

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_



**Neosho County Community College**

# **Upward Bound**

## **Participant Application**

Please complete the following pages with the assistance of your parent/guardian, a teacher, and the school guidance counselor.

Please return the completed application package to the **Upward Bound Staff** or your **High School Counselor**.



Once all of your forms & evaluations have been received by Upward Bound staff, we will contact you to arrange a time to meet with you to discuss your participation.

These forms may also be mailed to the  
**Upward Bound Office:**  
Neosho County Community College  
800 West 14<sup>th</sup> Street  
Chanute, KS 66720

---

NEOSHO COUNTY COMMUNITY COLLEGE UPWARD BOUND  
**CONFIDENTIALITY STATEMENT**

---

The personal information you give to the NCCC Upward Bound Program is required by the United States Department of Education. The Privacy Act protects this information. No one may see the information unless the Upward Bound Program employs them or they are expressly authorized to determine your eligibility to participate. The information required by the United States Department of Education is used for evaluation, program purposes, and to verify student eligibility.

The utmost care is taken to ensure that the personal information collected concerning Upward Bound students and guardians remains confidential. Information or records relating to current or former Upward Bound students or groups of students will not be disclosed to any person, group, agency, or organization without further written permission from each student or parent/guardian.

To ensure compliance with the confidentiality guidelines mentioned above, please sign and date in all the appropriate places on the Consent for Release of Academic Records and Participant Release Form (picture release).

---

NEOSHO COUNTY COMMUNITY COLLEGE UPWARD BOUND  
**FULL-TIME STAFF MEMBERS**

---

**Adrienne Vaughn**, Upward Bound Director.....Office 620-432-0338  
[AVaughn@neosho.edu](mailto:AVaughn@neosho.edu) – 4101 South Ross Lane, Chanute, KS 66720 – Cell 573-228-7588

**Chelsie Harris**, Academic Coordinator..... Office 620-432-0362  
[CHarris@neosho.edu](mailto:CHarris@neosho.edu) – 4101 South Ross Lane, Chanute, KS 66720 – Cell 620-212-8695

**Liz Donnelly**, Administrative Assistant..... Office 620-432-0367  
[LDonnelly@neosho.edu](mailto:LDonnelly@neosho.edu) – 4101 South Ross Lane, Chanute, KS 66720 – Cell 620-431-8959

Facebook - <https://www.facebook.com/NCCCUB>  
Program Email Address – [NCCCUB@gmail.com](mailto:NCCCUB@gmail.com)  
Website - <https://tinyurl.com/NCCCUB>

The Upward Bound Program at Neosho County Community College is 100 percent federally funded by the United States Department of Education, with an annual budget of \$309,505 to serve 55 students. Award #P047A221025.

"The contents of this document were developed under a grant from the Department of Education. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government." (34 CFR 75.620)

NCCC does not discriminate based on race, religion, creed, national origin, sex, gender, sexuality, LGBTQIAP+ identity, age, tenure, disability, or any other factors that cannot be lawfully considered in its programs and activities as required by all applicable laws and regulations. NCCC complies with all ADA and EEO policies. If you have questions or want to provide more information, contact us at [ncccub@gmail.com](mailto:ncccub@gmail.com) or 620-432-0367.

**NEOSHO COUNTY COMMUNITY COLLEGE UPWARD BOUND  
APPLICATION FOR SERVICES**

Neosho County Community College Upward Bound  
800 West 14<sup>th</sup> Street, Chanute, KS 66720

**STUDENT INFORMATION**

This section should be completed by the student. All information will be held in the **strictest confidence**. Missing information will delay the application's processing. Please print all information legibly.

Legal name: \_\_\_\_\_  
FIRST MIDDLE LAST

Address: \_\_\_\_\_  
Number/Street/Apt /PO Box City State Zip Code

Student Preferred Name \_\_\_\_\_ Preferred Pronouns (She, He, etc.) \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Student SCHOOL email: \_\_\_\_\_

Student PERSONAL Gmail: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Current Age \_\_\_\_\_ Gender (M, F, NB, etc.) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Anticipated year of high school graduation \_\_\_\_\_

Are you a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, are you a permanent US Resident? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please answer BOTH ethnicity/race questions:**

**1. Ethnicity:** Is the student Hispanic/Latino? ["Hispanic/Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. People of Hispanic origin may be of any race(s).] **Yes** \_\_\_\_ **No** \_\_\_\_

**2. Race:** Check one or more races (categories of origin)

- American Indian/Alaska Native** (North/South America)
- Asian** (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, Vietnam, etc.)
- Black/African American** (Black racial groups of Africa)
- Native Hawaiian/Pacific Islander** (Hawaii, Guam, Samoa, or other Pacific Islands)
- White** (Europe, the Middle East, or North Africa)

**Are you currently in State Custody or Foster Care?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please get in touch with Upward Bound staff at 620-432-0367 for further instructions on how to complete the application.

