

# FRESNO STATE

Upward Bound Programs

## Application

**Making College a Reality Since 1981.**



**TRIO**  
UPWARD BOUND

# FRESNO STATE

## Upward Bound Programs

### What is Upward Bound?

Upward Bound (UB) is a TRiO program funded by U.S. Department of Education. Upward Bound provides support and opportunities for participants to succeed in their precollege performance and ultimately in their higher education pursuits. Upward Bound serves high school students from low-income families and/or from families in which neither parent holds a bachelor's degree. The goal of Upward Bound is to increase the rate at which participants complete secondary education and enroll in and graduate from institutions of postsecondary education.

### Services:

- After School Tutorials
- Academic Advising
- College Conferences
- University Campus Tours
- Parent Meetings
- College Admission Application Assistance
- ACT/SAT Fee Waivers
- Career Planning
- Financial Literacy/ Financial Aid Application Assistance
- Community Service
- Six Week Summer Residential Program @ Fresno State
  - Academic Courses
  - Summer Internships/Jobs
  - Stipend Checks
  - Career Guest Speakers
  - Cultural Exposure

### High Schools Served:

#### Classic Upward Bound

- Edison High School
- Madera High School
- Madera South High School

#### Upward Bound

- Fresno High School
- Roosevelt High School
- McLane High School

### Eligibility:

- 9<sup>th</sup> or 10<sup>th</sup> grade high school students
- Low-income and/or first generation
- Have a minimum cum 2.8 GPA



*Making College a  
Reality Since 1981*

**Upward Bound Programs**  
California State University, Fresno  
Division of Student Affairs and  
Enrollment Management  
University Center #124  
5240 N. Jackson Avenue M/S UC 59  
Fresno, CA 93740-8023

Phone: 559.278.2693 or 559.278.5796  
Fax: 559.278.4306  
[www.fresnostate.edu/upwardbound](http://www.fresnostate.edu/upwardbound)

### How to Apply:

1

Go to:  
[www.fresnostate.edu/upwardbound](http://www.fresnostate.edu/upwardbound)  
& print application.

2

Pick up application  
from your high school  
counselor.

3

Submit a completed  
application to the  
Upward Bound office or  
your high school

## Applicant Information

(Please print in blue or black ink only)

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Address Apt # City State Zip

Mailing Address: \_\_\_\_\_  
Address Apt # City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnic Background: ☐ African-American ☐ Native American ☐ Asian-American  
☐ Caucasian ☐ Hispanic ☐ Other \_\_\_\_\_

Are you a U.S. Citizen? ☐ Yes ☐ No If No, Permanent Resident # \_\_\_\_\_

Language(s) spoken at home? \_\_\_\_\_ ☐ Male ☐ Female

High School: \_\_\_\_\_ Student ID# \_\_\_\_\_

Current cumulative (GPA): \_\_\_\_\_ Grade: ☐ 9<sup>th</sup> ☐ 10<sup>th</sup> Email Address: \_\_\_\_\_

Are you able to participate in the following events?

1. Monthly Saturday College Conferences? ☐ Yes ☐ No
2. Weekly After-School Tutorial Sessions? ☐ Yes ☐ No
3. Six-week Summer Residential Program at Fresno State? ☐ Yes ☐ No

Are you currently in a pre-college program (Upward Bound, Talent Search, AVID, Cal Soap, UC Scholars, etc.)?  
☐ Yes ☐ No If yes, please list program(s): \_\_\_\_\_

## Emergency Contact Information

Give the names and phone numbers of two reliable relatives or friends who do not live with you but can be contacted in the event of an emergency. **Telephone numbers are mandatory!**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

## Affidavit

I the undersigned, declare under penalty of perjury, that all the information reported on this application is true, complete, and accurate to the best of my knowledge.

 \_\_\_\_\_  
**Mother's or Legal Guardian's Signature**

\_\_\_\_\_  
**Date**

 \_\_\_\_\_  
**Father's or Legal Guardian's Signature**

\_\_\_\_\_  
**Date**

## Household Information

**Must be completed by student's Parent or Legal Guardian:**

**Mother's/Legal Guardian's Information:**

\_\_\_\_\_  
 Last First Address City State Zip  
 Home Telephone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Education Verification:

Mother/Guardian: I certify that I ☐ **do** or ☐ **do not** have a four-year college degree from the USA.

