<u>Pha</u>	ise I (Student)
	Complete and sign UTC Upward Bound Application
	Submit your completed application to your Guidance Counselor or UTC Upward Bound Staff
<u>Pha</u>	sse II (Guidance Counselor)
	Complete Guidance Counselor Recommendation form
	Submit Official Middle School and/or High School Transcript(s) –Including student's test results from State Standardized Test and ACT scores if applicable
Pha	ise III (Student)
	Parent/Student Interview – Please note that after you submit the <i>UTC Upward Bound Application Packet</i> , Upward Bound staff will contact your parent(s)/guardian(s) to schedule an on-campus interview. During the interview, the staff will discuss with you and your family your educational and personal goals.
	Income verification – All students must submit a signed copy of their biological or adoptive parent(s)' most recent Federal Income Tax Return. If you are in foster care, a homeless youth, at risk of being homeless, unaccompanied youth, or you have special circumstances, please notify the Upward Bound staff at 423-425-4691. If you are unable to locate your most recent Federal Income Tax Return, please contact your tax preparer or the IRS for a Tax Transcript.
	Complete Information Release Form

UTC Upward Bound Program • 540 McCallie Ave, Suite 423 CSOB, Dept. 5005 • Chattanooga, TN 37403

UT-Chattanooga does not discriminate in admissions, educational programs or employment on the basis of race, sex, national origin or ethnic group, color, age, religion, disability, genetic information, gender, military service, or pregnancy. In compliance with all federal and state laws, including Title VI and Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1992 as well as the ADA Amendments of 2008 (ADAA), and the Genetic Information Nondiscrimination Act of 2008 (GINA),

Although the UB staff is employed by UT-Chattanooga, they do not recruit participants for the college.

As a UB participant, students can participate and receive assistance in applying to any vocational training program, college, and/or university.

UB Staff: Dr. Belinda Brownlee Lee – Belinda-brownlee@utc.edu Director

423-425-4691

Mrs. Shayla Davison-Brown – Shayla-davison-brown@utc.edu Program Coordinator 423-425-4251

Mrs. Joy McCamey – joy-mccamey@utc.edu Professional Staff 423-425-4387

Office Fax:

423-425-5382

Thank you for your support of the Upward Bound Program @ UT-Chattanooga

Student Information Please print or type clearly

UT-Chattanooga Upward Bound (A Federally Funded TRIO Program)



Section 1. Student Information								
Today's Date:								
First Name	Last Name		Middle Initial					
Mailing Address		Apt. #	Email					
City		State	Zip Code					
Phone Number (H)	(C)	_ Date of Birth	/ Age					
Gender: □ Male □ Female								
Race: (Check one) 🔲 Black/African-American 🔲 American-Indian/Alaska Native 📮 Asian 🔲 White/Caucasian								
☐ Hispanic/Latino	☐ Hispanic/Latino ☐ Native-Hawaiian/Pacific Islander ☐ Multicultural ☐ Other/Unknown							
Are you a U.S. citizen? ☐ Yes ☐ No								
If no, are you an eligible non-citizen?		on Number A						
Is English your first/primary language?								
Are you currently a participant in anot	her TRIO or federal program such	as Talent Search, U	Jpward Bound Math/Science, and/or					
Gear-up? ☐ Yes ☐ No If yes, in which program are you a participant?								
a res a no il yes, ili willo	ch program are you a participant:							
Section 2. Secondary School Information	on							
Current Grade Level:								
Expected Date of High School Graduat								
(Please list the complete name of yo	- '							
If the student is currently in 8 th grade,	what high school will the student	attend the following	ng academic year?					
Section 3. Needs Assessment								
What category of service would you like	ke to receive from the UTC Upwai	rd Program? (Check	all that apply)					
☐ ACT/SAT Preparation	☐ Career Counseling		nissions Counseling					
☐ College Tours	☐ Cultural Event Enrichment		Referral Services					
☐ Educational Counseling	☐ FAFSA Assistance		n and Homeless Educational Assistance					
☐ Financial Aid Counseling☐ Scholarship Information	☐ Financial Literacy ☐ Student Loan Counseling	☐ Interest/Apt☐ Tutoring	itude resting					
☐ Other								
What do you plan to do after you grad	uate from high school?							
☐ Attend a two-year college	☐ Attend a four-year college	☐ Attend a voc	cational or trade school					
Enlist in military	☐ Get a job	☐ Other:						
Section 4. Dependency Status								
Are you any of the following? A dependent or ward of the court								
☐ An emancipated minor☐ In foster care or was previously in foster care								
☐ Both parents are deceased								
☐ Currently in legal guardianship								
☐ Homeless or at risk of being homeless								
☐ I have special circumstances and I am unable to provide my parental information at this time								