**EDUCATIONAL INFORMATION**

What school do you attend? \_\_\_\_\_ What grade are you in? (Circle one) 9 10 11 12

What was your Grade Point Average (GPA) on your last report card or in PowerSchool? \_\_\_\_\_ GPA

Do you have an Individualized Education Program (IEP) or a 504 Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently in an **Educational Talent Search** or a **GEAR UP** program? Circle all that apply.

Educational Talent Search    GEAR UP    Both    Neither    Unsure

What future education plans are you considering? Mark all that apply. Military Service \_\_\_\_\_

High School Graduation \_\_\_\_\_ Four Year College/University \_\_\_\_\_ Community College (2 yrs.) \_\_\_\_\_

Trade/Technical School \_\_\_\_\_ Law or Medical School \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**NEOSHO COUNTY COMMUNITY COLLEGE UPWARD BOUND  
FAMILY CONTACT & EDUCATION INFORMATION**

This section must be completed and signed by the student's parent(s)/guardian(s). All information will be held in the **strictest confidence**. Missing information will delay the application's processing.

**Student Name:** \_\_\_\_\_

**Guardian/Parent 1 in Household**

**Guardian/Parent 2 in Household (If applicable)**

Name \_\_\_\_\_

Name \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

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

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

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

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

Are you a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

**Education: (Highest Level Completed)**

**Education: (Highest Level Completed)**

Less than High School Graduate \_\_\_\_\_

Less than High School Graduate \_\_\_\_\_

High School Graduate \_\_\_\_\_

High School Graduate \_\_\_\_\_

Some College \_\_\_\_\_

Some College \_\_\_\_\_

Bachelor Degree or Higher \_\_\_\_\_

Bachelor Degree or Higher \_\_\_\_\_

If you do not have a four-year college degree, would you like information on pursuing a degree? Yes \_\_\_\_\_ No \_\_\_\_\_

**Parents'/Guardians' Marital Status**

Single/Unmarried \_\_\_\_\_ Married \_\_\_\_\_ Mother Deceased \_\_\_\_\_ Father Deceased \_\_\_\_\_ **Foster Parents** \_\_\_\_\_

Divorced \_\_\_\_\_ Legally Separated \_\_\_\_\_ Single Parent Home \_\_\_\_\_ Other (Please explain) \_\_\_\_\_

Please list below the names of ALL persons living in your household, their ages, and their relationship to the student.

| Name | Age | Relation to Student |
|------|-----|---------------------|
|      |     |                     |
|      |     |                     |
|      |     |                     |
|      |     |                     |
|      |     |                     |

**CONFIDENTIAL FAMILY INCOME INFORMATION**

NCCC Upward Bound is a federally funded program, and government regulations require verification of family income as part of the application/admission process. This information could also be helpful in assisting your student with information about financial aid, scholarship opportunities, and special programs. Please check your annual **TAXABLE INCOME (Line 15 on the 1040 tax form)** or attach a copy of your most recent tax return. **PLEASE DO NOT LIST YOUR GROSS (TOTAL) INCOME.** (2024 Income Levels)

|                           |                          |                           |
|---------------------------|--------------------------|---------------------------|
| _____ \$0 - \$22,590      | _____ \$38,731- \$46,800 | _____ \$62,941 - \$71,010 |
| _____ \$22,591 - \$30,660 | _____ \$46,801- \$54,870 | _____ \$71,011- \$79,079  |
| _____ \$30,661 - \$38,730 | _____ \$54,871- \$62,940 | _____ \$79,080 or more    |

**Please check here if the student is in Foster Care** \_\_\_\_\_

How many people live in your household, including yourself? \_\_\_\_\_

Are you on any public assistance (AFDC, TANF, WIC, Food Stamps, SSI, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that the above information is accurate and complete to the best of my knowledge.

