

***LAWSON STATE COMMUNITY COLLEGE***

**TRiO Classic Upward Bound Program**

**3060 Wilson Road, S.W.**

**Birmingham, Alabama 35221**

**205-929-6339**

[lvdavis@lawsonstate.edu](mailto:lvdavis@lawsonstate.edu)



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***100%***

***Federal Funded By The  
U. S. Department of Education***

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*From the Desk of the Director...*

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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\***.

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Parent(s)/Guardian(s) Signature

Sincerely,

LaSheree Davis, 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  
[lvdavis@lawsonstate.edu](mailto:lvdavis@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 8<sup>th</sup> grade, what high school will you be attending in 9<sup>th</sup> 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	\$
<i>If you completed this section, attach a copy of your last 1040, 1040A, or 1040EZ tax form</i>			

B. Non-Taxable Income Information									
I did not and will not file a federal income tax return, IRS form 1040, 1040A, or 1040EZ in (year):									
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	
<i>If you completed the non-taxable income section, please complete the confidential release form for verification of non-taxable income.</i>									

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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Lawson State Community College**  
**Federal TRiO Programs**  
**Participant's Medical Data**  
**TRiO Classic Upward Bound Program**  
**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: \_\_\_\_\_  
3. Dosage: \_\_\_\_\_ 4. 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) \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Date \_\_\_\_\_



**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:

<u>CAREER EXPLORATION</u>	<u>COLLEGE SEARCH/ADMISSIONS</u>	<u>FINANCIAL LITERACY/FINANCIAL AID</u>
_____ Above Average	_____ Above Average	_____ Above Average
_____ Average	_____ Average	_____ Average
_____ Below Average	_____ Below 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:

<u>MATURITY</u>	<u>WORK ETHIC</u>	<u>RESPONSIBILITY</u>
_____ Above Average	_____ Above Average	_____ Above Average
_____ Average	_____ Average	_____ Average
_____ Below Average	_____ Below Average	_____ Below Average

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

- \_\_\_\_\_ Exemplary      \_\_\_\_\_ Average      \_\_\_\_\_ Below Average

OVER  
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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 \_\_\_\_\_

Date \_\_\_\_\_



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- \_\_\_\_\_ Organization

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- \_\_\_\_\_ Comprehension

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- \_\_\_\_\_ SAT Preparation
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**COURSEWORK**

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_____ Average	_____ Average	_____ Average
_____ Below Average	_____ Below Average	_____ Below Average

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- |                       |                         |                         |
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_____ Average	_____ Average	_____ Average
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OVER  
 →



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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 \_\_\_\_\_

Date \_\_\_\_\_