The U.S. Department of Education requires the UTC UB Program to have income information on file for a participant's parent(s) in order to determine first-generation and low-income eligibility. Information given is confidential and kept in a secured place.

Section 5. Parent/Guardian Information

<u>n foster care or considered hor</u>	<u>neiess, piease provide you</u>	<u>ir information.</u>
Last Name		Middle Initial
(C)	Email:	
Parent 1 completed? (Please r	note, if you are the studen	t's guardian, please answer
	☐ 2-year college	
Last Name		Middle Initial
Parent 2 completed? (Please r	note, if you are the studen	t's guardian, please answer
☐ High School☐ Other/Unknown	☐ 2-year college	
Information		
the UTC Upward Bound Program; eceive more than half of their supportification but who live with you and eir support from you this school yet. Father	nort from you [the parent(s)] If receive more than half of the ar. Divorced Separated there Father and Stepmote the following promy Assistance for Needy Farence in the parent in the second s	this school year; and eir support from you, and will Widowed her grams? (Check all that apply.)
	Last Name (C) Parent 1 completed? (Please in the light of their support from you this school to be priced by Pather Mother and Stepfatt of the light of their support from you this school to be priced by Pather Mother and Stepfatt of the light of their support from you this school yet. Father Mother and Stepfatt of the light of their support from you this school yet.	Last Name

Please check ALL of the following that apply to your family:
Family lives in Public Housing
Family receive Welfare Benefits
Child(ren) participate(s) in the School Free Lunch Program
Family Receives Families First Benefits
Parents Receives Disability Benefits
Family Receive Social Security Benefits
· · · · · · · · · · · · · · · · · · ·
Parent(s) are not Employed (do not work)
Child(ren) are/is Ward(s) of the State (Foster/Kinship/Guardian Care)
Below are the income ranges that reflect the federal guidelines to which Upward Bound must adhere. Please enter the number of people claimed on your taxes or in your household and check the taxable income range. Household Size
information on IRS form 1040- Line 37; 1040 A- Line 21; or 1040 EZ – Line 4): (Effective January 31, 2021) Please check the one that matches your household size and taxable income (check one (1)
did not FILE taxes
taxable income below \$19,320.00
income ranged from \$19,320.00 to \$26,130.00
income ranged from \$26,130.00 to \$32,940.00
income ranged from \$32,940.00 to \$39,750.00
income ranged from \$39,740.00 to \$46,560.00
income ranged from \$46,560.00 to \$53,370.00
income ranged from \$53,370.00 to \$60,180.00
income ranged from \$60,180.00 to \$66,990.00
income ranged is greater than \$66,990.00
Please check information that will be provided with this application. Please attach supporting documentation. Current Year Tax Forms (1040, 1040A, 1040EZ, etc.) Social Security Administration Explanation of Benefits
Other Governmental Source (i.e. Food Stamp Letter, WIC benefits, etc.) Other:
I certify by signing below that the above information is correct and that any false or misleading information may result in disqualification of the applicant.
Signature Date
Signature Date Parent/Guardian