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

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

**All information will be held in the strictest confidence.**

---

**NEOSHO COUNTY COMMUNITY COLLEGE UPWARD BOUND  
STUDENT PROGRAM CONTRACT**

---

I, (student name) \_\_\_\_\_, agree that if I am accepted into the Neosho County Community College Upward Bound Program, I will:

- Strive continuously to maintain the grade/GPA requirements of Upward Bound through good attendance, punctuality, class participation, homework completion, and all other requirements.
- Follow instructions while participating in Upward Bound activities and approved trips.
- Abide by all rules, policies, & precautions of the Program & the program staff.
- Take all courses that are considered a Rigorous Curriculum:
  - 4 yrs. English
  - 3 yrs. Math [Algebra 1 & one class above Alg. 1]
  - 3 yrs. Science (must include two of the following: Chemistry, Biology, Physics)
  - 3 yrs. Social Studies
  - 1 year of a Foreign Language
- **Attend all monthly Saturday Academies and other required activities unless I have an excused school-related activity. (I will complete an Absence Form for all absences.)**
- Make every effort to pass all high school coursework. If I have a D or an F in any class or a GPA below 2.0, **I will attend the required tutoring sessions each week.**
- Cooperate fully and respectfully with faculty, staff, tutors, guest presenters, transporters, and other students in the Program.
- Actively participate in Upward Bound throughout the academic year (Aug-May). I will regularly attend and participate in Weekly Meetings, Saturday Academies, Senior Workshops, and tutoring.
- **Complete the 6-week residential Summer Program every year.** This program runs Sunday through Thursday, Memorial Day through the last week of June, and includes a trip the first week of July. **This Program is required of all participants. I agree to make all attempts to fit my work, sports, and any other schedules around the required Upward Bound Summer Program schedule.**
- Enter a postsecondary education program upon completion of high school. (College, Trade School, etc.)
- Keep Upward Bound informed of family status changes, new addresses, and phone number changes.

---

**Student's Signature**

---

**Date**

As the parent/legal guardian of the above-listed student, I agree to help my student adhere to these guidelines.

---

**Parent/Guardian's Signature**

---

**Date**

---

**NEOSHO COUNTY COMMUNITY COLLEGE UPWARD BOUND  
AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

---

In the event of illness or injury on an Upward Bound trip, your child may need medical treatment in your absence. We may not be able to treat them without your authorization. Please complete this form in detail. **Please list all relevant medical conditions so we can provide the best and fastest care possible.**

I give my legal consent and authorize any representative of Upward Bound to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my child (Name) \_\_\_\_\_ for any injury or illness of an emergency nature they incurred while participating in a UB activity at any hospital. I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child. I acknowledge and agree that Neosho County Community College is not responsible for any medical/hospital expenses and/or charges incurred in my child's medical treatment or hospitalization. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that Upward Bound personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to continue to provide current work and home phone numbers to Upward Bound. (Kansas Statutes Abridged 65-2891)

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

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

---

**Insurance and Medical Information on Child**

**Primary Doctor Name** \_\_\_\_\_ **Clinic** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Emergency Contact Info:**

|                         |                         |
|-------------------------|-------------------------|
| Guardian 1 (Name) _____ | Guardian 2 (Name) _____ |
| Cell Phone _____        | Cell Phone _____        |
| Work Number _____       | Work Number _____       |

Does the child have health insurance? Y/N Policy name & number \_\_\_\_\_

Does the child have KanCare or Sunflower Health? Y/N Card number \_\_\_\_\_

Is the child eligible for military medical care? Y/N ID number \_\_\_\_\_

This information is needed to accommodate the child better. Please check if your child has any of the following conditions. If you need more room for medications or conditions, please write in the margins or attach another page. **(Note: This information will be confidential and will not impact whether a student may join the Program.)**

\_\_\_\_ Seizures    \_\_\_\_ Heart Condition    \_\_\_\_ Diabetes    \_\_\_\_ Depression    \_\_\_\_ ADHD    \_\_\_\_ Anxiety  
\_\_\_\_ Migraines    \_\_\_\_ Asthma    \_\_\_\_ Allergies    \_\_\_\_ Eating Disorder    \_\_\_\_ Other (please explain below)

Child's last Tetanus Shot (mo. /yr.) \_\_\_\_\_ List Any **Drug Allergies:** \_\_\_\_\_

List All Medications: \_\_\_\_\_  
\_\_\_\_\_

Any Physical Disabilities? \_\_\_ Yes \_\_\_ No If yes, please explain & indicate any mobility aids/needs: \_\_\_\_\_  
\_\_\_\_\_

