100%
Federal Funded By The
U. S. Department of Education
Dear Parent(s)/Guardian(s):

We are pleased that your child has applied for The Lawson State Community College TRiO Classic Upward Bound Program.

In order to participate in the Classic Upward Bound Program, you must fill out the Upward Bound Application completely. You should also include with the application, the parent/guardian form along with a copy of your _____-1040 form or proof of income and the applicant’s middle or high school transcript, standardized test scores, essay, medical data form and two (2) recommendations.

In order to conform to the rules and regulations of the Classic Upward Bound Program, the applicant must be a first-generation college degree seeking student and/or meet the Federal TRiO Program’s Annual Low-Income Levels*.

___________________________________
Parent(s)/Guardian(s) Signature

Sincerely,

Mattie W. Crawford, Director
TRiO Classic Upward Bound Program
TRIO CLASSIC UPWARD BOUND
PROGRAM APPLICATION

Return completed forms and all application materials to:

Lawson State Community College
TRIO Classic Upward Bound Program
3060 Wilson Road, Southwest
Birmingham, AL 35221
205-929-6339 – Fax 205-929-2006
mcrawford@lawsonstate.edu

Statement of Confidentiality
The personal information you give to the LSCC Classic Upward Bound Program is sent to the U.S. Department of Education. The information is necessary to determine if you are eligible to participate in the program and helps the government to measure our success. Your information is protected by the Privacy Act. No one may see the information unless he/she works with or for the LSCC Classic Upward Bound Program.

Section One: Family and Student Information

**Student Information**
Social Security Number: ________ - ________ - ________
Name: (last) __________________ (first) __________________ (middle) __________________
Birth Date (month) ________ (day) ________ (year) ________ Gender (female) ______ (male) ______
Address: __________________________________________________________
City __________________ State ____________ Zip Code __________
Home/Cell Phone Number: ________ __________________________ ________
Ethnic Background:  ____ Caucasian  ____ Native American  ____ African American  ____ Asian/Pacific Islander  ____ Latino/Latina  ____ Other ______
Current Academic Level: 8th ______ 9th ______ 10th ______ 11th ______

Expected Date of High School Graduation: ____________

School Presently Attending: ____________________________________________
If you are currently in the 8th grade, what high school will you be attending in 9th grade: ______________
Are you currently participating in an Upward Bound Program? Yes ________ No ________
Please indicate how you heard about LSCC Classic Upward Bound Program: ____________________________

Family and Student Information
Is the applicant a U.S. citizen? Yes ________ No ________
If no, please explain: ____________________________________________
Does the applicant have any physical disabilities? Yes ________ No ________
If yes, please specify: ____________________________________________
Does the applicant have any learning disabilities? ________ ________
Yes _______ No _______

If yes, please specify and provide appropriate documentation: ________________________________

Parent’s Signature: ________________________________ Date: ____________________

TRIO CLASSIC UPWARD BOUND PROGRAM APPLICATION (Continued)

Parent Information
Does either parent or guardian have a four (4) year college degree? Yes _______ No _______

If yes, who?  Mother _______ Father _______ Guardian _______

With whom does the applicant live?  Mother _______ Father _______ Both Parents _______ Guardian(s) _______

Print names of parent(s) and/or guardian(s):
__________________________________________________________________________________________

Total number of people living in the household (include self) __________________

Section Two: Income Eligibility

To be Completed by Parent(s)/Guardian(s) ONLY

If you filed a federal income tax return last year, complete Section A.
If you did not file a federal income tax return last year, complete Section B.

A. Taxable Income Information

Number of dependents claimed on income tax: ____________________________

Annual family taxable income on 1040, 1040A, or 1040EZ tax form last year:

Joint Return $ ____________________________

Mother’s Return $ ____________________________  Father’s Return $ ____________________________

If you completed this section, attach a copy of your last 1040, 1040A, or 1040EZ tax form

B. Non-Taxable Income Information

I did not and will not file a federal income tax return, IRS form 1040, 1040A, or 1040EZ in ____________

I did not file a tax return for the following reason:

Taxable income was less than the amount required for filing a tax return

Received no taxable income

Other, explain:

I received non-taxable income from the following sources:

Social Security Benefits  Disability Benefits  ADC/AFDC  Food Stamps  Other

If you completed the non-taxable income section, please complete the confidential release form for verification of non-taxable income.