\_\_\_\_\_  
*Mother's or Legal Guardian's Signature* *Date*

**Father's/Legal Guardian's Information:**

\_\_\_\_\_  
 Last First Address City State Zip  
 Home Telephone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Education Verification:

Father/Guardian: I certify that I ☐ **do** or ☐ **do not** have a four-year college degree from the USA.

\_\_\_\_\_  
*Father's or Legal Guardian's Signature* *Date*

Parent's Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single

Student lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Foster Parents ☐ Relatives/Other: \_\_\_\_\_

**Head of Household:** \_\_\_\_\_  
 Last First Relationship to student

Number of person's living in same household (including applicant): \_\_\_\_\_

Please list ALL person's dependent on family income living in this household, including yourself:

(Attach additional sheet if needed)

First/Last Name	Relationship to Applicant	Highest Grade Completed/Degree School Attending/Attended	Grade
	Self		
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

**Note to parents/guardians:** The personal information you provide the Upward Bound Programs is retained at the Upward Bound office. The information is protected by the Privacy Act. No one may see the information, unless they work with or for the Upward Bound Programs or are specifically authorized to see it. This information is necessary to determine if your child is eligible to participate in the Upward Bound Program. The Department of Education has the authority to gather such information (20 USC 1231a) in order to help make better Upward Bound Programs.



## Income Verification

**Note to parents/guardians:** The U.S. Department of Education requires that the following information be collected for all participants prior to program admission. The Fresno State Upward Bound Program will hold all documentation strictly confidential. Please fill out the appropriate section(s) below.

Student Name: \_\_\_\_\_ Student's SSN: \_\_\_\_\_

Number of people living at home, (including applicant): \_\_\_\_\_

Mother's/Guardian's Occupation/Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Father's/Guardian's Occupation/Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

☐ I **have filed** an Income Tax Return for \_\_\_\_\_. If you **have filed** an Income Tax Return please complete this section and provide a copy of Income Tax. (Year)

**Mark the one that applies:**

☐ Father ☐ Mother ☐ Legal Guardian ☐ Both Parents

Form	Line#	Amount
<input type="checkbox"/> 1040	Line 43	\$ _____
<input type="checkbox"/> 1040EZ	Line 6	\$ _____
<input type="checkbox"/> 1040A	Line 27	\$ _____

**Mark the one that applies:**

☐ Father ☐ Mother ☐ Legal Guardian

Form	Line#	Amount
<input type="checkbox"/> 1040	Line 43	\$ _____
<input type="checkbox"/> 1040EZ	Line 6	\$ _____
<input type="checkbox"/> 1040A	Line 27	\$ _____

☐ I **did not** file an Income Tax Return for the previous year. If you **did not** file an Income Tax Return please complete the sections below. Indicate the annual income amount received for that year.

**Mark the one that applies:**

☐ Father ☐ Mother ☐ Legal Guardian ☐ Both Parents

Annual Income (January-December) of previous year  
**Do Not Leave Blank; If zero, write 0.**

Employment	\$ _____
Unemployment	\$ _____
Social Security	\$ _____
Disability	\$ _____
Veteran's Benefit	\$ _____
Welfare	\$ _____
Retirement/Pension	\$ _____
Workman's Compensation	\$ _____
Retirement/Pension	\$ _____
<b>Total Resources</b>	<b>\$ _____</b>
Total Dependents	_____
<b>Taxable Income</b>	<b>\$ _____</b>

**Mark the one that applies:**

☐ Father ☐ Mother ☐ Legal Guardian

Annual Income (January-December) of previous year  
**Do Not Leave Blank; If zero, write 0.**

Employment	\$ _____
Unemployment	\$ _____
Social Security	\$ _____
Disability	\$ _____
Veteran's Benefit	\$ _____
Welfare	\$ _____
Retirement/Pension	\$ _____
Workman's Compensation	\$ _____
Retirement/Pension	\$ _____
<b>Total Resources</b>	<b>\$ _____</b>
Total Dependents	_____
<b>Taxable Income</b>	<b>\$ _____</b>

