

APPLY Now! UB Application Deadline

Friday, Dec. 20, 2019/5pm



Shh...Don't tell people your dreams, show them.

University of Guam (UOG) Upward BOUND (UB) is a 100% federally funded college prep program with an annual funding of \$442,397 from the U.S. Education Department. This material was produced with UB funding.

The University of Guam (UOG) is an equal opportunity provider and employer and is a non-alcohol, tobacco and smoke-free campus.

It is a U.S. Land Grant Institution accredited by the Western Association of Schools & Colleges. UB Complies with the General Education Provision Act (GEPA) and the Americans with Disabilities Act (ADA), as amended.

CONTACT US



UOG Field House (1° Flr. Last door, next to Fitness Rm. #2



(671) 735-1991/2



734-7514

rowenat@triton.uog.edu / duenasja@triton.uog.edu vadesv@triton.uog.edu / manalacd5329@triton.uog.edu chargualafn7503@triton.uog.edu seraficoa@triton.uog.edu



https://www.uog.edu/trio-program/upward-bound



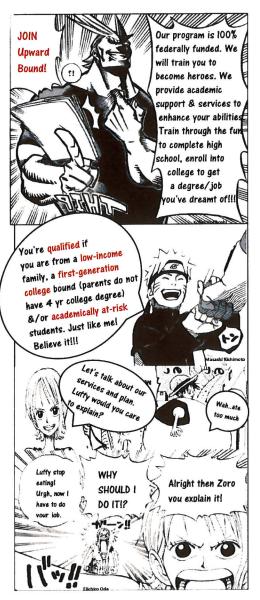
We'll leave the world in your hands

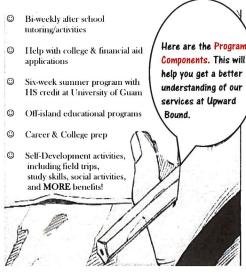


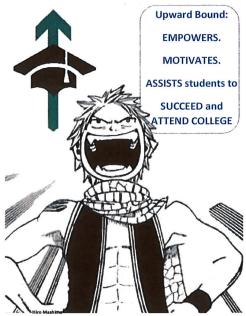


MAKING IT HAPPEN!





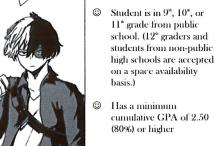








Here is the list of additional criteria in order to join Upward Bound



Has a minimum cumulative GPA of 2.50 (80%) or higher

resident of GU, U.S.,

CNMI, FSM, Palau,

Marshall Islands, or

other U.S. Trust

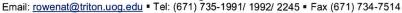
Territories.

- Has a need for academic support services
- Will attend college the Fall semester immediately after high school graduation



UNIVERSITY OF GUAM UNIBETSEDAT GUAHAN UPWARD BOUND (UB) Program

UOG Station Mangilao, Guam 96923





UPWARD BOUND APPLICATION

(Application Form as of August 26, 2019)

We are required by the United States Department of Education to obtain income information from all students served by the UB program. This information is protected by the Privacy Act of 1974. No one may see the information unless employed by the UB program or specifically authorized to see it. The U.S. Dept. of Education has the authority to gather such information (20 USC 1231a.) Your child will not be accepted into the program unless and until verification of eligibility is determined. (All information provided is kept confidential)

<u>Upward Bound Program</u> must complete this information. Please print or type all requested materials using **black** or **blue** ink. This application will be considered incomplete and will not be processed without the requested supporting documents listed on pg. 3 of this application.