Please list any other relevant **health conditions** or **SEVERE ALLERGIES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**NEOSHO COUNTY COMMUNITY COLLEGE UPWARD BOUND  
PARTICIPANT RELEASE FORM**

---

I hereby grant permission for my child to participate in the Neosho County Community College Upward Bound Program, which may include the following activities/events:

- Field trips (in-state & out-of-state) (day or overnight trips)
- Educational Activities that may take the student out of school
- Tutorial sessions
- Pertinent workshops
- Living in the Neosho County Community College residence halls during the summer
- Physical activities
- Transportation by bus, van, car, private staff car, train, or airplane
- Weekly meetings at your school
- Saturday Academies (during the academic year)
- Senior Workshops (for 12<sup>th</sup> graders)

In consideration of activities provided to my child, I hereby release the Upward Bound Program, its employees and other volunteer participants, instructors, the Neosho County Community College Board of Trustees, and their employees from any claims for injury or damages arising from my child's participation. I accept responsibility for my child's conduct while participating in the Upward Bound Program and release any individuals associated with the Program from responsibility for injuries or damages resulting from my child not following and adhering to the rules and regulations of Upward Bound. I will assume financial responsibility for any property damaged while participating in an Upward Bound activity.

I understand that participation in the Upward Bound Program involves certain risks, including but not limited to travel to and from the site of certain activities. I further understand that some activities may be conducted at locations that may be remote from available medical assistance, and nonetheless, I agree to let my child/ward participate.

I hereby give permission for my child's picture/video to be taken in connection with the activities of the Upward Bound Program of Neosho County Community College and its agencies. I understand this material may be used for educational and promotional purposes associated with the Upward Bound TRIO program and posted on public print media and social media. I additionally authorize Upward Bound to use my name, likeness, and voice to support Upward Bound. I also permit my child to speak publicly regarding the Upward Bound Program.

---

**Student's Name**

**Student's DOB**

---

**Parent/Guardian Signature**

**Date**

---

**NEOSHO COUNTY COMMUNITY COLLEGE UPWARD BOUND  
CONSENT FOR RELEASE OF ACADEMIC RECORDS**

---

Upward Bound Staff: (620) 432-0367 or [nccub@gmail.com](mailto:nccub@gmail.com)

I, (Student Name) \_\_\_\_\_, hereby give permission for the NCCC Upward Bound TRIO Program to obtain any/all of my academic records, including but not limited to school transcripts, grade reports, test scores, GPA, educational records, course evaluations, attendance records, PowerSchool log-ins, IEP documents, 504 documents, teacher/counselor evaluations and any other relevant information or documents the Program may need to maintain records. Upward Bound is federally required to follow my academic progress for six years after my high school graduation, so this permission also includes **future** college transcripts, admission applications, scholarship materials, class schedules, financial assistance documents (such as FAFSA, student aid reports, and scholarship award letters), and any other relevant information or documents the Program may need to maintain its records. I give this permission from the date signed below forward in time (even after I have turned 18 years old) until I provide Upward Bound with a written withdrawal of consent. This consent is effective regardless of whether or not I am actively involved with Upward Bound at the time of the records request.

I understand these records are confidential and will only be used internally for program participant selection, evaluation, and assistance. I also understand that compiled records on a group basis may include any/all of these records. Collected information will be used to meet the US Department of Education regulations for program evaluation. I understand Upward Bound may need to access these records for several years after I have graduated to update records and report program effectiveness to the Department of Education.

I understand that Upward Bound will not release my identified individual records to any person, corporation, organization, or present/future employer without my further written consent.

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE** (effective until consent is withdrawn in writing)

\_\_\_\_\_  
**STUDENT'S SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**STUDENT'S DATE OF BIRTH**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

---

**SOCIAL MEDIA/SCHOOL INFORMATION ACCESS**

---

**Power School Information:** Username \_\_\_\_\_ Password \_\_\_\_\_

**Edgenuity (if applicable):** Username \_\_\_\_\_ Password \_\_\_\_\_

Upward Bound will frequently announce information and send messages through Facebook. Please give us your Social Media info so we can invite you to our groups and make sure you are up to date.

Student FB User Name: \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Guardian's FB User Name: \_\_\_\_\_

The best way to reach me (Guardian) is: Text \_\_\_ Call \_\_\_ Email \_\_\_ Facebook Message \_\_\_ Other \_\_\_

Please list cell number/Email address/"Other" explanation here: \_\_\_\_\_

---



---

**NEOSHO COUNTY COMMUNITY COLLEGE UPWARD BOUND  
STUDENT GOALS SURVEY**

---

**Student's name** \_\_\_\_\_

Please answer the following questions honestly and with DETAILED, FULL SENTENCES. One-word answers or "IDK/IDC" are not acceptable! It's okay not to be sure about something yet; please say that in a complete sentence.