**I the undersigned, declare under penalty of perjury, that all the information reported on this application is true, complete, and accurate to the best of my knowledge.**

\_\_\_\_\_  
**Mother's or Legal Guardian's Signature**

\_\_\_\_\_  
**Please Print Mother's/Legal Guardian's Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Father's or Legal Guardian's Signature**

\_\_\_\_\_  
**Please Print Father's/Legal Guardian's Name**

\_\_\_\_\_  
**Date**

The Upward Bound Program (UB) is asking for consent to have access to student high school records. When granting access to the student's portal, the program is able to monitor and keep track of student academic progress and attendance. If you approve to give access to the UB Program staff please check the box below and provide login information.

☐ I **authorize** the UB Program to have access to my child's high school portal and records

☐ I **do not** authorize the UB Program to have access to my child's high school portal and records

Parent Name: \_\_\_\_\_  
Last First

Mother / Father / Guardian  
(Circle One)

Student Name \_\_\_\_\_

Last                      First                      Middle

High School: \_\_\_\_\_ Student High School ID # \_\_\_\_\_

Student Username: \_\_\_\_\_ Student Password: \_\_\_\_\_

Parent Username: \_\_\_\_\_ Parent Password: \_\_\_\_\_

**Please notify UB staff when username and/or password information is updated.  
Note: Information provided to Upward Bound Program will be kept confidential.**

**Student's Name (Print)**

**Student's Signature**

Date \_\_\_\_\_

Parent's Name (Print)

**Parent's Signature**

Date \_\_\_\_\_

## **Student Success and Agreement Contract**

As a participant in the Upward Bound Program, I am committed to completing my educational goals. In order to realize my full potential, I must comply with the following guidelines as required by the Upward Bound staff. By signing this contract, I am testifying that I will meet all criteria described below:

### **Attend After-School Tutorial Sessions.**

1. Student must sign in and out.
2. Students must always come prepared with homework. If a student has not been assigned homework for that particular day, they should bring class materials to review or begin working on new concepts/ assignments.
3. Students should arrive on time to After School Tutorial Sessions.
4. Students will be attentive at all times and keep noise level to a minimum.
5. Students involved in sports and/or other after-school activities that may interfere with tutorials will be required to make prior arrangements with Upward Bound Staff.
6. Students must complete all work assigned by the Academic Specialist.
7. Students must contact their UB counselor if he/she will not attend a tutorial session and provide UB counselor with a note to clear any absences.

### **Attend College Conferences**

1. Students must come prepared to all College Conferences with a writing utensil & notebook.
2. Students must sign in at all College Conferences.
3. Students who will miss a College Conference must contact the UB office prior to the event.

### **Stipends**

1. Students must attend College Conference and After School Tutorial Sessions in order to be eligible to receive a stipend.

### **Summer Program**

1. Students are expected to attend the Summer Residential Program.

### **Students' Behavior**

1. Students are expected to be attentive and alert at all Upward Bound events.
2. Students are expected to maintain a positive and respectful attitude towards all staff and tutors.
3. Students must obey all rules implemented by the Upward Bound Program.

### **Attendance**

1. **One** absence - Phone call to parent.
2. **Two** consecutive absences - Write-up, and parent contact.
3. **Three** consecutive absences - Conference with parent, student and Academic Specialist to discuss student's participation.
4. **Four** consecutive absences - Parent/Student conference with Program Director.
5. **Five** consecutive absences - Parent, Student, Academic Specialist and Director meeting to discuss student's participation. (Note: Student may be dropped from UB Program if deemed necessary.)

\_\_\_\_\_  
**Student's Name (Print)**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff's Name (Print)**

\_\_\_\_\_  
**Staff's Signature**

\_\_\_\_\_  
**Date**

## Parent Contract

**I will meet the following requirements as an Upward Bound Parent:**

1. I will attend the Parent Meetings that will provide information on how to help my child succeed in high school and college.
2. I will ensure that my son/daughter attends tutorials, monthly college conferences, and all other UB activities.
3. I will meet with Upward Bound staff as deemed necessary to discuss my child's academic progress.
4. I will maintain open communication with the Upward Bound Staff to help my child succeed in school.
5. I will encourage my child to excel in high school and continue on to college.
6. I will contact the Upward Bound office if my son/daughter will be missing an Upward Bound event, and will submit all needed documentation to clear absence.
7. I will ensure that my son/daughter abides by the rules and regulations of the Upward Bound Program.