I hereby swear and affirm that information reported in Section Two (Income Eligibility) and any attachments hereto are true, complete, and accurate to the best of my knowledge.
MEDICAL INFORMATION AND LIABILITY RELEASE FORM

UPWARD BOUND PROGRAM

Student’s Name ________________________________ Sex: Male/Female
Date of Birth ________________________________
Parent/Legal Guardian ______________________________________________________
Cell #______________ Home # ________________ Business Phone ________________
Address: __________________________________ City: ______________ State: AL Zip________

IN CASE OF EMERGENCY CONTACT__________________________________________
Relationship to student __________________________ Telephone #____________________

Health History: Please check all that applies. If you checked “Yes”, please explain.
Asthma Diabetes
Heart Disease Hay Fever
Eating Disorder Seizures
Drug Allergies Food Allergies
Physical Limitations Other

Please list ALL medications and dosage the student is currently taking:
1. Dosage: ________________________________ 2. Dosage: ________________________________

Is the student capable of participating in physical education activities? { }Yes { }No

Health Insurance/Physician Information:
Does the student have Hospitalization Insurance? { }Yes { }No
Insurance Carrier ____________________________ Policy Holder _________________________
Insurance Phone Number _____________________ Policy/Group Number _____________________
Primary Physician____________________________ Physician’s Office Phone Number__________

Medical Authorization:
I, __________________________________________, parent or legal guardian of
_____________________________________, hereby give my consent for a chaperone or other adult
representative of TRiO Classic Upward Bound, to obtain such medical care as is reasonably necessary for the
welfare of my child in the event of any emergency or other medical occurrence. I request that payment under my
medical insurance program be made directly to the site of services rendered. I understand I am financially
responsible for fees not covered by this authorization.

General Release:
I, ________________________________________, the undersigned parent or legal guardian, do hereby release
TRiO Classic Upward Bound, the programs staff, its chaperones or designees and/or Lawson State
Community College, from any and all liability which might result from any personal injury claims or cause of
action which might result directly or indirectly from my minor child’s participation in any activity or trip which
may be conducted under the supervision or direction of TRiO Classic Upward Bound Program.

Signature (Parent or Legal Guardian)___________________________________________
TRiO Classic Upward Bound • Lawson State Community College
• Recommendation Form •
Please complete legibly in ink

is applying to participate in the TRiO Classic Upward Bound Program at Lawson State Community College. This program is designed to increase knowledge, skills, and motivation for students’ success in postsecondary school. Participants should have the potential to succeed in college even though they may not be currently demonstrating these skills. Please share your impressions of this student by placing an “X” in the appropriate areas below.

1. **Academic Services:** This student would benefit from additional focus on:

   **STUDY SKILLS**
   - Time Management
   - Note Taking
   - Organization

   **READING**
   - Vocabulary
   - Comprehension

   **STANDARDIZED TESTING**
   - PSSA Preparation
   - SAT Preparation
   - General Test Taking Strategies

   **COURSEWORK**
   - Sequencing
   - College Prep Curriculum
   - ESL Support

2. **Post-Secondary Preparation:** Based upon my observations, this student’s preparation in the following areas is as follows:

   **CAREER EXPLORATION**
   - Above Average
   - Average
   - Below Average

   **COLLEGE SEARCH/ADMISSIONS**
   - Above Average
   - Average
   - Below Average

   **FINANCIAL LITERACY/FINANCIAL AID**
   - Above Average
   - Average
   - Below Average

3. **Personal Development:** Based upon my observations, this student would benefit from focus on:

   - Self-esteem
   - Decision Making
   - Working in Groups
   - Self-motivation
   - Relating to Peers
   - Social Skills

4. **Behavior/Attitude:** Based upon my observations, this student has demonstrated:

   **MATURITY**
   - Above Average
   - Average
   - Below Average

   **WORK ETHIC**
   - Above Average
   - Average
   - Below Average

   **RESPONSIBILITY**
   - Above Average
   - Average
   - Below Average

5. **Attendance:** This student’s high school attendance/tardy record is:

   - Exemplary
   - Average
   - Below Average

OVER
6. Please briefly comment on the student’s need for academic support and the likelihood that he/she will actively participate in the program’s efforts to prepare for him/her for higher education. Feel free to provide additional information that will assist the TRiO Classic Upward Bound staff in assessing this student’s qualifications for the program.

This recommendation is being completed by: ( ) Principal  ( ) Academic Teacher  ( ) School Counselor

Other ( ) ______________________________________

Printed Name ________________________________ Signature ________________________________

Subject Area ________________________________________________________________

Length of time you have known this student ____________________________________________

High School ___________________________ Student’s Current Grade Level ____________
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Other ( ) ______________________________

Printed Name____________________________ Signature _____________________________

Subject Area ______________________________________________________________________

Length of time you have known this student ____________________________________________

High School _______________________________ Student’s Current Grade Level ____________
Section Three: Student Essay

In a 100-200 word essay describe what assistance you would like to receive from Classic Upward Bound in order to achieve your academic and career goals.

The services Classic Upward Bound provides are listed below:

**High School:**
- Class selection
- Academic advising
- Tutoring
- Personal counseling
- Study skills
- Time management
- Test preparation

**College:**
- Selecting a career
- College selection
- Selecting a major
- College admission
- Financial advising
- College survival
- College experience

I hereby affirm that all the information reported in this essay is true and accurate to the best of my knowledge.

Student/Parent’s Signatures