



TRIO

UPWARD BOUND

Wayne State University

Student Application

federaltrio.wayne.edu/upward

TRIO

UPWARD BOUND

Upward Bound Program
313-577-1943 • 313-577-1944 (fax)
federaltrio.wayne.edu

Email questions to:

upwardbound@wayne.edu

 [@UpwardBound_WSU](https://twitter.com/UpwardBound_WSU)

 [Upward Bound WSU](https://www.facebook.com/UpwardBoundWSU)

 [upwardbound_wsu](https://www.instagram.com/upwardbound_wsu)

 [wsufederaltrio](https://www.flickr.com/photos/wsufederaltrio)



WAYNE STATE
UNIVERSITY

Office of Federal TRIO

Student Information

Name

Last First Middle Initial

Address

Number Street City Zip Code

Home Phone

Cell #

Parent's Cell #

Email

Parent's Email

Date of Birth

SSN

MM/DD/YYYY

_____-_____-_____
- -

Sex

M

F

U.S. Citizen

Yes

No

High School

Counselor

Mr./Mrs./Ms.

Current Grade

Expected H.S. Graduation Year

College Prep Track

Yes

No

(includes Advanced & Honors classes)

Race

African American

Caucasian

Hispanic

Asian

(Specify

Native American

Middle Eastern

Other

other)

Which study session are you most interested in/able to attend?

Tuesday/Thursday

Saturday

Confidential Family Information

(to be completed by parent or guardian)

Father

Mother

Last First Last First

Living in home?

Yes

No

Living in home?

Yes

No

Occupation

Occupation

*Did either parent graduate from a four-year college or university? (please check)

Yes

No

*Do you live in a federally supported public housing? (please check)

Yes

No

Number of children in family (include applicant)

Relation to applicant

Number living at home (children only)

Not at home

Number in college

Name of Guardian (if applicable)

Relation

Last First

*Is the student a Ward of the Court or in Foster Care? (please check)

Yes

No

If any income comes from the following sources, please complete the amount received monthly where appropriate:

FIA: \$

SSI Benefits: \$

Child Support: \$

Unemployment: \$

Disability: \$

(Please attach a copy of your income documentation: Example: Federal 1040/1040A (prior year); Current Social Security Benefits Statement; Unemployment Check Stub; Friend of Court Child Support documentation; DHS Annual Statement)

Recommendation Form

(To be completed by Teacher and/or Counselor only and returned to applicant in a sealed envelope by application deadline.)

The Wayne State University TRIO Upward Bound Program is seeking high school students who are interested in attending an after school tutorial and counseling program with an ultimate goal of attending the college of their choice after high school graduation. Please describe below the student's college/university potential.

Applicant's Name

Full name (First and last)

Instructor/Counselor Name

School

Mr./Mrs./Ms.

School Address

Phone

Email

(Area Code/Number)

How long have you known the applicant?

Why do you think this candidate would be successful in college? Provide examples of classroom achievement, activities,

What is your recommendation concerning selection for the Upward Bound Program?

I recommend the applicant with confidence.

I recommend the applicant with reservation.
(Please explain below)

I recommend the applicant.

I do not recommend the applicant.
(Please explain below)

Please provide any additional comments and/or assessments of the applicant. We appreciate your candid appraisal. (Attach additional sheet if necessary)

Please rate the applicant in each attribute/skill listed below.

Attributes/Skills	N/A	Excellent	Above Average	Average	Below Average
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment/Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, I acknowledge that I am nominating the applicant for participation in the TRIO Upward Bound Program as noted and certify that they meet the requirements of the program. I also agree to provide the TRIO Upward Bound Program with all student records as they are requested to track the student's standing and academic progress during his/her involvement with the program.

► **Instructor/Counselor's Signature**

Date:

(Sign)

(Print)

Recommendation Form

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Applicant's Name

_____ Full name (First and last)

Instructor/Counselor Name

School

_____ Mr./Mrs./Ms.

School Address

Phone

Email

_____ (Area Code/Number)

How long have you known the applicant? _____

Why do you think this candidate would be successful in college? Provide examples of classroom achievement, activities, _____

What is your recommendation concerning selection for the Upward Bound Program?

I recommend the applicant with confidence.

I recommend the applicant with reservation.
(Please explain below)

I recommend the applicant.

I do not recommend the applicant.
(Please explain below)

Please provide any additional comments and/or assessments of the applicant. We appreciate your candid appraisal. (Attach additional sheet if necessary) _____

Please rate the applicant in each attribute/skill listed below.

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Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Open Mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, I acknowledge that I am nominating the applicant for participation in the TRIO Upward Bound Program as noted and certify that they meet the requirements of the program. I also agree to provide the TRIO Upward Bound Program with all student records as they are requested to track the student's standing and academic progress during his/her involvement with the program.

► **Instructor/Counselor's Signature**

Date: _____

_____ (Sign)

_____ (Print)

Medical Release Form (to be completed by parent or guardian)

In the case that _____ (Student's full name) warrants medical care during his/her official participation in the Wayne State University TRIO Upward Bound Program, you may have my permission to arrange for medical treatment, including emergency surgery, when necessary, performed by a licensed, qualified physician. **Parents will be notified in cases of emergency.**

Student Name

_____ Last First Middle Initial

Address

_____ Number Street City Zip Code

Date of Birth

_____ MM/DD/YYYY

Home Phone

_____ Area Code/Number

Parent/Guardian Email

Parent/Guardian Work Phone

_____ Area Code/Number

Cell Phone

_____ Area Code/Number

Medical/Health Insurance (please record name and the Medical/Health Insurance ID# as it corresponds to the information on your insurance)