**WHAT IS THE PURPOSE OF UPWARD BOUND?** "Upward Bound provides fundamental support to participants in their preparation for college entrance. The Program provides opportunities for participants to succeed in high school and, ultimately, in their pursuit of higher education. Upward Bound serves high school students from low-income families and high school students from families where neither parent holds a bachelor's degree. Upward Bound aims to increase the rate at which participants complete secondary education and enroll in and graduate from postsecondary education institutions." (Dept. of Education, 2024)

1. In your opinion, how important is it to attend school regularly? Why?

---



---



---

2. Why is it important to earn good grades in high school?

---



---



---

3. What are your educational goals for high school?

---



---



---

4. What major(s) or subject(s) would you like to study in college?

---



---

5. What careers or jobs are you considering? If you don't know, list some things you would like to do at a job (i.e., work with computers, help people find housing, etc.)

---



---



---

6. What are your current career thoughts/plans, and how will you achieve them?

---



---



---

5. In your own words, please explain why you want to join Upward Bound and how it will benefit you. Tell us why you should be selected to join UB. Please describe any hardships or life circumstances that we should consider.

---

---

---

---

---

---

---

---

---

---

List all extracurricular activities (sports, clubs, etc.)

---

---

---

Do you work? Which days of the week do you generally work? Where do you work? How many hours per week?

---

---

---

Please list your courses and current grades in each class. Use PowerSchool to get the most accurate info:

| Course   | Grade/% | Course   | Grade/%                  |
|----------|---------|----------|--------------------------|
| 1. _____ | _____   | 5. _____ | _____                    |
| 2. _____ | _____   | 6. _____ | _____                    |
| 3. _____ | _____   | 7. _____ | _____                    |
| 4. _____ | _____   | 8. _____ | _____                    |
|          |         |          | <b>Overall GPA</b> _____ |

Please list any other comments or questions you may have:

---

---

Where did you hear about Upward Bound? (Announcement at school, a letter, Facebook, from a teacher, etc.)

---

Did someone refer you to our program? If so, please list their name(s) here:

---

**Please give the following two pages to a teacher and a counselor to complete, then turn in this application to the Counselor's office or to UB staff at a Weekly Meeting, and you're done!**

NEOSHO COUNTY COMMUNITY COLLEGE UPWARD BOUND

**TEACHER REFERRAL FORM**

**Student: Please give this referral form to a teacher of your choice for their evaluation.**

**Student:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

Hello, Teacher! This student is applying to join the Upward Bound Program and has chosen you as a reference. We need your help to assess this student's academic potential and motivation. Please complete this form and **return it to the Counselor's office**. Your time is greatly appreciated. Thank you!

**Please rate the student in each of the following areas:**

1. The student contributes to class discussions:

|                                 |          |                         |          |                           |
|---------------------------------|----------|-------------------------|----------|---------------------------|
| <b>1</b>                        | <b>2</b> | <b>3</b>                | <b>4</b> | <b>5</b>                  |
| Unable/Unwilling to participate |          | Adequately participates |          | Consistently participates |

2. The student completes homework assignments:

|                        |          |                             |          |                         |
|------------------------|----------|-----------------------------|----------|-------------------------|
| <b>1</b>               | <b>2</b> | <b>3</b>                    | <b>4</b> | <b>5</b>                |
| Never submits homework |          | Adequately submits homework |          | Always submits homework |

3. Performance on tests and quizzes:

|                                  |          |  |          |                           |
|----------------------------------|----------|--|----------|---------------------------|
| <b>1</b>                         | <b>2</b> | <b>3</b>                                   | <b>4</b> | <b>5</b>                  |
| Repeatedly fails tests & quizzes |          | Achieves average scores on tests & quizzes |          | Excels on tests & quizzes |

4. Attitude & Behavior:

|   |          |                       |          |   |
|---|----------|-----------------------|----------|---|
| <b>1</b>                                  | <b>2</b> | <b>3</b>              | <b>4</b> | <b>5</b>                                |
| Exhibits poor attitude and disrupts class |          | Generally cooperative |          | Consistently respectful and cooperative |

5. Attendance & Punctuality:

|                                   |          |                         |          |  |
|-----------------------------------|----------|-------------------------|----------|--|
| <b>1</b>                          | <b>2</b> | <b>3</b>                | <b>4</b> | <b>5</b>                               |
| Rarely attends class/usually late |          | Generally attends class |          | Consistently attends class/rarely late |

How long have you known this student? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please provide a brief overall assessment of this student. Include any factors you think are barriers to their success.

