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
- Mrs. Vickers (Academic Counselor) 953-1860 vickersan@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.

Mailing address:
Upward Bound - College of Charleston
25 St. Philip Street, Room 121-124
Charleston, SC 29424

http://upwardbound.cofc.edu  FAX:843-953-4902
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 your 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 enrolled 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 ____

______________________________________________________________

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 ____

______________________________________________________________

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

☐ Phone

☐ Text

☐ Facebook (what is your 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 _____

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.

_____________________________________________ Date

Parent/Guardian Signature
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 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.
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:

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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 __________________________________________________________
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 ______________

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Teacher’s Printed Name & Title __________________________ Teacher Email Address __________________________

Teacher’s Signature __________________________ Date __________________________
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 ____________________________________________________________

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___________________________________________________________________________________________

___________________________________________________________________________________________

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

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)

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

___X___ Disciplinary/Behavioral Records

___X___ Official Transcript

___X___ Health Data

___X___ Student Activities

___X___ Psychological Reports

Other (Specify): ____________________________

The Information will be released 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.
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 ___________________________