I, \_\_\_\_\_, understand and agree to meet the expectations set above, and promise to abide by the rules and regulations set forth by the Upward Bound Program.

\_\_\_\_\_  
**Parent's or Legal Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**UB Staff's Signature**

\_\_\_\_\_  
**Date**



**Fresno State Foundation Release and Hold Harmless**

I, \_\_\_\_\_, am a student at \_\_\_\_\_ (high school). I am/will be participating in a CSU-affiliated program which requires air or ground travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, California State University, any campus of the California State University, any Auxiliary Organization of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

I have been informed, and I know, that 1) travel involves risks, which can result in damage to property, injury to persons, and death; and 2) the CSU-affiliated program assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the travel at my own risk.

I release and hold harmless the State of California, the California State University, Fresno, Fresno State Foundation, and each and every officer, employee and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane or any other form of transportation pursuant to my participation in the CSU-affiliated program.

This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

\_\_\_\_\_  
**Parent's/Legal Guardian's Name (Print)**\_\_\_\_\_  
**Parent's/Legal Guardian's Signature**\_\_\_\_\_  
**Date****Media Release**

I/we hereby grant the non-exclusive right to the Upward Bound Programs to use photographs, videos including the participant's likeness in promotional material, documentation, lectures, Internet usage, and presentations by the Upward Bound Programs, thereafter. I/we understand that I/we will receive no compensation other than the benefits, which normally derive from having such photographs, videos exhibited by the Upward Bound Programs. I/we consent to grant, and authorize the use of photographs and videos by the Upward Bound Programs or anyone authorized by the Upward Bound Programs, the participants face, voice, image, likeness and name as embodied or contained in any and all photographic images filmed or videotaped and any biographical material about the participant in any and all media, in perpetuity, for purposes including publication, non-commercial broadcast and other use thereof in presentations or promotion of the Upward Bound Programs without any other compensation to the undersigned.

I/we expressly discharge and hold harmless the Upward Bound Programs and its licenses and assignees, from any and all claims and demands arising out of or in connection with the use of the rights granted herein, including without limitation claims of libel, defamation, or violations of the right of privacy or publicity.

I/we hereby warrant that I/we have every right to contract in the above regard. I/we state that I/we have read the above authorization, release agreement, prior to its execution, and that I/we am/are fully familiar with its contents.

\_\_\_\_\_  
**Parent's/Legal Guardian's Name (Print)**\_\_\_\_\_  
**Parent's/Legal Guardian's Signature**\_\_\_\_\_  
**Date**

## Medical Consent Form

Effective \_\_\_\_\_ to \_\_\_\_\_.

I \_\_\_\_\_ parent (or guardian) of \_\_\_\_\_ whose birthday is on \_\_\_\_\_,  
Parent/Guardian Name Student Name Date of Birth

Hereby authorizes staff members in the Upward Bound Program at California State University, Fresno to seek and authorize medical treatment for my son/daughter in the event of an emergency. If an emergency arises requiring a major surgical procedure, the program staff will attempt to reach me to be guided by my wishes; but, if I cannot be reached, I authorize the attending physician to proceed as deemed advisable and appropriate.

Student Residence Address City State Zip

High School Age Grade Student Cell Phone #

Home Telephone# Father/Guardian Cell Phone# Mother/ Guardian Cell Phone#

**Emergency Contact:** Please give us the name and phone number of someone we may call in the event of an illness or injury, someone who will know where and how to reach you – if the parent/guardian can't be reached.

Name Relationship to Minor Telephone Number

Name Relationship to Minor Telephone Number

Do you have medical insurance? ☐ Yes ☐ No

If yes, please write your medical insurance company's name, policy number, and provide a copy of your medical insurance card.

