Clarion University Upward Bound
Recommendation Form

_________________________________ is applying to Clarion University Upward Bound. Please complete this recommendation assessing the student’s academic potential and need for services designed to develop skills and motivation necessary for success at a four-year college or university. Please return this completed form to ccarlson@clarion.edu as soon as possible.

This student has the academic potential for:

☐ Technical/Trade School  ☐ Two-year College  ☐ Four-year College

Please select all choices that apply.

1. Academic assistance and/or summer classes in:
   - ☐ English
   - ☐ Writing
   - ☐ Reading comprehension
   - ☐ Vocabulary
   - ☐ Math: concepts
   - ☐ Math: computation
   - ☐ Time management
   - ☐ Test taking/preparation
   - ☐ Test anxiety
   - ☐ Organization
   - ☐ Note taking
   - ☐ Active listening
   - ☐ Class participation
   - ☐ Memory
   - ☐ Other ________

2. Guidance and counseling in:
   - ☐ Self-esteem
   - ☐ Self-motivation
   - ☐ Interpersonal skills
   - ☐ Career exploration
   - ☐ Decision making
   - ☐ Applying to college
   - ☐ Financial aid
   - ☐ Personal issues
   - ☐ Other ________

3. Indicate the student’s behavior and attitude in the following areas:

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<tr>
<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
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<tbody>
<tr>
<td>Maturity</td>
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<td>Social skills</td>
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<td>Behavior</td>
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<td>Work ethic</td>
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4. Recommendation:

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<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tr>
<td>Good match for UB</td>
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<td>Need for UB</td>
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<td>Would participate</td>
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<td>Other:</td>
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_________________________________  ___________________________________  _______________________
Print Name  School and Position  Date
(Guidance Counselor, Math Teacher, English Teacher)

______________________________
Signature

03/24/22
DIRECTIONS:
This application must be completed by you and your parent/guardian(s) and returned to the school’s Guidance Office. Upon receipt of the application, an interview will be scheduled. Selection is based on the application and recommendation, level of need for program services, school records, and the interview. Enrollment also depends on current enrollment, as Upward Bound is funded to serve a designated number of students annually. Questions about Upward Bound or the application process should be directed to (814) 393-2342.

PART I: PERSONAL BACKGROUND (Student)

Last Name___________________________ First Name ____________________ Middle Initial _______
Parent/Guardian Phone _________________________ Student Phone __________________________
Mailing Address_______________________________________________________________________
City ___________________________ Zip Code __________ County ____________________________
High School __________________________________ Grade ______ Gender ____________________
E-mail address most frequently checked __________________________________________________
Are you a U.S. citizen?      □   Yes      □   No
Are you Hispanic/Latino?      □   Yes      □   No
Please select those that apply: □   Asian     □ Black/African-American □ White
                                  □ Native Hawaiian/Pacific Islander □ American Indian/Alaskan Native
Birth date (including year) ________________________           SS# ____________________________

PART II: FAMILY BACKGROUND (Parent/Student)

Mother or guardian’s name ___________________________ Occupation _________________________
Father or guardian’s name ____________________________ Occupation ________________________
With whom do you live? (Put a check (✓) on the line before your answer):
          _____ Both parents        _____ Mother only        _____ Father only          _____ Guardian(s)

List other people who reside in your home:
Sisters ______________________________________________________________________________
Brothers ____________________________________________________________________________
Others (explain) ______________________________________________________________________

Has either of your parents graduated from a college or university with a Bachelor’s degree (4 yr.)?
Mother? _____ No        _____ Yes    Degree _____________ College __________
Father? _____ No        _____ Yes    Degree _____________ College __________

Have you ever had any significant medical condition, disability, or allergy? Please explain. ______________
____________________________________________________________________________________

Are you supposed to wear glasses? (please circle)    YES       NO
PART III: FINANCIAL INFORMATION (Parent)

