

# Muskegon Community College TRiO Upward Bound Program

## This application is for students who plan to attend: MUSKEGON HIGH SCHOOL

Enclosed is the MCC TRiO Upward Bound application, information about the program, and additional forms that need to be filled out by **you** and **your** child in order to be considered for the program. If you have further questions or need assistance in completing this application packet, please call our office at (231) 777-0425.

### Checklist for Application Packet:

Before you return this application packet, please go through this checklist to insure your paperwork is complete. If it is not complete, the processing of your application will be delayed and your child may not be accepted.

\_\_\_\_\_ **Qualifying Statement** regarding parent/guardian education and income

- Did you include your child's social security number?
- Did you include the number of persons in your household?
- Did you include your household taxable income?

\_\_\_\_\_ **Release of Records**

\_\_\_\_\_ **Medical Statement**

**NOTE:** This form must be notarized. Check at the Muskegon High School guidance office or call our office for information.

\_\_\_\_\_ **School Recommendation Forms**– Get these forms filled out by a teacher, counselor or principal.

**NOTE:** Your child will need to fill in his/her name on the Recommendation Form, authorizing the school staff they choose to release the necessary information to us.

\_\_\_\_\_ **Adult Recommendation Form** – Get this form filled out by a an adult outside of the school.

**NOTE:** Your child will need to fill in his/her name on the Recommendation Form, authorizing the adult they choose to release the necessary information to us.

\_\_\_\_\_ **Student Essay**

\_\_\_\_\_ **Needs Assessment**

\_\_\_\_\_ **Copy of all seventh and eighth grade report cards and MEAP Scores**

This Upward Bound Project is 100% federally funded at \$250,000 annually and all services are provided free of charge to the participants.

**Drop all of your paperwork off to your school counselor,  
or mail to us at the address below:**

MCC TRiO Upward Bound Program  
211 S. Quarterline Road Room 206  
Muskegon, MI 49442  
(231) 777-0425





**Federal TRIO Programs  
2008 Annual Low Income Levels**

(Effective February 2008 Until Further Notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$15,600	\$19,500	\$17,940
2	\$21,000	\$26,250	\$24,150
3	\$26,400	\$33,000	\$30,360
4	\$31,800	\$39,750	\$36,570
5	\$37,200	\$46,500	\$42,780
6	\$42,600	\$53,250	\$48,990
7	\$48,000	\$60,000	\$55,200
8	\$53,400	\$66,750	\$61,410

For family units with more than eight members, add the following amount for each additional family member: \$5,400 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$6,750 for Alaska; and \$6,210 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

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 poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register, Vol. 73, No. 15, January 23, 2008, pp. 3,971-3,972.

**In order to qualify for TRIO Upward Bound Program, you must be the first in your family to go to college and achieve a 4-year college degree and/or meet the income guidelines as stated above.**

**Authorization to give the MCC TRiO Upward Bound Program  
staff access to student school records**

**Request**

**Records to be released or requested:** Students complete educational records: such as, Academic Records (including grades), Standardized Test Scores and Enrollment and Attendance Records. Exchange of information both written and verbal to facilitate services for the student with any agency with which the student is involved.

**Name of Requester:** Robert G. Ross, Upward Bound Director

**Reason for Request:** Records will be used by the Upward Bound Program staff to determine student needs, progress, and facilitate services.

**Consent**

I understand that the U.S. Department of Education requires the Upward Bound Program to monitor the educational attainment of its participants. Due to these requirements, our signatures on this release will allow MCC's Upward Bound Program to monitor my child's progress during their participation in the project, and after they leave the project for up to 6 years after high school graduation. In accordance with the Family Rights Act of 1974, I hereby give my permission for my son's/daughter's (in case of parent or guardian) or my permission (in case of program participant) high school and/or postsecondary institution to release records to the Upward Bound Program; and further, for the Upward Bound Program to release said information to professional Program staff, Muskegon Community College, and as required, to the U.S. Department of Education which funds this program.

**Student Name (Please Print):** \_\_\_\_\_

**High School your child will be attending:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Upward Bound Medical Statement

The following information is necessary if we are to provide the best medical and health services for each participant. Periodically, you will be asked to update this form. Applicants will not be excluded from the program because of health factors, but the director and staff should be aware of any special conditions that must be considered or avoided.

