



Ten Hunee Daal'oye ~ Trail Markers



PERMANENT STUDENT INFORMATION

Student ID: _____

Social Security Number: _____

Name Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Email: _____

Age: _____ Birth Date: _____ Male: _____ Female: _____

Are you a citizen of the United States? Yes: _____ No: _____

If no: Permanent Resident I.D. Number: _____

ETHNIC BACKGROUND:

- American Indian or Alaskan Native
- African-American
- White/Caucasian
- Asian
- Native Hawaiian or Pacific Islander
- Hispanic/Latino
- Russian/Ukrainian
- Other _____

FAMILY INFORMATION

Father/Guardian: _____

Employer/Occupation: _____

Work Phone Number: _____

Email: _____

Mother/Guardian: _____

Employer/Occupation: _____

Work Phone Number: _____

Email: _____

Is anyone else in your family receiving services from UB?

Yes: _____ No: _____ If yes, who? _____

Language(s) spoken at home: _____

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

Yes _____ No _____ If yes, who? _____

INCOME DOCUMENTATION INFORMATION

Number of Parents and Dependents in your Family: _____

Please check the taxable and non-taxable income your family received last year

TAXABLE INCOME:

- <\$19,155
- \$19,155–\$25,680
- \$25,680–\$32,205
- \$32,205–\$38,730
- \$38,730–\$45,255
- \$45,255–\$51,780
- \$51,780–\$58,305
- \$58,305–\$64,830
- >\$64,830

NON-TAXABLE INCOME:

- Unemployment Benefits
- AFDC
- VA Benefits
- Retirement Benefits
- Food Stamps
- Disability Benefits
- Social Security Benefits
- Other Sources (Specify) _____

Note: Family financial info is required by the federal government to ensure that 75% of UAF UB students meet low income guidelines.

EDUCATION INFORMATION

School Year: _____ / _____

Current Grade: 9 10 11 12

High School

- Lathrop High School
- Effie Kokrine Charter School

I give permission for my son/daughter to be interviewed, photographed or videotaped by UB for use on radio, TV, in printed news media, or in program promotional material and documentation. Yes: _____ No: _____

To the best of my knowledge, all of the information I have provided on this application is true. Your signature below shows that you have read and agreed to the Student/Parent Contract and the Information Release on the back of this form.

Student Signature: _____ Date: _____ Parent Signature: _____ Date: _____

RETURN COMPLETED APPLICATIONS TO:

Linda Evans, Program Director, Austin E. Lathrop High School, Rm 256 (907) 456-7794

Amelia Ruerup, Academic Coordinator, Effie Kokrine Charter School, Rm 183 (907) 474-0958



STUDENT & PARENT CONTRACT:

In order for us to serve you with a strong academic, cultural, and collegiate program, we must have a sincere commitment from you and your parents. Your signature on page one of this form shows that you understand to the following contract.

During my participation in Upward Bound Ten Hunee Daal'oye:

1. My goal will be to complete high school and pursue post-secondary education.
2. I will maintain at least a 2.0 GPA in high school.
3. I will accept appointments and attend all meetings arranged by my UB Advisor.
4. I will participate in my school UB meetings.
5. I will abide by all rules and regulations of UB and the University of Alaska.
6. Poor attendance or lack of participation will be a basis for dismissal from UB.

INFORMATION RELEASE:

In addition to the application data given here, we will need to obtain information from other sources to sufficiently meet the academic needs of our students and the reporting requirements of the U.S. Department of Education. We may need to gather information from elementary schools, middle schools, high schools, colleges, universities, testing institutions, and other agencies on behalf of our students and program. Your signature on page one of this form authorizes UB to:

1. Request a copy of your school and/or college transcript and test scores.
2. Request a copy of your SAT and/or ACT test scores.
3. Use your Social Security number to request a copy of your financial aid application, transcripts, college enrollment status, and awards from federal & state funding agencies, post-secondary institutions, and the National Student Clearinghouse.
4. Communicate with representatives from agencies or postsecondary institutions on your behalf.

STATEMENT OF CONFIDENTIALITY:

The information you provide in this application is confidential according to the Family Rights and Privacy Act. The U.S. Department of Education has the authority to gather the information requested in this application (20 USC 1231a). The only persons authorized to examine the contents of this application are the student, their parents, employees at the school attended, and authorized UB staff.

UB Staff Application Review/Eligibility Determination

Citizenship Documentation: Eligible: Yes No

- U.S. Citizen
- Resident Alien
- Permanent Resident of a Trust Territory
- Resident of the Freely Associated States
- INS Evidence of Intent to Become Permanent Resident

Low Income Documentation: Eligible: Yes No

- Signed Statement of Income Status
- Public Assistance/Free Lunch Eligible
- Copy of Previous Year's Tax Form 1040
- Other _____

Family Members: _____ Annual Income: _____

First Generation College Documentation: Eligible: Yes No

- Mother has a four year degree
- Father has a four year degree

Academic Need Documentation Eligible: Yes No

- Transcript
- Counselor Recommendation
- Standardized Test Scores
- Student/Parent Conversation
- Other _____

Academic Intent/Goals: _____

- 4 year University/College
- 2 year Technical/Vo-Tech
- No intent beyond high school graduation

Analysis of Academic Need:

- GPA <3.0 _____
- Below "B-" level in Math, English, Science or History
- Behind in credits for graduation with his/her class
- Courses do not address college entrance requirements
- Attendance indicates academic need
- Post-secondary education goals show academic need
- Student's career goals show academic need
- Student has potential to succeed in PSE
- Scores are below grade level in Reading, Writing, Math
- Cultural barriers
- Student is in Foster Care or not living with parents
- High School drop out

Notes: _____

UB Staff Signature: _____ Date: _____ Director Signature: _____ Date: _____



THE FOLLOWING QUESTIONS WILL HELP US ENSURE YOUR AVAILABILITY FOR PARTICIPATION:

1. Are you able to attend after school tutoring? Yes No
2. Are you able to participate in a 6 week summer session? Yes No
3. Are you currently employed? Yes No Where? _____
Days/Hours: _____

PLEASE LIST FIVE PERSONAL GOALS:

- ◆ _____
- ◆ _____
- ◆ _____
- ◆ _____
- ◆ _____

EMERGENCY CONTACT:

Name : _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Email: _____

PLEASE PROVIDE TWO CLOSE FAMILY FRIENDS OR RELATIVES THAT WOULD KNOW HOW TO REACH YOU SHOULD YOU MOVE OR CHANGE CONTACT INFORMATION:

Name : _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Email: _____

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Email: _____