Were you required to file income taxes for the most recent year? YES _____ NO _____
Did/will your family file income taxes for the most recent year? YES _____ NO _____
Year of most recent return filed from which this information is obtained: ________________________

Family (with whom the student resides) total **TAXABLE** income: $ ________________________

(Line 15 of the IRS 1040 Form)

Number of people in your household: ________________

Is the student interested in Upward Bound a foster child? YES _____ NO _____

Is the student interested in Upward Bound involved with any of the following:

Homeless ________ Juvenile Justice System ________ Emancipated Minor ________

(McKinney-Vento Act)

Does the student’s family receive any of the following nontaxable income? Please check (✓) after each item that is yes.

- [ ] AFDC
- [ ] DPW/TANF
- [ ] SSI Benefits
- [ ] Other: __________________________________________________

- [ ] Free/Reduced Lunch
- [ ] OVR Benefits
- [ ] Disability Compensation

PART IV: ACADEMIC PAST AND FUTURE (Student)

1. Do you think your school record is a true picture of your academic ability? (please circle) Yes No

Explain_______________________________________________________________________________
_____________________________________________________________________________________

2. What are your educational plans and career goals? ________________________________________

_____________________________________________________________________________________

3. Why should you be selected for Upward Bound? __________________________________________

_____________________________________________________________________________________

4. List clubs, activities, or organizations in which you participate. (Include those outside of school.)

_____________________________________________________________________________________
_____________________________________________________________________________________

5. Have you ever been diagnosed with a learning disability? (please circle) Yes No

6. Have you ever been enrolled in learning support at your school? (please circle) Yes No

PART V: BENEFIT OF PARTICIPATION (Parent)

In the space provided, please explain how participation in Upward Bound could benefit your child (overall academic achievement, college prep):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
**PART VI: PARENT AND STUDENT CONSENT AND VERIFICATION**

As parent or guardian, I hereby give my permission for my child, whose signature appears below, to become a member of and to participate in Clarion University’s TRIO Upward Bound Program, including all activities during both the academic year and summer components. I also agree to encourage and support his or her full involvement in the program, including participation in the Summer Academy, and will support the program’s goals and objectives.

As a student, if I am chosen, I will adhere to the goals, objectives, and regulations of TRIO Upward Bound; be open to experiencing new academic, cultural, and social experiences; work to improve my grades and my overall performance in school; participate in tutoring as necessary; attend school, Campus Days, and Upward Bound meetings as required; participate in the Summer Academy; and fulfill all other responsibilities that Upward Bound asks of me.

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<th>Parent or Guardian Signature</th>
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<th>Student’s Signature</th>
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**AUTHORIZATION OF RELEASE OF RECORDS**

The personal information you provided to the Clarion University TRIO Upward Bound Program is used to compile data reported to the U.S. Department of Education (TRIO funding agent). This information is protected by the Privacy Act. No one may see the information unless they work for or with Upward Bound or are specifically authorized for audit/federal purposes. The information is necessary to determine if the student named below is eligible to participate in the program and to assist in measuring program success (20 USC 1231a). The employees of the Clarion University TRIO Upward Bound respect the importance of protecting and maintaining the confidentiality of the information provided regarding our students and their families.

**Authorization Statement**

We understand that this form will be retained by Clarion University TRIO Upward Bound and will be utilized to access academic records such as high school transcripts, disciplinary records, Individualized Education Programs (IEPs), grade reports, test scores, etc. and to verify academic achievement, enrollment and tuition assistance after the student enters a postsecondary educational institution. All information gathered pertaining to the student will be kept in a locked filing cabinet within the locked office of Upward Bound. **We hereby authorize the release of any information regarding the student named below to the Clarion University TRIO Upward Bound.**

Also, by signing below, I certify that all of the information provided on this form, including financial information, is true and complete to the best of my/our knowledge. If requested, I agree to provide proof of the information that I have given on this form, including a copy of our federal income tax return.

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<th>(Please print) Student Full Name</th>
<th>Student Social Security Number</th>
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