Name of Medical Insurance Company Policy Number

Name of Family Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of student's last general medical examination: \_\_\_\_\_ Date of last tetanus injection: \_\_\_\_\_

Has he/she had a serious illness or operation in the past? Yes ☐ No ☐  
If yes, please describe: \_\_\_\_\_


Has your son/daughter had recent exposure to any contagious disease? Yes ☐ No ☐  
If yes which one? \_\_\_\_\_ When? \_\_\_\_\_ - \_\_\_\_\_

Does the student have any special medical problem(s) or allergies? If so, please specify below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is he/she taking any prescribed medication? If so, fully explain dosage, times to be given, and reason for medication:

\_\_\_\_\_  
\_\_\_\_\_

 \_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

 \_\_\_\_\_  
**Parent's or Legal Guardian's Signature**

\_\_\_\_\_  
**Date**

## Counselor Recommendation & Assessment of Student Needs

Must Be Completed by High School Counselor

Name of High School Counselor: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of Student: \_\_\_\_\_ High School ID #: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Current Semester GPA: \_\_\_\_\_

Highest English Course Taken & Grade: \_\_\_\_\_ / \_\_\_\_\_ Highest Math Course Taken & Grade: \_\_\_\_\_ / \_\_\_\_\_

English Language Test Score: \_\_\_\_\_ Math Test Score: \_\_\_\_\_

Total # of Credits Completed: \_\_\_\_\_

→ PLEASE ATTACH A COPY OF TEST SCORES & TRANSCRIPTS ←

The above named student is applying to the Upward Bound Program at California State University, Fresno. Please assist us by evaluating the needs of the student. We are looking for motivated students who have the desire to go to college and overcome social, personal, and academic barriers.

	OUTSTANDING	AVERAGE	NEEDS IMPROVEMENT	NO BASIS FOR EVALUATION
Motivation to do well in school				
Desire to attend college				
Leadership capabilities				
Academic readiness for postsecondary education				
Involvement in school activities				
Involvement in community activities				
Relationships with others				
Performance on Standardized Test Scores				
Student's attendance at school				

What academic subject(s) does the student need assistance in? \_\_\_\_\_

How will he/she benefit from participating in the Upward Bound Programs? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Student has Limited English Proficiency (LEP)? Yes / No

(LEP means an individual whose native language is other than English and who has sufficient difficulty speaking, reading, writing, or understanding of the English language to deny that individual the opportunity to learn successfully in classrooms in which English is the language of instruction.)

**Counselor Recommendation**

Student Name: \_\_\_\_\_

Are you aware of any current circumstances or problems that may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, learning disabilities, and/or health concerns)? If so, please explain.

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Please give us your impression of this student. How would he/she benefit from the Upward Bound Programs, and how would he/she contribute to the success of the program? (Please comment freely upon the student's strengths, abilities, special talents, or special needs.)

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Which of the following best describes this student's high school academic curriculum?

\_\_\_\_ Academic/College Prep (A-G)      \_\_\_\_ General Courses (N-G)      \_\_\_\_ Remedial  
\_\_\_\_ Honors Program (H/AP/IB)      \_\_\_\_ Vocational      \_\_\_\_ Other: \_\_\_\_\_

What is the student's approximate class rank?    \_\_\_\_ Top 10%    \_\_\_\_ Top 25%    \_\_\_\_ Top 50%    \_\_\_\_ Below 50%

*Please check the appropriate box and include any comments or explanations:*

- ☐ Recommend: \_\_\_\_\_
- ☐ Recommend with Reservation: \_\_\_\_\_
- ☐ Do Not Recommend: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your assistance. If you have any questions, please contact us. Please mail this form to the following address or return to the student:

Upward Bound Programs  
California State University, Fresno  
Division of Student Affairs and Enrollment Management  
5240 N. Jackson Avenue, M/S UC 59 University Center #124, Fresno, California 93740  
Phone: (559) 278-2693 or (559) 278-5796 Fax: (559) 278-4306  
[www.fresnostate.edu/upwardbound](http://www.fresnostate.edu/upwardbound)

Thank you for your time.



## Teacher/Community Member Recommendation Form

**Note to Student:** Complete information in the box and give to someone who knows your academic potential. (Such as a teacher or to a community member) **Do not give it to a relative.**

Information in this box to be completed by the student.