FOR OFFICIAL USE:
Date Received:
Ву:
Eligibility Status

PART A - STUDENT INFORMATION

		M/D/Y			
Name: Last, First, M.I.	Gender	Date of Bir	h Age	Soc	ial Security #
D.: 4 C. L. J.N.					CDA (
Print School Name Student Cell Phone, if any:	Student E	mail:		Grade Level	GPA (cumulative)
Student Mailing					
address: P.O Box or Street Address (if home delivery available) Village State Zip Code Are you currently a participant in any federally funded pre-college programs, such as *UOG ETS or *GCC College Access Challenge Grant (CACGP)					
■ NO / ■*YES, if yes please specify ■ UOG Educ					, , ,
Have you applied to the Upward Bound Program before?	□ NO /	YES, if y	es please s	pecify what school year	
CITIZENSHIP:				LANGUAGE BACK	
Please indicate your citizenship status by marking a bo		100		Please provide answers to	
Citizen, national, or permanent resident of the United States What is your ethnicity? (example: Charmono, Filipino)			arre, Filipine)		
			Is English your first language?		
Citizen of the Freely Associated States (✓ Check island) ☐ Chuuk ☐ Pohnpei ☐ Kosrae ☐ Yap			If English is NOT your first language, what is your first language?		
Citizen of the Republic of the Marshall Islands					
Other (please specify)		1	Language spoken at home:		
CAREER FIELD EDUCATIONAL and CAREER PLANS:			PROBLEM OF THE PROPERTY OF THE		
I am interested in exploring the following careers (example: Doctor)			DESCRIPTION OF THE PROPERTY OF		se indicate by marking a box below)
			Attend college/ university		
1			Work		
3.			☐ Enlist in US Armed Forces / military ☐ Undecided/ other:		
EDUCATIONAL NEEDS / SERVICES REQUESTED FROM UB:					
I need the following information or assistance (please indicate by marking a box below):					
UB Services & Assistance (Mark below all that apply)	Academic	Tutoring		Other ACADEMIC specify)	services needed (please
☐ Academic Assistance for GPA Improvement ☐ Career Exploration Activities ☐ College Admission & Entrance Exam Preparation ☐ Exposure to Academic Programs & Cultural Events ☐ Financial Aid Assistance & Financial Literacy Info ☐ Standardized Test Prep		jects below:		Course Selection Study Skills /Self	Development stance for HS Re-entry, GED, &

PART B - PARENT/ LEGAL GUARDIAN INFORMATION

APPLICANT LIVES WITH: Parent #1 (Biological/ Adoptive) Legal Guardian/ Stepparent #1 Other:	APPLICANT LIVES WITH: Parent #2 (Biological/ Adoptive) Legal Guardian/ Stepparent #2 Other:
Name:	Name:
Mailing Address:	Mailing Address:
Home No:	Home No:
Cell No:	Cell No:
Work No.	Work No.
Email:	Email:
Employer:	Employer:
Occupation:	Occupation:
Work Schedule including days off:	Work Schedule including days off:
DO YOU HAVE A 4-YEAR COLLEGE DEGREE?	DO YOU HAVE A 4-YEAR COLLEGE DEGREE?
NO YES, if yes please write down your college degree and the name of the college you attended. Degree:	 NO YES, if yes please write down your college degree and the name of the college you attended. Degree: College:
 House hold size (include the # of dependent children, parents/ le What was your family's total annual <u>TAXABLE INCOME</u> from n 	gal guardians, and other dependents):
· · · · · · · · · · · · · · · · · · ·	as welfare, food stamps, AFDC, social security, disability, and/or
 Is your family currently participating in any publicly-funded program, etc.? ☐ NO / ☐ YES, list the program(s): 	ams such subsidized housing, training (AHRD), free or reduced lunch
Federal TRIO Programs Current-Year Low-Income Levels: For far than eight members, add the following amount for each addition \$6,630 for the 48 contiguous states, the District of Columbia and jurisdictions; \$8,295 for Alaska; and \$7,620 for Hawaii. The term "low-income individual" means an individual whose far	Size of Family Taxable Income (Contiguous States)
for the preceding year did not exceed 150 percent of the poverty	1 2 1 11100

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The 2019 poverty guidelines are in effect as of January 11, 2019. Federal Register notice forthcoming. Publication is delayed due to temporary closure of federal offices. (Effective January 11, 2019 until further notice)

Size of Failing	Idaabie
Unit	Income
	(Contiguous States)
1	\$18,735
2	\$25,365
3	\$31,995
4	\$38,625
5	\$45,255
6	\$51,885
7	\$58,515
8	\$65,145

PART D - AUTHORIZATION FOR VERIFICATION OF INFORMATION & RECORDS

Only authorized individuals are allowed to sign UB documents. If the student is currently living with someone other than their biological parents, such as adoptive parents / legal guardians, <u>A COPY OF ADOPTION PAPERS / LEGAL GUARDIANSHIP</u> must be submitted to the Upward Bound Office if selected for enrollment.