School Counselor/Instructor Recommendation



То	the high school guida	ance counse	lor: Pleas	se fill out this form con	npletely.			
Ple	Please submit: Completed School Counselor or Core Instructor (Math, Science, English) Recommendation Form; Student's middle/high school transcript with standardized test scores and ACT scores; and Please hold for a UB staff or mail form with student application to UT-Chattanooga Upward Bound # 5005, 540 McCallie							
		_		act:Belinda-brownlee	@utc.edu; shya	lla-davison-bro	wn@utc.edu or	Fax: 423-425-5282
Car	Thank you for y			ha aturdant \				
	tion 1. (This section							
Firs				Last Name				
	After yo	u have con	npleted S	Section 1, give this f	orm to your g	guidance cour	nselor or Instru	ictor.
	tion 2.			ha akudant ahana				
Counselors/Instructors, please complete this form for the student above. The above student has applied for admission to the UTC Upward Bound (UB) Program. The UB Program is designed to provide support services to high school students (grades 9-12) in order to prepare them to graduate from high school, enroll and graduate from college. Upward Bound is funded by the US Department of Education and serves students in designated high schools in the Hamilton County School District.								
		· ·		le Class Rank is				
				onths or years		01	_	
		•				urrantly in mide	المحجودة المحجودة	a avaluata tha
3.	courses the student	_	_	e student's academic th-grade student:	program: n cu	irrentiy in miac	ne school, please	e evaluate the
	☐ AP and IB ☐ H	onors 🚨 0	College Pr	ep 🚨 Other				
4.	. Upon graduation, will the student have completed the HCSD high school course prerequisites for applicants to apply to Tennessee public colleges and universities? ☐ Yes ☐ No ☐ N/A					to apply to		
5.	Does the student ha	ave an IEP?	☐ Yes	□ No				
6.	Has the student eve	er been susp	ended or	expelled?	□ No			
7.	School Attendance:	☐ Regula	ır 🖵 İrr	egular No. of days m	nissed			
8.	Is the student curre	ntly particip	ating in c	redit recovery? 🔲 Y	es 🗖 No			
	If yes, what subject	(s):						
9.	Would you recommend this student to participate in the Upward Bound Program?							
	☐ Highly Recomme	nd 🖵 Rec	ommend	☐ Recommend witl	n Reservations	☐ Do Not Re	ecommend	
<u>Ter</u>	nnessee Assessments							
Ple	ase indicate the studer			on standardized tests:	Please	indicate the stu	dent's performan	ce level on the ACT
100	**	Proficient	Basic	Below Basic	English		Science	
	ting lish Language Arts				Math		Writing	
Ma					Reading		Composite	
	ence							
Soc	ial Studies							
Cou	Counselor's Signature: Date:							

^{***}In addition to completing this form, please include a copy of the student's middle school and/or high transcript, standardized test scores, Individual Education Plan (IEP), attendance record and Individual Graduation Plan (IGP) if applicable.

Information Release Form

Upward Bound



	Information Release For	opwaru bound			
Today	's Date:	Social Security Number			
First N	lame	Last Name	Middle Initial		
for ann verification second postse	nual reporting requirements of t ation of each participant's acad dary school retention and gradu condary enrollment; and postse	he U.S. Department of Education. The emic performance (Grade Point Averation; completion of rigorous second	ary school program of study; o gather information from middle schools,		
*	protects the privacy of student applicable program of the U.S. FERPA gives parents certain rig	t education records. The law applies to Department of Education. This with respect to their children's ed es the age of 18 or attends a school be	232g; 34 CFR Part 99) is a Federal law that o all schools that receive funds under an ucation records. These rights transfer to the yond the high school level. Students to		
	Request a copy of your school Request a copy of school sche Request a copy of your ACT te Use your Social Security numbers and awards National Student Clearinghous	ent's education record. Your signal and/or college transcript and test so dules and activities est scores. Der to request a copy of your financial s from federal & state funding agencies.			
Stude	nt Signature:	Date:			
Paren	t Signature:	Date:			

This authorization is valid until canceled or until the rights of the Upward Bound participant are transferred beyond high school, the above listed student is an "eligible student".

The student and parent may cancel this release at any time by submitting a written request to UB Director.

Гell why you want to be a part of the Upward Bound program.					

Note: This assessment is part of your application, and part of consideration of a serious applicant.