

# COLLEGE *of* CHARLESTON

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## UPWARD BOUND

Dear Upward Bound Applicant and Parent(s)/ Guardian,

Thank you for your interest in our program and wanting your child to become a part of a program that will empower and educate them in all areas to prepare them for their post-secondary education experience. All application materials must be filled-in completely. Incomplete applications will delay the acceptance process. After the application has been reviewed, students are requested to participate in a scheduled individual interview, either at the Upward Bound office (**parent must be in attendance**) or at a public location to accommodate the family.

To be eligible for the College of Charleston Upward Bound Pre-College Program, a student must meet U.S. Department of Education's Socio-economic income level guidelines and/or they must be a potential first generation college student (neither parents has a bachelor's degree). Also, the student must be scheduled to attend one of the target schools listed below:

R.B. Stall High School  
Burke High School  
North Charleston High School

West Ashley High School  
St. Johns High School

**All information provided to the program is confidential. See program brochure for additional information. Please feel free to contact our office if you have any questions or concerns:**

- Mr. Lessane (Director, Upward Bound and Pre-College Programs)  
953.6555 [lessaneta@cofc.edu](mailto:lessaneta@cofc.edu)
- Ms. Franchell Smalls (Academic/School Counselor)  
953.1860 [smallsfr@cofc.edu](mailto:smallsfr@cofc.edu)

Students are prohibited by law from attending any Upward Bound sessions until all necessary information has been submitted and received by Upward Bound staff.

Upward Bound  
College of Charleston  
66 George St.  
Charleston, SC 29424  
<http://upwardbound.cofc.edu/index.php>  
FAX:843-953-4902

# COLLEGE of CHARLESTON

UPWARD BOUND

## **Family Checklist/List of Forms that Must be Submitted**

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_

**Please fill in your name and school on the top of parts 5 ,6 and 7 before giving them to your teachers and counselors to complete as soon as possible. Also complete the “School Release Form” (Part 7 ) and leave it with your school counselor.**

**Enclosed Forms (please check off once every form is completed):**

- \_\_\_\_\_ 1. Upward Bound Application
- \_\_\_\_\_ 2. Family Application
- \_\_\_\_\_ 3. Income Verification Form
- \_\_\_\_\_ 4. Student Essay
- \_\_\_\_\_ 5. Teacher Recommendation (*Two Teacher Recommendations Needed*)
- \_\_\_\_\_ 6. Counselor Recommendation
- \_\_\_\_\_ 7. School Release Form
- \_\_\_\_\_ 8. Power School Authorization Form

I certify that the information provided in this packet is true and complete to the best of my knowledge.

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Date**

# I. Upward Bound Application

Student Name \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ Birthday: \_\_\_\_\_ SS# \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_  
(Street #) (Street Name) (Apt. #) (City, State) (Zip Code)

Phone Number \_\_\_\_\_  
(Home) (Cell)

Preferred e-mail address \_\_\_\_\_

Name of High School Attending (or will attend in fall) \_\_\_\_\_

What is the best way for us to reach you (place a check mark by all that apply)

- Email  Text  
 Phone  
 Facebook (what is you Facebook Name)? \_\_\_\_\_

**Ethnic HERITAGE: ( For Record Keeping Purposes only)**

African American \_\_\_\_\_ Asian \_\_\_\_\_  
Hispanic \_\_\_\_\_ Native Hawaiian or other Pacific  
American Indian/ Alaskan Native \_\_\_\_\_ Islander \_\_\_\_\_  
White \_\_\_\_\_  
Other \_\_\_\_\_ (If so please Identify) \_\_\_\_\_

Are you or have you ever been erolled in a Gear Up, Upward Bound or other Trio Program: YES \_\_\_\_\_ No \_\_\_\_\_ If yes, list the name and location of the program(s) and the dates that you participated: \_\_\_\_\_  
\_\_\_\_\_

Is there anything else that we should know? \_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided on this form is true and complete to the best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**II. FAMILY APPLICATION**

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

Does your child have a documented learning disability? Yes\_\_\_\_ No\_\_\_\_

**Father's Information**

Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is the best way for us to reach you (place a check mark by all that apply)

- Email  Text
- Phone
- Facebook (what is you Facebook Name)? \_\_\_\_\_

Educational Attainment of Father: Circle Highest Grade Completed:

**4 5 6 7 8 9 10 11 12**

College Degree Earned, if any (Please check what applies to you): Some College\_\_\_\_