Student's **Complete** Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

First Middle Last

Name of person completing this form: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

## Student's Medical History

General Health: \_\_\_\_\_ Date of last Physical Exam: \_\_\_\_\_ Dental Exam: \_\_\_\_\_ Last TB test: \_\_\_\_\_

Any current health problems or injuries? \_\_\_\_\_

Allergies? (Medicine or other) \_\_\_\_\_

Current medications? \_\_\_\_\_

Has student ever been seriously ill, had serious injuries, or had surgery? \_\_\_\_\_ If yes, describe below.

Comments: \_\_\_\_\_

Any serious family health problems? \_\_\_\_\_

**STUDENT IMMUNIZATIONS** – enter month/year – Enter “NO” if student has not had shot or “NS” if not sure.

DTP \_\_\_\_\_ Tetanus \_\_\_\_\_ Small Pox \_\_\_\_\_ Polio \_\_\_\_\_ Measles/Mumps/Rubella \_\_\_\_\_

*Is there anything else about the general health of your child which should be known to anyone administering treatment?* \_\_\_\_\_

Do you have health insurance? \_\_\_\_\_ Name of Company \_\_\_\_\_ Policy # \_\_\_\_\_

Are you covered by any type of medical assistance? \_\_\_\_\_ Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## RELEASE OF INFORMATION/CONSENT OF TREATMENT

I HEREBY GRANT PERMISSION for the information provided on this form to be used if necessary as an aid to provide the necessary health care while my child is a student in the Upward Bound Program.

I UNDERSTAND that should a health emergency arise, I will be notified, but if I cannot be reached by telephone, such x-ray examination, medical, dental, or surgical diagnosis or treatment and hospital services as deemed necessary by competent medical personnel is authorized.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NOTARY: \_\_\_\_\_ DATE: \_\_\_\_\_ TERM: \_\_\_\_\_

**School Counselor, Principal, or Teacher Recommendation Form**

Please attach a copy of the student's most recent report card.

\_\_\_\_\_ is applying for admission to the TRiO Upward Bound Program, a college preparatory program at Muskegon Community College.

We appreciate your assistance in helping us evaluate the students who apply. Please know that your evaluation will be taken into consideration, but the student's ability to participate will not hinge solely on your comments.

How long have you known the applicant? \_\_\_\_\_  
In what capacity? \_\_\_\_\_

Check any of the following that apply:

- \_\_\_\_\_ Student is not meeting academic potential at this time.
- \_\_\_\_\_ Student has expressed interest in the Upward Bound Program.
- \_\_\_\_\_ Student shows potential for success in a college or university education.

For the following charts, please use this scale in evaluating the student:

1 = excellent    2 = very good    3 = good    4 = average    5 = fair    6 = poor  
NA = Not Applicable

**ACADEMIC SKILLS**

**GENERAL**

Problem solving \_\_\_\_\_  
Reasoning \_\_\_\_\_  
Math skills \_\_\_\_\_  
Science skills \_\_\_\_\_  
Observation \_\_\_\_\_  
Writing \_\_\_\_\_  
Social Studies \_\_\_\_\_  
Calculator use \_\_\_\_\_  
Language usage \_\_\_\_\_  
Discipline \_\_\_\_\_

Manners \_\_\_\_\_  
Participation \_\_\_\_\_  
Leadership \_\_\_\_\_  
Initiative \_\_\_\_\_  
Attendance \_\_\_\_\_  
Preparedness \_\_\_\_\_  
Motivation \_\_\_\_\_  
Reaction to failure \_\_\_\_\_  
Working with others \_\_\_\_\_  
General attitude \_\_\_\_\_

Please provide any additional comments about this student that will help us to know him/her better and their interest in the Upward Bound program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your Name (please print) / Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
School / Work and phone number

**Please place in a sealed envelope and return to the student, school counseling office or mail to:  
MCC TRiO Upward Bound, 221 S. Quarterline Road, Room 206, Muskegon, MI 49442.**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Your Name (please print) / Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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School / Work and phone number

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MCC TRiO Upward Bound, 221 S. Quarterline Road, Room 206, Muskegon, MI 49442.**

# MUSKEGON COMMUNITY COLLEGE UPWARD BOUND PROGRAM ADULT RECOMMENDATION FORM

This form is to be filled out by someone who knows you well and who can comment on the areas listed below. (This may include a pastor, youth leader, employer, neighbor, etc. as long as the individual does not work in the school system or is not a member of your family.)