**Student's Name:** \_\_\_\_\_ **Telephone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**High School:** \_\_\_\_\_ **High School ID #:** \_\_\_\_\_ **Current Grade:** ☐ 8<sup>th</sup> (Rising 9<sup>th</sup>) ☐ 9<sup>th</sup> ☐ 10<sup>th</sup>

### TO BE COMPLETED BY A TEACHER OR COMMUNITY MEMBER

The student named above is applying to the Upward Bound Program at California State University, Fresno. Upward Bound provides weekly tutorial sessions and a variety of other services/activities to low-income and/or first-generation college bound high school students to help them be prepared and pursue a post-secondary education. In addition, students attend a Summer Residential Program at Fresno State and enroll in academic courses.

**Recommender's Name:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

☐ **Teacher (subject):** \_\_\_\_\_ ☐ **Community member (specify):** \_\_\_\_\_

**How long have you known this student?** \_\_\_\_\_ **In what capacity?** \_\_\_\_\_

**Please rate applicant's academic and study skills:**

	OUTSTANDING	AVERAGE	FAIR	NO BASIS FOR EVALUATION
Academic Achievement				
Grammar/Writing Skills				
Reading Skills				
Math Skills				
Study Skills				
Oral Presentations				
Test-taking skills				
Class Preparation				
Time Management Skills				
Attendance in School				
Turns in completed homework on time				
Communicates Effectively in English				
Test Scores				

**Please check how you would rate the applicant's characteristics and motivation:**

	STRONGLY AGREE	AGREE	AGREE SOMEWHAT	DISAGREE
Has a positive self-image.				
Demonstrates leadership capabilities.				
Self-starter, intellectual curiosity.				
Highly motivated and willing to learn.				
Potential for growth				
Works well with others				
Flexible				
Has a desire to continue into post-secondary				

**Teacher/Community Member Recommendation**

Student Name: \_\_\_\_\_

*What academic and personal qualities come to mind that best describe the applicant?*

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*Are you aware of any current circumstances or problems that may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, learning disabilities, and/or health concerns)? If so, please explain.*

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*Please give us your impression of this student. How would he/she benefit from the Upward Bound Program, and how would he/she contribute to the success of the program? (Please comment freely upon the student's strengths, abilities, special talents, or special needs).*

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*What services or assistance does the student need to help him/her succeed in high school (i.e., tutoring, counseling, college information, etc.)?*

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*Please check the appropriate box and include any comments or explanations:*

- ☐ Recommend: \_\_\_\_\_
- ☐ Recommend with Reservation: \_\_\_\_\_
- ☐ Do Not Recommend: \_\_\_\_\_

Recommender's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your assistance. If you have any question, please contact us. Please mail this form to the following address or return to the student:*

Upward Bound Programs  
California State University, Fresno  
Division of Student Affairs and Enrollment Management  
5240 N. Jackson Avenue, M/S UC 59 University Center #124, Fresno, California 93740  
Phone: (559) 278-2693 or (559) 278-5796 Fax (559) 278-4306  
[www.fresnostate.edu/upwardbound](http://www.fresnostate.edu/upwardbound)

Thank you for your time

## Autobiography

An autobiography is an account or story of your life. On a separate sheet please write or type an autobiography and attach to the application.

In your autobiography please include information you feel will assist us in learning more about you, your interests, and your needs. Include such things as: your birth place, where you grew up, why you want to participate in the Upward Bound Programs, how Upward Bound can assist you, which services you can benefit from, and your goals in life. Tell us what your educational goals are after high school such as: colleges, vocational training majors and careers/occupations.

## Applicant Checklist

Please use the checklist below to ensure that you have completed and attached all necessary documents.

- ☐ Applicant Information
- ☐ Emergency Contact Information
- ☐ Household Information
- ☐ Income Verification
- ☐ High School Academic Records Consent
- ☐ Student Success and Agreement Contract
- ☐ Parent Contract
- ☐ Fresno State Foundation Release & Hold Harmless
- ☐ Media Release
- ☐ Medical Consent Form
- ☐ Counselor and Teacher/Community Member Recommendation Forms
- ☐ Copy of Birth Certificate or Permanent Resident Card
- ☐ Copy of Social Security Card
- ☐ Copy of School Transcript and CST Test Scores
- ☐ Autobiography



## Upward Bound Programs

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**Phone: 559.278.2693 or 559.278.5796  
Fax: 559.278.4306**

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