community College District, 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 **Upward Bound Project.**

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

Assumption of Risks: Participation in **Upward Bound Project and Activities** 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 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 Upward Bound. 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 Yuba Community College District 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 **Upward Bound Project** 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): _____

Parent/Guardian Authorization

I, _____, parent or legal guardian of _____, a minor child, hereby give permission for my child to participate in **Upward Bound Activities and Projects** conducted by Woodland Community College. I understand that the primary objective of the program is to encourage students to enroll in college preparatory courses, to participate in **Upward Bound Project's** academic development services, and to become eligible for admission to the postsecondary institutions. I also understand that such activities may be available until he/she enrolls at a college or university campus.

Authorization

I hereby authorize **Upward Bound** directors, staff, and their assistants to engage in the following:

1. To have access to, and to make and receive copies of, my child's academic school records through the completion of 12th grade. I understand that these records will be kept in strict confidence and will be used solely to: a) monitor my child's academic progress; and b) determine when academic support services are needed.
2. To have access to, and to make and receive copies of, my child's standardized test records, including tests taken under the auspices of the Educational Testing Service (ETS) and American College Test (ACT), through the completion of 12th grade. I understand that these records will be kept in strict confidence and will be used only for the purposes of assessing student performance and advising students and not for recruitment purposes.
3. To have access to, and to make and receive copies of, my child's academic school records and standardized test records contained in electronic databases and warehouses, including but not limited to the District or national data warehouse, through the completion of 12th grade. I understand that these electronic records will be kept in strict confidence and will be used solely to: a) monitor my child's academic progress; and b) determine when academic support services are needed.
4. To disclose information from my child's academic school records to designated representatives of colleges and universities so that they may determine my child's eligibility for admission at their institutions, his/her need for special services and for general use in planning outreach and recruitment activities. These records will be maintained by the Yuba Community College District consistent with the Federal Family Education Rights and Privacy Act of 1974, applicable state laws and District policies.
5. To allow my child to attend field trips to colleges and universities, sponsored and coordinated by the **Upward Bound Project**. I understand that my child will have adult supervision while on these field trips.
6. To reproduce any original materials submitted by, and any image of, participants in the Upward Bound Project. I understand that participants' compositions or likeness may be reproduced in part or in whole for the purpose of on-going program promotion and evaluation. I release the Yuba Community College District of any obligation to compensate me, my children, or any party acting on my behalf, for the use of the above mentioned media.

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

Signature of Parent/Legal Guardian

Date

Signature of Participant

Date



Recommendation Form 1: High School Teacher

Note to student: If you have not known this teacher for at least one full semester, please give this form to a teacher from last semester.

Student's Name: _____ School: _____

Dear Educational Practitioner;

Please complete the recommendation below. The information will assist Upward Bound in assessing the applicant's academic needs. Feel free to address specifics including, but not limited to, the student's attitude, maturity level, motivation, behavior in class and school, family situation, and goals. Please mail the recommendation to us or return to the student in a sealed envelope. In advance, Upward Bound wants to thank you for your assistance into this matter.

Upward Bound Team

Name: _____ Title: _____

1. In what capacity and for how long have you known this student?

2. Do you believe the student will take advantage of the postsecondary preparatory services made available?

3. Are there any academic or social barriers that would prevent the student from enrolling into a postsecondary institution?

4. Based on your interactions and observations, please mark the category that best describes the level of support needed by this student.

	High Need	Moderate Need	Low Need	No Need	Unknown
Ability to accept constructive criticism positively					
Accomplishes goals and assignments					
Ask questions during in-class instruction					
Ask assistance from peers					
Independent thinking					
Leadership Development					
Math Skills					
Optimistic attitude towards academics					
Science Skills					
Seeks academic support resources					
Self Direction					
Strong Self-esteem					
Verbally communication strong with others					
Willingness to persevere					
Writing Skills					

5. Is there any additional information you would like to share with Upward Bound about the student?

Signature: _____ Date: _____

WCC-Colusa County Outreach Facility
Upward Bound
99 Ella Street
Williams, CA 95987
(530) 661 – 2285 Office
(530) 668 – 2519 Fax



Recommendation Form 2: Counselor, High School Teacher, Principal, or Vice-Principal

Note to student: If you have not known this teacher for at least one full semester, please give this form to a teacher from last semester.

Student's Name: _____ School: _____

Dear Educational Practitioner;

Please complete the recommendation below. The information will assist Upward Bound in assessing the applicant's academic needs. Feel free to address specifics including, but not limited to, the student's attitude, maturity level, motivation, behavior in class and school, family situation, and goals. Please mail the recommendation to us or return to the student in a sealed envelope. In advance, Upward Bound wants to thank you for your assistance into this matter.

Upward Bound Team

Name: _____ Title: _____

- In what capacity and for how long have you known this student?

- Do you believe the student will take advantage of the postsecondary preparatory services made available?

- Are there any academic or social barriers that would prevent the student from enrolling into a postsecondary institution?

- Based on your interactions and observations, please mark the category that best describes the level of support needed by this student.

	High Need	Moderate Need	Low Need	No Need	Unknown
Ability to accept constructive criticism positively					
Accomplishes goals and assignments					
Ask questions during in-class instruction					
Ask assistance from peers					
Independent thinking					
Leadership Development					
Math Skills					
Optimistic attitude towards academics					
Science Skills					
Seeks academic support resources					
Self Direction					
Strong Self-esteem					
Verbally communication strong with others					
Willingness to persevere					
Writing Skills					

- Is there any additional information you would like to share with Upward Bound about the student?

Signature: _____ Date: _____

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Upward Bound
99 Ella Street
Williams, CA 95987
(530) 661 – 2285 Office
(530) 668 – 2519 Fax



Recommendation Form 3 [Optional]: High School Teacher, Employer, or Community Member

Note to student: If you have not known this teacher for at least one full semester, please give this form to a teacher from last semester.

Student's Name: _____ School: _____

Dear Teacher;

Please complete the recommendation below. The information will assist Upward Bound in assessing the applicant's academic needs. Feel free to address specifics including, but not limited to, the student's attitude, maturity level, motivation, behavior in class and school, family situation, and goals. Please mail the recommendation to us or return to the student in a sealed envelope. In advance, Upward Bound wants to thank you for your assistance into this matter.

Upward Bound Team

Name: _____ Title: _____

1. In what capacity and for how long have you known this student?

2. Do you believe the student will take advantage of the postsecondary preparatory services made available?

3. Are there any academic or social barriers that would prevent the student from enrolling into a postsecondary institution?

4. Based on your interactions and observations, please mark the category that best describes the level of support needed by this student.

	High Need	Moderate Need	Low Need	No Need	Unknown
Ability to accept constructive criticism positively					
Accomplishes goals and assignments					
Ask questions during in-class instruction					
Ask assistance from peers					
Independent thinking					
Leadership Development					
Math Skills					
Optimistic attitude towards academics					
Science Skills					
Seeks academic support resources					
Self Direction					
Strong Self-esteem					
Verbally communication strong with others					
Willingness to persevere					
Writing Skills					

5. Is there any additional information you would like to share with Upward Bound about the student?

Signature: _____ Date: _____

MAIL/FAX TO:
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Upward Bound
99 Ella Street
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