---



---



---

Based on your experience, in which areas do you feel the student needs improvement? (Check all that apply.)

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Reading Skills | <input type="checkbox"/> Cultural Exposure    | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Writing Skills | <input type="checkbox"/> Career Awareness     | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Math Skills    | <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Attendance     | <input type="checkbox"/> Verbal Skills        | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Organization   | <input type="checkbox"/> Study Skills         |                                      |

Do you believe this student could benefit from the Upward Bound Program? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
Date

**AFTER COMPLETION PLEASE RETURN TO THE COUNSELOR'S OFFICE. THANK YOU!**

**NEOSHO COUNTY COMMUNITY COLLEGE UPWARD BOUND**  
**SCHOOL COUNSELOR EVALUATION**

**Student: Please give this form to your School Counselor. Upward Bound staff will collect it from their office.**

Hello, Guidance Counselor! This student is applying to join the **Upward Bound Program**. Federal guidelines for our Program require documentation of the student's potential to pursue postsecondary training successfully. Therefore, we request that you complete this form. Thank you!

**We also request that you attach copies of the following to help us decide about this applicant.**

- Most recent state achievement test scores
- Updated unofficial transcripts
- Assessments/Evaluations
- Pertinent Behavioral/Attendance info
- Aptitude test scores
- IEP/504 accommodations

**Please make a copy of the "Consent for Release of Academic Records" from this application (Pg. 8) for your files to comply with the Privacy Act.**  
If the Consent page is not attached, we will provide a copy whenever we request documents.

**Student's name:** \_\_\_\_\_ **High School:** (Circle) CHS EHS HHS IHS **Year:** (Circle) 9 10 11 12

Has this student been suspended/sent to the office for disciplinary reasons in the past year? Never \_\_ Once \_\_ Several Times \_\_

If "Once" or "Several Times," please explain the circumstances/ consequences below:

\_\_\_\_\_

Does this student have an **IEP/504 Plan**? Yes \_\_\_ No \_\_\_

Does this student receive any special services/accommodations? Yes \_\_\_ No \_\_\_ **If yes, please describe:** \_\_\_\_\_

Please rate the student in each of the following areas:

|                                |         |             |          |
|--------------------------------|---------|-------------|----------|
| Academic potential             | ___ Low | ___ Average | ___ High |
| Activity participation         | ___ Low | ___ Average | ___ High |
| Self-image                     | ___ Low | ___ Average | ___ High |
| Relationship with teachers     | ___ Low | ___ Average | ___ High |
| Goal Orientation               | ___ Low | ___ Average | ___ High |
| Interest in learning           | ___ Low | ___ Average | ___ High |
| Positive attitude              | ___ Low | ___ Average | ___ High |
| Commitment to academic success | ___ Low | ___ Average | ___ High |

Is this student interested in postsecondary education? Yes \_\_\_ No \_\_\_

Upward Bound Participants are asked to complete a "Rigorous Curriculum." Do you feel this student could successfully complete the following requirements?

- 4 years of English Yes \_\_\_ No \_\_\_
- 3 years of math, including Algebra I & a class above Algebra I Yes \_\_\_ No \_\_\_
- 3 years of science, including two of the following: biology, chemistry, & physics Yes \_\_\_ No \_\_\_
- 3 years of social studies Yes \_\_\_ No \_\_\_
- 1 year of a language other than English Yes \_\_\_ No \_\_\_
  - **OR** complete 2 International Baccalaureate (IB) classes with a score of 4+ Yes \_\_\_ No \_\_\_
  - **OR** complete 2 Advanced Placement (AP) classes with a score of 3+ Yes \_\_\_ No \_\_\_

What are the student's career interests and or favored colleges?

\_\_\_\_\_

Please provide any comments that will help us understand the student better.

\_\_\_\_\_

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

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

**Please attach a recent unofficial transcript and all state assessment results to this form before returning.**  
**AFTER COMPLETION, PLEASE CONTACT AN UPWARD BOUND STAFF MEMBER FOR PICK-UP. (620-432-0367)**