Associate\_\_\_\_ Bachelor \_\_\_\_ Master \_\_\_\_ Doctorate \_\_\_\_

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**Mother's Information**

Mother's Name: \_\_\_\_\_

C. Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is the best way for us to reach you (place a check mark by all that apply)

- Email  Text
- Phone
- Facebook (what is you Facebook Name)? \_\_\_\_\_

Educational Attainment of Mother: Circle Highest Grade Completed:

**4 5 6 7 8 9 10 11 12**

College Degree Earned, if any (Please check what applies to you): Some College\_\_\_\_

Associate\_\_\_\_ Bachelor \_\_\_\_

Master \_\_\_\_ Doctorate \_\_\_\_

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**Guardian's Information**

Guardian's Name: \_\_\_\_\_

C. Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is the best way for us to reach you (place a check mark by all that apply)

Email

Text

Phone

Facebook (what is you Facebook Name)? \_\_\_\_\_

**Educational Attainment of Guardian: Circle Highest Grade Completed:**

**4 5 6 7 8 9 10 11 12**

**College Degree Earned, if any (Please check what applies to you):** Some College\_\_\_\_

Associate\_\_\_\_ Bachelor \_\_\_\_ Master \_\_\_\_ Doctorate \_\_\_\_\_

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**Emergency Name (Other than Parents/Guardians):**

\_\_\_\_\_  
**Address:**

\_\_\_\_\_  
(Street #) (Street Name) (Apt. #) (City) (State) (Zip Code)

Cell Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Relationship to student (Aunt, Family Friend, etc.):**

\_\_\_\_\_  
**I certify that the information provided on this form is true and complete to the best of my knowledge.**

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Date**

**III. Income Verification Form**

For Purposes of documentation, please **provide the information from your most recent Federal Tax Income.** If you do not file tax return you will be required to provide another source of income verification before the application can be processed. Please give the correct response that verifies annual income and give the number that lives in your household.

**Size of Family Unit**\_\_\_\_\_

**Yearly Income Total \$**\_\_\_\_\_

**I, (parent/guardian) \_\_\_\_\_, certify the information given above is true and accurate. I understand that if any information if found to be invalid, it could serve as a basis for my child to be dismissed or not considered for the Upward Bound Program.**

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

\_\_\_\_\_  
Date

#### **IV. Student Essay**

**Please choose one (1) of the following essay to complete with a MINIMUM of 500 words typed or written in ink.**

1. Explain why you would like to be an Upward Bound Participant. Relate your goals and ambitions to the benefits you hope to gain from the educational experience of Upward Bound.
2. Peter Brougham stated “Education makes a people easy to lead but difficult to drive: easy to govern, but impossible to enslave.” Describe what this quote is telling you in detail and what education means to you and your academic and leadership future.
3. Tell us about a person who has significantly influenced your life in a positive way.

# COLLEGE *of* CHARLESTON

## UPWARD BOUND

66 George Street Charleston, SC 29424

Phone: (843) 953-5469 Fax: (843) 953-4902 Email: [smallsfr@cofc.edu](mailto:smallsfr@cofc.edu)

### V. TEACHER RECOMMENDATION FORM

Dear Teacher:

The student listed below is applying for admission into the College of Charleston Upward Bound Program. Your assessment of the student's conduct, character and academic need for program services is an integral element in the admission process. Please give us your honest assessment of this student's desire and ability to learn. Please mail the completed Recommendation Form to the above address or fax to (843) 953-4902. You may also return the completed Recommendation Form to the student in a sealed envelope to submit with his/her completed student application. Should you have any questions or concerns, please feel free to contact the Upward Bound Staff at (843) 953-5469. The time and effort you have taken to complete this form is sincerely appreciated.

Student's Name \_\_\_\_\_ Grade Level \_\_\_\_\_  
 School \_\_\_\_\_  
 Class/Course Subject: \_\_\_\_\_ Current Class/Course Grade \_\_\_\_\_

Please place an "x" in the appropriate column for each characteristic listed below:

| STUDENT CHARACTERISTICS                             | EXCELLENT | AVERAGE | FAIR | POOR |
|-----------------------------------------------------|-----------|---------|------|------|
| CONDUCT IN CLASS                                    |           |         |      |      |
| WILLINGLY PARTICIPATES IN CLASS                     |           |         |      |      |
| RESPECTS OTHERS AND THEIR PROPERTY                  |           |         |      |      |
| ABILITY TO FOLLOW INSTRUCTIONS                      |           |         |      |      |
| COMPLETES ASSIGNED WORK ON TIME                     |           |         |      |      |
| STUDY SKILLS/HABITS                                 |           |         |      |      |
| ANALYTICAL THINKING SKILLS                          |           |         |      |      |
| MATURITY/INTEGRITY                                  |           |         |      |      |
| PUNCTUALITY                                         |           |         |      |      |
| EAGER TO LEARN NEW THINGS                           |           |         |      |      |
| DEMONSTRATES MOTIVATION TO COMPLETE A 5-WEEK SUMMER |           |         |      |      |

