Application

**Making College a Reality
Since 1981.**

FRESNO STATE

Upward Bound Programs

What is Upward Bound

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

Eligibility

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

HIGH SCHOOLS SERVED:

NEXT GEN
Fresno High
McLane
Roosevelt

CLASSIC
Edison
Madera
Madera South

SERVICES WE OFFER:

- After school tutorials
- Academic advising
- College Academies
- College Admission Application Assistance
- Testing Fee Waivers
- Career Planning
- Financial Literacy/ Financial AID Application Assistance
- Six Week Summer Residential Program at Fresno State!
    - Academic Courses
    - Summer Internships
    - Career Guest-Speaker
    - Cultural Exposure

ONLINE APPLICATION >>>

How to Apply:

1
Go to:
www.fresnostate.edu/upwardbound & print

2
Pick up application from your high school counselor

3
Submit a completed application to the upward bound office or your high school counselor

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

![FRESNO STATE — Upward Bound Programs]

Applicant Checklist

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

- ☐ Autobiography
- ☐ Applicant Information
- ☐ Emergency Contact Information
- ☐ Household Information
- ☐ Income Verification Form
- ☐ Student Questionnaire
- ☐ High School Academic Records Consent
- ☐ Student Success and Agreement Contract
- ☐ Parent/Legal Guardian Contract
- ☐ Fresno State Foundation Release & Hold Harmless
- ☐ Media Release
- ☐ Medical Consent Form
- ☐ Counselor and Teacher/Community Member Recommendation
- ☐ Copy of School Transcript and CST Test Scores

Autobiography

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 (please attach additional lined paper if needed).

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Language(s) spoken at home? _____ ☐Man/Male ☐Woman/Female ☐Non-Binary

High School: Student ID#_____

Current cumulative (GPA):_____Grade: ☐9th ☐10th Email Address:_____

Are you able to participate in the following events?

1. Once a month free Saturday College Academies? ☐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 of 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*

Fathers'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 <u>yourself</u>:
(Attach additional sheet if needed)

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

Income Verification

PLEASE NOTE: Fresno State Upward Bound Programs requires **ONE** of the following forms of financial verification to be included along with your completed application:

1) A signed statement identifying the parent(s) family size AND income level (Taxable Income Dollar Amount: Refer to *Line 15* on Tax Form *1040*) **OR**
2) Verification of family income from a government source CalWORKs, EBT, etc **OR**
3) **A SIGNED** United States income tax return **OR**
4) Complete the Income Verification Form (Following Page).

PLEASE Contact us if further clarification is required 559.278.2693

FRESNO STATE
Upward Bound Programs

Income Verification Form

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.

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	**Mark the one that applies:** ☐ Father ☐ Mother ☐ Legal Guardian
Form Line# Amount	Form Line# Amount
☐1040 Line 15 $_____	☐1040 Line 15 $_____
☐1040EZ Line 6 $_____	☐1040EZ Line 6 $_____
☐1040A Line 27 $_____	☐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 along with a statement detailing why Taxes were not file.

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**.	**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 $_____	Employment $_____
Unemployment $_____	Unemployment $_____
Social Security $_____	Social Security $_____
Disability $_____	Disability $_____
Veteran's Benefit $_____	Veteran's Benefit $_____
Welfare $_____	Welfare $_____
Retirement/Pension $_____	Retirement/Pension $_____
Workman's Compensation $_____	Workman's Compensation $_____
Retirement/Pension $_____	Retirement/Pension $_____
Total Resources **$_____**	**Total Resources** **$_____**
Total Dependents _____	Total Dependents _____
Taxable Income **$_____**	**Taxable Income** **$_____**

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*

FRESNO STATE
Upward Bound Programs

High School Academic Records Consent

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.