Name of Insurance _____ ID# _____

Recipient ID# (DHS) _____

Group/Contract# (BCBS) _____

SSI Benefit# _____

Other _____

Does student have allergies to food or medication? Yes No Other health factors? Yes No

If yes, please specify: _____

Prescribed medication/condition or diagnosed physical handicap: _____

Additional Emergency Contacts

Name/Relation Address (City, State, Zip Code) Phone (Area Code/Number)

Name/Relation Address (City, State, Zip Code) Phone (Area Code/Number)

Name/Relation Address (City, State, Zip Code) Phone (Area Code/Number)

Name/Relation Address (City, State, Zip Code) Phone (Area Code/Number)

Parent/Guardian Signature _____ Date: _____

Student/Parent Contract

Acceptance into the TRIO Upward Bound Program at Wayne State University is a privilege which requires **maturity and responsibility** from the student and a **high level of support and cooperation from the parent or guardian**. As a member of the TRIO Upward Bound family, you must accept the following responsibilities:

- ▶ Mandatory attendance at his/her assigned study center for **four hours per week** each year of participation during the academic year tutorial sessions.
- ▶ Students are required to come to the study center prepared to utilize the tutoring and counseling services available, to engage in appropriate, constructive activity, and to behave with courtesy, consideration and respect for the other TRIO Upward Bound students and staff.
- ▶ Students are required to complete a weekly **Student Homework & Needs Assessment Form** on each day of study center participation.
- ▶ Students are required to update home and school information on a **regular** basis.
- ▶ Students must hand in **ALL** report cards (including a transcript, when requested) to the Upward Bound office each card-marking. This is to happen each year of participation.
- ▶ Students must hand in a copy of their class schedule each semester.
- ▶ Students must have/complete a rigorous secondary school program of study: **4 years English; 4 years math; 3 years science; and 2 years foreign language during the terms of participation in the TRIO Upward Bound Program.**
- ▶ Students must demonstrate evidence of consistent individual effort in academic achievement and classroom attendance at his/her respective high school.
- ▶ Students are required to attend/participate until high school graduation and **successfully complete the six-week summer programs and eight-month academic programs** (which are conducted during the terms of participation in the TRIO Upward Bound Program) for each year of participation.
- ▶ Students **are required to participate fully** in the activities, educational college tour trips, and other special events sponsored by TRIO Upward Bound.
- ▶ Students must accept that bus tickets, stipends or other forms of compensation or awards are distributed according to the student's active participation, grades and attendance.
- ▶ Failure to fulfill these obligations may result in reduction or suspension of a stipend or other appropriate penalty, including termination from TRIO Upward Bound Program.

Statements of Acceptance

I have read and understand the responsibilities listed above and have discussed them with my parent(s)/guardian(s). I accept these responsibilities as a condition of my participation in the Wayne State University TRIO Upward Bound Program.

▶ **Student Signature** _____ **Date:** _____

I read, understand and accept the requirements for my son/daughter to participate in the Wayne State TRIO Upward Bound Program. **I agree to support and encourage his/her participation in both the Academic Year and Summer Program phase, until high school graduation.** I further understand that I remain primarily responsible for his/her safety and conduct while he/she is participating in the program. I further understand that my cooperation with TRIO Upward Bound staff, including participation in program activities, is essential to my son/daughter's admission and continuation in the program.

▶ **Parent/Guardian Signature** _____ **Date:** _____

Application Procedure

DON'T FORGET!

Here is a **checklist** to make sure you have included all necessary documentation to complete your application (including signatures, where applicable). Please make sure you include your:

Income Verification

Federal 1040 or 1040A Federal Tax Form (prior year), Current DHS Annual Statement; SSI Benefits Letter; Unemployment Benefits; Child Support; or any other record of income.

Recommendation Forms (2)

To be completed by your school Teacher and/or Counselor.

Current School Records:

- **Transcripts:** Middle School and/or High School

- **Test Scores:** MEAP 8th grade, ELA & Math; MME 11th/12th ; M-STEP 10th grade; PSAT/PACT.

- **Class Schedule each Semester**

One Page Personal Statement

- Include with Application

Interview (To be scheduled)

Release Forms (At Interview)

- Authorization to release student's transcript, report card and test results.

- Photo Release (authorization to use student's photo on social media, in press releases, program newsletters, etc.)

- Photo (at interview)

The Wayne State TRIO Upward Bound Program is an academic enrichment and college preparation program with concentration in tutoring and counseling for eligible high school students in the Detroit Public School Community District. The program offers after-school & Saturday tutorial assistance, counseling, college preparation, a six-week summer residence program and an overall developmental process for participants of the program. Only 9th, 10th and rising 11th-grade students who are enrolled in a Detroit Public Community District High School are eligible to apply.

Students remain in the program until graduation from high school and must complete ALL Academic & Summer Phases.

Criteria for admission includes:

1. **Low-income:** Taxable income within 150% of poverty level and/or
2. **First Generation College Graduate:** Neither parent graduated from a four-year college/university.
3. **Academic Need:** Desire and motivation to succeed.
4. **Commitment to Participate:** In both Academic Year and Summer Programs.
5. **Enrollment in Detroit Public Community District:** Partner schools: Mumford, Denby, East English Village, Central Collegiate Academy.
6. **Director's Review:** The Upward Bound Director will review each student's application for eligibility and certification.
7. **Admission Notification:** Once a student's application is complete, he/she will be notified of their admission start date.

If you are interested, please complete the application and return to:

TRIO Upward Bound Program

Wayne State University

5700 Cass Avenue (at Palmer, 2nd Floor)

Detroit, Michigan 48202

(313) 577-1943 • (313) 577-1944 (fax)

upwardbound@wayne.edu