Please provide comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the student's performance in the Upward Bound Program. Additional comments may be written on the back. \_\_\_\_\_

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

\_\_\_\_\_  
 Teacher's Printed Name & Title

\_\_\_\_\_  
 Teacher Email Address

\_\_\_\_\_  
 Teacher's Signature

\_\_\_\_\_  
 Date

# COLLEGE *of* CHARLESTON

**UPWARD BOUND**  
66 George Street Charleston, SC 29424  
Phone: (843) 953-5469 Fax: (843) 953-4902 Email: [smallsfr@cofc.edu](mailto:smallsfr@cofc.edu)

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The student listed below is applying for admission into the College of Charleston Upward Bound Program. Your assessment of the student's conduct, character and academic need for program services is an integral element in the admission process. Please give us your honest assessment of this student's desire and ability to learn. Please mail the completed Recommendation Form to the above address or fax to (843) 953-4902. You may also return the completed Recommendation Form to the student in a sealed envelope to submit with his/her completed student application. Should you have any questions or concerns, please feel free to contact the Upward Bound Staff at (843) 953-5469. The time and effort you have taken to complete this form is sincerely appreciated.

Student's Name \_\_\_\_\_ Grade Level \_\_\_\_\_  
School \_\_\_\_\_  
Class/Course Subject: \_\_\_\_\_ Current Class/Course Grade \_\_\_\_\_

Please place an "x" in the appropriate column for each characteristic listed below:

| STUDENT CHARACTERISTICS                             | EXCELLENT | AVERAGE | FAIR | POOR |
|-----------------------------------------------------|-----------|---------|------|------|
| CONDUCT IN CLASS                                    |           |         |      |      |
| WILLINGLY PARTICIPATES IN CLASS                     |           |         |      |      |
| RESPECTS OTHERS AND THEIR PROPERTY                  |           |         |      |      |
| ABILITY TO FOLLOW INSTRUCTIONS                      |           |         |      |      |
| COMPLETES ASSIGNED WORK ON TIME                     |           |         |      |      |
| STUDY SKILLS/HABITS                                 |           |         |      |      |
| ANALYTICAL THINKING SKILLS                          |           |         |      |      |
| MATURITY/INTEGRITY                                  |           |         |      |      |
| PUNCTUALITY                                         |           |         |      |      |
| EAGER TO LEARN NEW THINGS                           |           |         |      |      |
| DEMONSTRATES MOTIVATION TO COMPLETE A 5-WEEK SUMMER |           |         |      |      |

Please provide comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the student's performance in the Upward Bound Program. Additional comments may be written on the back.

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\_\_\_\_\_  
Teacher's Printed Name & Title

\_\_\_\_\_  
Teacher Email Address

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

# COLLEGE *of* CHARLESTON

## UPWARD BOUND

66 George Street Charleston, SC 29424

Phone: (843) 953-5469 Fax: (843) 953-4902 Email: [smallsfr@cofc.edu](mailto:smallsfr@cofc.edu)

### VI. COUNSELOR RECOMMENDATION FORM

Dear Counselor:

The student listed below is applying for admission into the College of Charleston Upward Bound Program. Your assessment of the student's conduct, character and academic need for program services is an integral element in the admission process. Please give us your honest assessment of this student's desire and ability to learn. Please mail the completed Recommendation Form to the above address or fax to (843) 953-4902. You may also return the completed Recommendation Form to the student in a sealed envelope to submit with his/her completed student application. Should you have any questions or concerns, please feel free to contact the Upward Bound Staff at (843) 953-5469. The time and effort you have taken to complete this form is sincerely appreciated.