Student Name:	Last,	First,	M.I.	SSN
		•		
				_
		Print School	ol Name	Current Grade Level

I/We verify that the information provided in this form is true and accurate to the best of my knowledge. I authorize Upward Bound staff and the TRIO Programs Director to obtain or verify the information from Guam Department of Education or my child's school, and other designated agencies as deemed necessary. This includes but is not limited to report cards, transcripts and standardized test scores.

I/We authorize the use of my income tax form or other income verification forms submitted to Upward Bound as supporting documents for the application and enrollment of my child into UB.

I/We understand that any records obtained by the UB staff will be kept confidential.

I/We hereby give permission for any educational institution to release (my/our) child's school records to the program's contact counselor and/or UB staff.

I/We understand and acknowledge that UB will follow federal regulations, required to prevent duplication of services and to ensure more students are served, as designated by federal guidelines 34 CFR 645.11 and 645.12. To prevent such duplication, I will exit other college prep programs such as *ETS or *GCC CACGP should I be accepted into UB since those programs provide the same basic services listed in the federal guidelines.

	Acknowledged by:
Parent / Legal Guardian #1 Signature & Date	
Parent / Legal Guardian #2 Signature & Date	Student's Signature & Date

PLEASE NOTE:

This application will be considered **INCOMPLETE** and **WILL NOT BE PROCESSED** without the following supporting documents:

- A copy of the parent/ legal guardian's <u>SIGNED 2018</u> Income Tax form OR any other form of <u>verification of income</u>. (This may include other government documents, such as Unemployment, Social Security, Disability, or the school lunch program applications, etc.)
- ✓ Copy of the most recent school report card/ transcript.
- ✓ Copy of student's **standardized test scores** for last school year, e.g., GDOE ACT Aspire, Student Based Assessment, SAT10, etc. (NOTE: If last year's scores are NOT available as of application date, please submit the most recent standardized test score available until SY2018-19 scores become available.)
- Copy of a <u>Proof of citizenship</u> (passport, birth certificate, Alien Registration Number or "green" card) will be requested if citizenship status is not indicated on the student application.
- ✓ Completed Counselor and Teacher Recommendation Form (one Math OR English teacher).

If you have any questions about these supporting documents, please contact our office at (671) 735-1991/1992.

APPLICATION DEADLINE: December 20, 2019 for SY2019-20 and May 15, 2020 for Summer

DESCRIPTION OF ETHNICITIES FOR PAGE 1 OF APPLICATION (Designations provided by the U.S. Education Department)

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii or other Pacific Islands such as Samoa, Guam, or Micronesia (Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Republic of the Marshall Islands, or the Republic of Palau.)

ASIAN: A person having origins in any of the original people of the Far East, Southeast Asia, and the Indian subcontinent. This area includes for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

HISPANIC: A person having origins in any of the original peoples of Mexican, Puerto Rican, Cuban, Central or Southern American, or other Spanish culture or origin regardless of race.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

AMERICAN INDIAN/ ALASKAN NATIVE: A person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.

NOTE:

UOG Upward Bound (UB) is 100% federally funded with an annual funding of \$414,012 from U.S. Education Dept. This application packet / material was produced with UB Funding as of **9-12-17**.

UB complies with the General Education Provision Act (GEPA) and the Americans with Disabilities Act (ADA), as amended regarding identification of students eligible to apply as well as in providing services.

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UNIBETSEDÅT GUAHAN

English or Math Teacher Recommendation FormFor School Year 2019 - 2020

To the Student: Please have one of your current teachers (English or Math) complete this form. (If you're an incoming 9th grader, please have your 8th or 9th grade teacher complete the form.)				
Student's Name:		Grade:		
High School:	How long in your class?	months		
To the GDOE Teacher: The University of Guam Upward Bound (UB) Program is a college preparation program aimed to help high school students graduate and enroll into college. Students who show potential but need academic guidance, study skills development, or tutoring to succeed may be recommended.—Please be as specific as possible in your remarks and provide the requested in formation on both sides of this form. We understand that you may not know the student long enough to assess his/her abilities, but please fill this out to the best of your knowledge. Once you have completed this form please return it to the student so it could be attached to his/her application. Deadline for SY2019-20 is December 20, 2019 and May 15, 2020 for Summer Enrollment.				
Teacher's Name:	Contact Number:			
Subject:	Subject: Email Address:			
Please rate the student in the following categories based on your knowledge. If you're unable to rate the student, please write in N/A in the box. 4 - Excellent 3 - Good 2 - Satisfactory 1 - Poor/Needs Improvement				
EFFORT: Puts effort in class related assignments and activities				
PARTICIPATION: Contributes to class discussions and activities				
PUNCTUALITY AND ATTENDANCE: Consistently attends class and is on time				
MOTIVATION: Is ambitious and goes beyond what is required				
ASSIGNMENTS: Turns in assignments on time and follows directions				
COOPERATION: Works well with peers and follows instructions				
ATTITUDE: Display	s maturity and responsibility as well as academic interest and enthusiasm			
PARENT INVOLVE	EMENT: Parents are active in the student's education			
	TOTAL SCORE:			

