On the road to EXCELLENCE
UPWARD BOUND

Tutoring, ACT Registration/Prep, Mentoring, College Visits, Scholarship Applications, Leadership Development, Robotics, FAFSA assistance and More!

FREE to current 9-12 graders at Waterloo East, West, and Expo High Schools

For more information call the UNI Center for Urban Education at 319-273-4775
The University of Northern Iowa Upward Bound TRIO Program is designed to empower program participants with the academic skills and motivation necessary to be successful in high school and to ultimately complete college.

The college preparatory program strengthens fundamental learning skills, raises participants’ motivational levels, prepares participants for college and life beyond high school, and promotes self-worth, uniqueness, culture, and individual creativity.

Cost:
UB services are absolutely **FREE** to participants.

**UB provides a variety of services such as:**
- Tutorial program
- Academic advising and instruction
- Career counseling and exploration
- ACT registration and preparation
- College admissions assistance
- Financial aid assistance
- Scholarship assistance
- Course selection assistance
- Study skills development workshops
- College visits
- Leadership development conferences
- Cultural enrichment activities
- Mentoring program
- 5-week summer residential program
- College bridge program
- Classroom on the road trip

**To be eligible for UB, you must:**
- Have demonstrated a potential for achieving a college degree as measured by standardized tests, grades and written recommendations from a school administrator, counselor or teacher;
- Be a prospective first-generation college student and/or in a low-income family and/or at high risk for academic failure; and
- Any Waterloo Schools student in 8th grade (applying in the Spring) or is currently enrolled at Waterloo East, Expo or West High School may apply.

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**University of Northern Iowa Center for Urban Education**  
**Upward Bound TRIO Program**  
800 Sycamore St., Waterloo, IA 50703  
(319) 273-4775  
classicupwardbound@uni.edu  
eop.uni.edu

The information you submit to the University of Northern Iowa Upward Bound TRIO Program is sent to the U.S. Department of Education. The information is necessary to determine if you are eligible to participate in the program and assists the government in measuring our success. Your information is protected by the Privacy Act, will remain confidential, and will not be shared outside of those who work with or for the University of Northern Iowa Upward Bound TRIO Program.

**Please keep this page for your records**  
*The application must be completed in its entirety.*
UNI UPWARD BOUND TRIO PROGRAM STUDENT APPLICATION

Student Information

Student Name: ____________________________________________

First  Middle Initial  Last

Nickname: ____________________________  Birth Date: __________________________

Gender: □ Female  □ Male  □ Non-Binary

Pronouns: □ He/Him/His  □ She/Her/Hers  □ They/Them/Their

Address: _____________________________________________________________

Street Address  ___________________________________________________________

City  State  Zip Code

Student Phone Number: (____)______________________________________________

Student Personal Email: __________________________________________________

Student School Email: ____________________________________________________

Citizenship:

□ U.S. Citizen  □ Permanent Resident  □ Applying for U.S. Citizenship

Ethnic Background: (check all that apply)

□ Asian  □ Native American  □ Black or African American  □ Native Hawaiian or Pacific Islander

□ Hispanic or Latinx  □ White

Grade: (check one)

□ 8th  □ 10th  □ 12th

□ 9th  □ 11th

School: (check one)

□ Burger Middle School  □ Carver Academy

□ Central Middle School  □ Hoover Middle School

□ Expo Alternative LC  □ East High School  □ West High School

If you are currently in 8th grade, what high school will you be attending?

□ East High School  □ Expo Alternative Learning Center  □ West High School

How did you hear about Upward Bound?

□ Upward Bound Staff  □ Teacher  □ Friend________

□ Counselor  □ Family  (NAME OF FRIEND)

Do you have any physical disabilities?
UNI UPWARD BOUND TRIO PROGRAM STUDENT APPLICATION

Do you have any learning disabilities?

□ No □ Yes
If yes, please specify: ________________________________________________

Do you have an Individual Education Plan (IEP)?

□ No □ Yes
If yes, please specify: ________________________________________________

Student Essay (Required)

In a 100-200 word essay, describe the assistance you would like to receive from the UN Upward Bound TRIO Program in order to achieve your academic, personal, college, and career goals.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Attach an additional sheet if necessary.

I hereby swear and affirm that all the information reported in this application and essay are true and accurate to the best of my knowledge.