Student's Name \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Please explain briefly below how you came to know him/her:

This student has applied for admission to the Muskegon Community College Upward Bound Program. The following questions are designed to help our staff better evaluate him/her during the selection process. Please fill out and mail directly to the address listed on page 2 of this form or give to the student in a sealed envelope.

Instructions: Please circle the response that best describes this student

Scale: 4=Always      3=Most of the time      2=Sometimes      1=Never

The Student:

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. thinks things through and makes good decisions.                   | 4 | 3 | 2 | 1 |
| 2. demonstrates quality (verbal/written)communication skills.        | 4 | 3 | 2 | 1 |
| 3. works effectively with others.                                    | 4 | 3 | 2 | 1 |
| 4. demonstrates initiative, sets goals, completes tasks on time.     | 4 | 3 | 2 | 1 |
| 5. is involved, follows rules, shows respect and concern for others. | 4 | 3 | 2 | 1 |
| 6. accepts challenges.   | 4 | 3 | 2 | 1 |
| 7. adjusts well to change.   | 4 | 3 | 2 | 1 |

(over)

**8. Do you believe this student has the potential to pursue a four-year college degree from a college or university if he/she were provide with consistent academic and personal support?  
*Please comment:***

**9. Please feel free to provide additional comments or information you believe is important for our staff to know in consideration of this student's application.**

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**Signature**

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**Date**

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**Print Name**

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**Email Address**

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**Home Address** **Home Phone #**

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**Business Name/Address (if applicable)** **Work Phone #**

**Muskegon Community College  
Upward Bound Program  
221 S. Quarterline Road  
Muskegon, MI 49442**



# Muskegon Community College

## TRiO UPWARD BOUND PROGRAM

### Needs Self - Assessment

*When we accept students into Muskegon Community College TRiO Upward Bound Programs, our goal is to help students successfully complete high school and college. The list below contains factors that have been found to effect student's success. Rate yourself by reading the statement and deciding if it describes what you are presently doing or if it is something that you need assistance in learning to do.*

**On the blank in front of each statement below place the appropriate number:**

1 = I can do this well

2 = I could improve in this area

1. \_\_\_ Organize my time for studying, friends, and other activities and maintain an A or B average in school.
2. \_\_\_ Study and complete homework assignments and maintain an A or B average.
3. \_\_\_ Read textbooks rapidly.
4. \_\_\_ Comprehend and understand what I read.
5. \_\_\_ Feel confident about the way I prepare for a test.
6. \_\_\_ Do well on all kinds of tests.
7. \_\_\_ Take action to resolve conflicts with teachers.
8. \_\_\_ Know how to use the library and the computer to locate important information.
9. \_\_\_ Know how to prepare for the ACT and/or SAT.
10. \_\_\_ Know how to obtain information on paying for college, including scholarships.
11. \_\_\_ Understand the FAFSA and the financial aid process.
12. \_\_\_ Know how to find out about college requirements and programs offered.
13. \_\_\_ Know what skills are needed for different careers.
14. \_\_\_ Know what I am good at and what career I would like to have.
15. \_\_\_ Motivate myself to reach goals I set for myself.
16. \_\_\_ Make decisions about what I do each day.
17. \_\_\_ Usually feel I can count on myself.
18. \_\_\_ Usually I think of myself in positive terms.
19. \_\_\_ When asked, I can describe my abilities and strengths to others.
20. \_\_\_ Admit mistakes and apologize to others for them.
21. \_\_\_ Do not try to cover up my weaknesses by trying to impress others.
22. \_\_\_ My feelings of success come from my own perceptions of myself.
23. \_\_\_ Start conversations with students I don't know and develop new friendships.
24. \_\_\_ Maintain good communications with my family members.