Student's Name \_\_\_\_\_ Grade Level \_\_\_\_\_

School \_\_\_\_\_

Please place an "X" in the appropriate column for each characteristic listed below:

| STUDENT CHARACTERISTICS                        | EXCELLENT | AVERAGE | FAIR | POOR |
|------------------------------------------------|-----------|---------|------|------|
| ABILITY TO HANDLE SETBACKS OR CHALLENGES       |           |         |      |      |
| DEMONSTRATES LEADERSHIP SKILLS                 |           |         |      |      |
| RESPECTS OTHERS AND THEIR PROPERTY             |           |         |      |      |
| ABILITY TO FOLLOW INSTRUCTIONS                 |           |         |      |      |
| WILLINGNESS TO ASK FOR HELP                    |           |         |      |      |
| TAKES ADVANTAGES OF OPPORTUNITIES              |           |         |      |      |
| ANALYTICAL THINKING SKILLS                     |           |         |      |      |
| MATURITY/INTEGRITY                             |           |         |      |      |
| PUNCTUALITY                                    |           |         |      |      |
| EAGER TO LEARN NEW THINGS                      |           |         |      |      |
| CAPABILITY TO COMPLETE A 5-WEEK SUMMER PROGRAM |           |         |      |      |

Please provide comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the student's performance in the Upward Bound Program. Additional comments may be written on the back. \_\_\_\_\_

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

\_\_\_\_\_  
 Counselor's Printed Name & Title

\_\_\_\_\_  
 Counselor's Email Address

\_\_\_\_\_  
 Counselor's Signature

\_\_\_\_\_  
 Date

**COUNSELOR RECOMMENDATION FORM Cont.**

**Name of Student:** \_\_\_\_\_ **School:** \_\_\_\_\_

Please complete the information on the above student and return this form along with his/her **transcript with test scores, students' current class schedules, progress and report cards as they become available** and any **relevant student information** (psychological reports, disciplinary reports etc.) Computer printouts of this information are acceptable. We understand the codes. Keep a copy of the School Release Form (Part VII) for your records.

Please send the information to us at:

College of Charleston  
Upward Bound  
Mrs. Franchell Smalls-Lewis  
66 George St.  
Charleston, SC 29424  
Fax : 843-953-4902  
Email: [smallsfr@cofc.edu](mailto:smallsfr@cofc.edu)

I certify that the information provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
School Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Counselor Printed Name

\_\_\_\_\_  
School Counselor Email

**VII. SCHOOL RELEASE FORM**

**RELEASE OF SCHOOL RECORDS**

I hereby authorize the Charleston County School that my son/daughter attends to release the following information from the records. For the purpose of maintaining records and accountability for all participants in the Upward Bound Program.

\_\_\_\_\_  
**(Student's Printed Name)**

Educational Records (Report Cards, progress reports, standardized test records, etc.)

Disciplinary/Behavioral Records

Health Data

Other (Specify): \_\_\_\_\_

Official Transcript

Student Activities

Psychological Reports

The Information will be release to:

College of Charleston  
Upward Bound  
66 George Street  
Charleston, SC 29424  
Phone (843)953-5469 Fax (843) 953-4902

\_\_\_\_\_  
**Parent/ Guardian Printed Name**

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Street Address**

**Apt. #**

**City**

**State**

**Zip Code**

\_\_\_\_\_  
**Telephone Numbers and Email**

*The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, and the South Carolina Public Information Act, South Carolina Government Code §552.001 et seq., are respectively federal and state laws providing for the review and disclosure of student educational records. The College and Outreach Programs-TRIO and Upward Bound will not permit access to or the release of personally identifiable information contained in student educational records to any party without the written consent of the student, except as authorized by FERPA.=*

# COLLEGE *of* CHARLESTON

## UPWARD BOUND

### PowerSchool Parent Portal Access

PowerSchool Parent Portal is a tool that is integrated into the PowerSchool Student Information System (SIS) that is specifically developed for parents and students.

PowerSchool Parent Portal gives parents and students access to real-time information including attendance, grades and detailed assignment descriptions, school bulletins and even personal messages from the teacher. Everyone stays connected: Students stay on top of assignments, parents are able to participate more fully in their student's progress, and teachers can use their gradebook to make decisions on what information they want to share with parents and students.

The Upward Bound Program is requesting access to the Power School Parent Portal information for your student. This access will allow us the opportunity to monitor grades, class schedules, academic progress, attendance, and other information needed in an effort to enhance our advocacy and intervention as it relates to your child's education. We will **ONLY** use this information for the purposes of keeping accurate accounts of the student's academic progress, to assign tutoring and/or other academic intervention strategies, and to alert student and parent of the need for intervention at the first indication of academic need. The Upward Bound Program assumes **NO** responsibility for any changes made to the child's schedule and/or academic record as we serve as advocates and advisors only to both student and parent. By signing this document, you grant us access to your student's Power School information using the credentials you provide in the space below.

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

User name \_\_\_\_\_

Password \_\_\_\_\_

Signature Parent \_\_\_\_\_ Student \_\_\_\_\_