_____________________________________________________________  ______________
Student Applicant Signature  Date
UNI UPWARD BOUND TRIO PROGRAM STUDENT APPLICATION

Parent/Guardian Information

Parent/Guardian 1:

Name: ____________________________________________

First                        Middle Initial                        Last

Address: ____________________________________________

Street Address (If different from student applicant)

City                        State                        Zip Code

Parent/Guardian Phone Number: (______)_________________________
Parent/Guardian Email: ________________________________

Parent/Guardian 2:

Name: ____________________________________________

First                        Middle Initial                        Last

Address: ____________________________________________

Street Address (If different from student applicant)

City                        State                        Zip Code

Parent/Guardian Phone Number: (______)_________________________
Parent/Guardian Email: ________________________________

Did both parents/guardians graduate from high school or receive a GED or HiSET?

□ Yes    □ No

Does either parent/guardian have a 4-year college degree?

□ Yes    □ No

If yes, who? ____________________________________________

With whom does the student live?

□ Mother (Only)    □ Mother & Step-Father    □ Sibling
□ Father (Only)    □ Father & Step-Mother    □ Guardian
□ Mother & Father    □ Grand-Parent    □ Other: ____________

Total number of people living in household: ________

__________________________________________________________
Parent/Guardian Signature

__________________________________________________________
Date
The figures shown under family income represent amounts equal to 150% 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 and are effective as of January 19, 2023.

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

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>U.S. Department of Education Federal TRIO Programs Current-Year Low-Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,870</td>
</tr>
<tr>
<td>2</td>
<td>$29,580</td>
</tr>
<tr>
<td>3</td>
<td>$37,290</td>
</tr>
<tr>
<td>4</td>
<td>$45,000</td>
</tr>
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<td>5</td>
<td>$52,710</td>
</tr>
<tr>
<td>6</td>
<td>$60,420</td>
</tr>
<tr>
<td>7</td>
<td>$68,130</td>
</tr>
<tr>
<td>8</td>
<td>$75,840</td>
</tr>
</tbody>
</table>

For family units with more than 8 members, add $7,080 for each additional family member.

I, ________________________________________________________________, the parent/guardian of Parent/Guardian Full Name ____________________________, who is applying for the Student Full Name ____________________________, University of Northern Iowa Upward Bound TRIO Program, declare that my taxable income (line 15 of IRS form 1040) based on the table above (effective January 19, 2023 until further notice) is considered to be:

(Please Mark One)

□ Below the Federal TRIO Programs Current-Year Low-Income Level

OR

□ Above the Federal TRIO Programs Current-Year Low-Income Level

I, as the parent/guardian(s) of the student listed, realize that by signing this form, I am declaring that my/our income is either above or below the Federal TRIO Programs Current-Year Low-Income Level as indicated on the attached sheet and checked above. I realize that this statement may be audited and that I may be required to produce further documentation as proof of my income at a later date.

_____________________________________________________________
Parent/Guardian Name

_____________________________________________________________
Parent/Guardian Signature

_____________________________________________________________
Date
Permission to Access Records

To the officials of: ____________________________________________________________,
Student’s School
I hereby grant permission for the University of Northern Iowa Upward Bound TRIO Program to
have access to the records of ____________________________________________________________
Student’s Name
including the cumulative record folder, quarterly and semester grades, test scores, and any
transcripts during the student’s 8th grade and/or high school tenure. This information will be
used for research conducted to improve program outcomes.

_______________________________________________________________
Student Name

_______________________________________________________________
Student Signature Date

_______________________________________________________________
Parent/Guardian Name

_______________________________________________________________
Parent/Guardian Signature Date

_______________________________________________________________
Parent/Guardian Name

_______________________________________________________________
Parent/Guardian Signature Date

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University of Northern Iowa Center for Urban Education
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UNI UPWARD BOUND TRIO PROGRAM STUDENT APPLICATION

Student Reference Form

This form must be completed by a teacher, counselor, or administrator.

Name of Reference: ________________________________

<table>
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<tr>
<th>Name</th>
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</table>

Reference Email Address: ____________________________________________________________

Student Name: _______________________________________________________________________

Please describe the extent of your interaction with the student in your classroom/office.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Do you consider the student to be at academic risk?
 □ Yes □ Maybe □ No

Does the student have the potential to achieve a postsecondary education?
 □ Yes □ Maybe □ No

Please compare the student to other students in your classroom/office.

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personality</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Alertness</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Leadership</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>Verbal Ability</td>
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<tr>
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<td>□</td>
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<tr>
<td>Cleanliness/Neatness</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>Enthusiasm</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Academic Achievements</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Non-Academic Achievements</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Acceptance of Criticism</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Motivation</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
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<td>□</td>
<td>□</td>
<td>□</td>
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Comments: __________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Teacher/Counselor/Administrator Signature __________________________ Date ______________
UNI UPWARD BOUND TRIO PROGRAM STUDENT APPLICATION

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