Check Appropriate Box:

☐ 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: _____ Mother / Father / Guardian
                            Last   First   *(Circle One)*

Student Name_____
                            Last   First   Middle

High School:_____ Student High School ID #_____

STUDENT/PARENT LOGIN INFORMATION

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 Questionnaire

Student Name: _____ **Date:** _____

School: _____ **Grade:** _____

Academic Assistance & Advising

How confident are you with your…	Confident	Somewhat Confident	Not Confident
1. Math skills	☐	☐	☐
2. English Language	☐	☐	☐
3. Study Skills	☐	☐	☐
4. Test Taking Skills	☐	☐	☐
5. Time Management	☐	☐	☐
6. Knowledge about college requirements	☐	☐	☐

College Awareness & Admission Assistance

	Yes	No	Unsure
1. Will you need assistance in completing a college admission application?	☐	☐	☐
2. Are you knowledgeable about admission eligibility requirements to a four-year college/university?	☐	☐	☐
3. Will you need assistance in selecting a college/university?	☐	☐	☐
4. Will you need exposure to college/university campuses?	☐	☐	☐

Career Awareness and Exploration

	Yes	No	Unsure
1. Will you need assistance in selecting a major/career?	☐	☐	☐
2. Have you taken an assessment that matches your skills to a major/career?	☐	☐	☐
3. Do you know what educational path is required for your major/career of Interest?	☐	☐	☐

Financial Aid Information

	Yes	No	Unsure
1. Do you know what F.A.F.S.A. stands for?	☐	☐	☐
2. Will you need assistance in searching for scholarships?	☐	☐	☐
3. Will you need information on how to pay for college?	☐	☐	☐

Economic and Financial Literacy

	Yes	No	Unsure
1. Are you knowledgeable about the costs to attend a college/university?	☐	☐	☐
2. Will you need information about the cost to attend a college/university?	☐	☐	☐
3. Will you need information on how to create a budget and save for college?	☐	☐	☐

Student Questionnaire

Which academic subjects do you struggle or need tutoring with?

☐ Math ☐ English ☐ History/Social Science ☐ Art ☐ Foreign Language ☐ Science

☐ Other: _____

Do your grades reflect your academic potential? ☐ Yes ☐ No

What are your plans after you graduate from high school? _____

Do you plan to: (Check one)

☐ Attend 2-year college/vocational school ☐ Attend a 4-year university ☐ Work full-time (not attend college)

☐ Other: _____

List Colleges/Universities you are interested in: _____
_____

What careers are you interested and considering majoring in?

1. _____
2. _____
3. _____

Please respond to the following questions as thoroughly as possible. Use additional paper if needed.

1. In 2-3 sentences, tell us why you would like to be admitted in the Upward Bound Program.

_____
_____
_____

2. Do you currently receive academic advising at your school? ☐ Yes ☐ No
   Is it enough or do you feel you need more assistance selecting classes, planning for college, test preparation, etc.? Please explain.

_____
_____
_____

3. Have you done any kind of research or internship in the career you are interested in? ☐ Yes ☐ No
   If yes, when and where?

_____
_____
_____

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 Tutor/UB Counselor.
7. Students must contact their UB counselor if he/she/they will not attend a tutorial session and provide UB counselor with a note to clear any absences.

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

Stipends
1. Students must attend College Academies 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 Counselor to discuss student's participation.
4. **Four** consecutive absences - Parent/Student conference with Program Director.
5. **Five** consecutive absences - Parent, Student, Academic Counselor 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**

FRESNO STATE
Upward Bound Programs

Parent / Legal Guardian Contract

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

1. I will attend the Parent/Legal Guardian Meetings that will provide information on how to help my child succeed in high school and college.
2. I will ensure that my child 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 child will be missing an Upward Bound event, and will submit all needed documentation to clear absence.
7. I will ensure that my child 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**

FRESNO STATE
Upward Bound Programs

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*

FRESN☆STATE
Upward Bound Programs

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.)

FRESNO STATE.
Upward Bound Programs

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.

_____

_____

_____

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.)

_____

_____

_____

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 Fax: (559) 278-4306
fresnostate.edu/upwardbound

Thank you for your time.

FRESNO STATE.
Upward Bound Programs

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: _____.
>
> High School: _____ High School ID #: _____ Current Grade: ☐ 8th (Rising 9th) ☐ 9th ☐ 10th

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				

FRESNO STATE.
Upward Bound Programs

Teacher/Community Member Recommendation

Student Name: _____

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

_____
_____
_____

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.

_____
_____
_____

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).

_____
_____
_____

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

_____
_____
_____

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 Fax (559) 278-4306
fresnostate.edu/upwardbound

Thank you for your time.

Upward Bound Programs
California State University, Fresno
Division of Student Affairs and Enrollment Management

University Center #124
5240 N. Jackson Ave. M/S UC59
Fresno, CA 93740-8023

Phone: 559.278.2693
Fax: 559.278.4306

fresnostate.edu/upwardbound