1. What is your assessment of the student's academic potential for college?			
2. Has the applicant been so○ Yes○ No	ubjected to disciplinary action in yo	ur class? If Yes , please explain.	
3. What type of assistance of Please be specific, if possible	do you think this student should be g	given to do better in your class?	
4. Please mark one: I O Recommend O Record Guam Upward Bound Program		ommend the student to the University of	
Teacher's Signature	Da	te	
Contact these GDOE counselors if you have questions about UB and to Submit UB Recommendation Form. Counselors' names may change during the school year.	□ GW Counselor: Dr. Elisabeth Ich □ JFK Counselor: Dr. Billie-Jo Man □ OHS Counselor: Mrs. Annie Palor □ SSHS Counselor: Mrs. Maria Bless □ THS Counselor: Mr. Edward Masi □ UB Office Staff: Rowena Andrado (Incoming 9th graders, SHS, and other	zan mares sa Ramos iwemai e, UB Assist. Director	
Contact Rowena Andrade, UB Asst. Director	Phone: 735-1991/1992 Email: rowenat@triton.uog.edu	UB/ TRIO Main Office Location: UOG Field House, 1st Floor (left wing past Fitness Center)	

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UNIBETSEDÅT GUAHAN

Counselor Recommendation Form School Year 2019 - 2020

To the Student: Please have your current Counselor complete this form.	
Student's Name: Current School	Grade:
To the Counselor: The University of Guam Upward Bound (UB) Program is program aimed to help high school students graduate and enroll into college. potential but need academic guidance, study skills development, or tutoring recommended. Please be as specific as possible in your remarks and provide the recomboth sides of this form. We understand that you may not know the student long enough to assess his/her fill this out to the best of your knowledge. Once you have completed this form ple student so it could be attached to his/her application. Deadline for SY2019-20 i and May 15, 2020 for Summer Enrollment.	Students who show to succeed may be quested information abilities, but please ease return it to the
Counselor's Name: Contact Nu	ımber:
Current School: Email Address:	
1. Please provide a copy of the student's current school transcript to this for current 9 th graders, the student's 8 th grade report card for 4 th quarter may be student doesn't have a SY2018 transcript or a report card for this school year. 2. How many credits has the student earned? (Only for current high school students.) 3. What academic path is the student currently	e used instead if the :.)

1 2	student's standardized test scores for last school year or the most GDOE ACT Aspire, SAT10, GDOE Teacher Designed Test, or other e student's school.
5. Has the applicant been sub	ojected to disciplinary action? O Yes O No If Yes, please explain.
account when considering 7. Please mark one:	mments on the student or information that we should take into g the student for the program? mmend with reservation O Do not recommend the student to the Bound Program.
Counselor's Signature	Date
Contact these GDOE high school counselors/ UB Staff if you have questions about UB and to Submit UB applications. Counselors' names may change during the school year.	CONTACT COUNSELORS MAY BE SUBJECT TO CHANGE: GW Counselor: Dr. Elisabeth Ichihara-Rosario JFK Counselor: Dr. Billie-Jo Marzan OHS Counselor: Mrs. Annie Palomares SSHS Counselor: Mrs. Maria Blessa Ramos THS Counselor: Mr. Edward Masiwemai OTHERS NOT LISTED: Assigned UB Staff (applicants from middle school 8th graders/ Incoming 9th graders, SHS, charter schools, and private schools.)
Contact Rowena Andrade, UB Director	Phone: 735-1991/ 1992 (UB/ TRIO Main Office Location: UOG Field House, 1st Floor (left wing past Fitness Center)

Counselor Recommendation Form, Page 2