

LAWSON STATE COMMUNITY COLLEGE

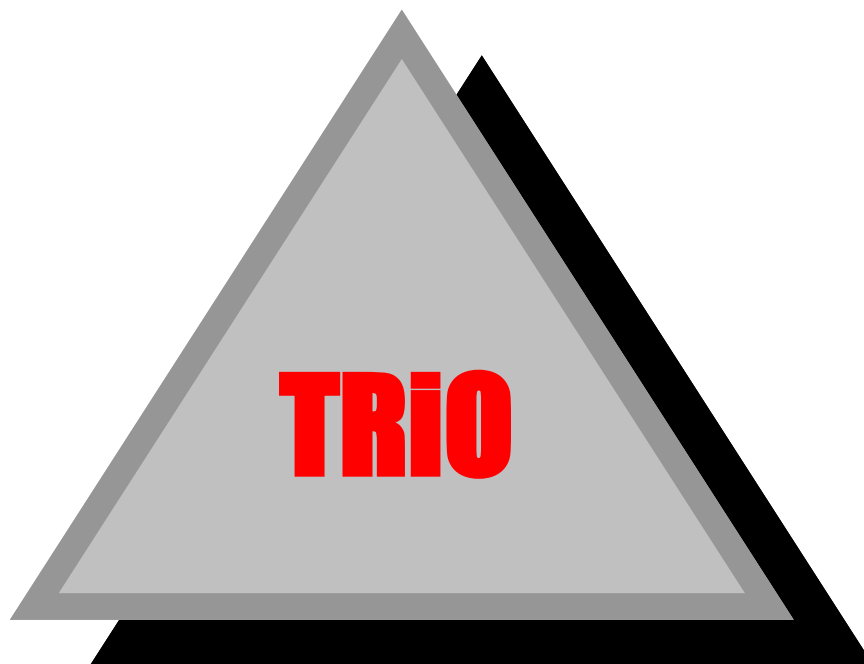
TRiO Classic Upward Bound Program

3060 Wilson Road, S.W.

Birmingham, Alabama 35221

205-929-6339

mcrawford@lawsonstate.edu



100%
Federal Funded By The
U. S. Department of Education



Bessemer Campus
1100 9th Avenue, SW
Bessemer, Alabama 35022

Birmingham Campus
3060 Wilson Road, SW
Birmingham, Alabama 35221

From the Desk of the Director...

Dear Parent(s)/Guardian(s):

We are pleased that your child has applied for The Lawson State Community College **TRiO Classic Upward Bound Program**.

In order to participate in the Classic Upward Bound Program, you must fill out the Upward Bound Application completely. You should also include with the application, the parent/guardian form along with a copy of your _____ -1040 form or proof of income and the applicant's middle or high school transcript, standardized test scores, essay, medical data form and two (2) recommendations.

In order to conform to the rules and regulations of the Classic Upward Bound Program, the applicant must be a first-generation college degree seeking student and/or meet the **Federal TRiO Program's Annual Low-Income Levels***.

Parent(s)/Guardian(s) Signature

Sincerely,

Mattie W. Crawford, Director
TRiO Classic Upward Bound Program

TRIO CLASSIC UPWARD BOUND PROGRAM APPLICATION

Return completed forms and all application materials to: ⇨

Lawson State Community College
TRiO Classic Upward Bound Program
3060 Wilson Road, Southwest
Birmingham, AL 35221
205-929-6339 – Fax 205-929-2006
mcrawford@lawsonstate.edu

Statement of Confidentiality

The personal information you give to the LSCC Classic Upward Bound 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 helps the government to measure our success. Your information is protected by the Privacy Act. No one may see the information unless he/she works with or for the LSCC Classic Upward Bound Program.

Section One: Family and Student Information

Student Information

Social Security Number _____ - _____ - _____

Name:(last) _____ (first) _____ (middle) _____

Birth Date (month) _____ (day) _____ (year) _____ Gender (female) _____ (male) _____

Address _____

City _____ State _____ Zip Code _____

Home/Cell Phone
Number _____

Ethnic Background: Caucasian _____ Native American _____ African American _____

Asian/Pacific Islander _____ Latino/Latina _____ Other _____

Current Academic Level: 8th _____ 9th _____ 10th _____ 11th _____

Expected Date of High School Graduation _____

School Presently Attending: _____

If you are currently in the 8th grade, what high school will you be attending in 9th grade: _____

Are you currently participating in an Upward Bound Program? Yes _____ No _____

Please indicate how you heard about LSCC Classic Upward Bound Program: _____

Family and Student Information

Is the applicant a U.S. citizen? Yes _____ No _____

If no, please explain: _____

Does the applicant have any physical disabilities? Yes _____ No _____

If yes, please specify: _____

Does the applicant have any learning disabilities? _____

Yes _____ No _____

If yes, please specify and provide appropriate documentation: _____

Parent's Signature: _____ Date: _____

TRIO CLASSIC UPWARD BOUND PROGRAM APPLICATION (Continued)

Parent Information

Does either parent or guardian have a four (4) year college degree? Yes _____ No _____

If yes, who? Mother _____ Father _____ Guardian _____

With whom does the applicant live? Mother _____ Father _____ Both Parents _____ Guardian(s) _____

Print names of parent(s) and/or guardian(s):

Total number of people living in the household (include self) _____

Section Two: Income Eligibility

To be Completed by Parent(s)/Guardian(s) **ONLY**

If you filed a federal income tax return last year, complete Section A.

If you did not file a federal income tax return last year, complete Section B.

A. Taxable Income Information			
Number of dependents claimed on income tax:			
Annual family taxable income on 1040, 1040A, or 1040EZ tax form last year:			
Joint Return	\$		
Mother's Return	\$	Father's Return	\$
<i>If you completed this section, attach a copy of your last 1040, 1040A, or 1040EZ tax form</i>			

B. Non-Taxable Income Information									
I did not and will not file a federal income tax return, IRS form 1040, 1040A, or 1040EZ in (year):									
I did not file a tax return for the following reason:									
	Taxable income was less than the amount required for filing a tax return								
	Received no taxable income								
	Other, explain:								
I received non-taxable income from the following sources:									
Social Security Benefits		Disability Benefits		ADC/AFDC		Food Stamps		Other	
<i>If you completed the non-taxable income section, please complete the confidential release form for verification of non-taxable income.</i>									

I hereby swear and affirm that information reported in Section Two (Income Eligibility) and any attachments hereto are true, complete, and accurate to the best of my knowledge.

Parent/Guardian Signature _____

Date _____

Lawson State Community College
Federal TRiO Programs
Participant's Medical Data
TRiO Classic Upward Bound Program
MEDICAL INFORMATION AND LIABILITY RELEASE FORM

UPWARD BOUND PROGRAM

Student's Name _____ Sex: Male/ Female

Date of Birth _____

Parent/Legal Guardian _____

Cell # _____ Home # _____ Business Phone _____

Address: _____ City: _____ State: AL Zip _____

IN CASE OF EMERGENCY CONTACT _____

Relationship to student _____ Telephone # _____

Health History: Please check all that applies. If you checked "Yes", please explain.

- | | |
|----------------------|----------------|
| Asthma | Diabetes |
| Heart Disease | Hay Fever |
| Eating Disorder | Seizures |
| Drug Allergies | Food Allergies |
| Physical Limitations | Other |

Please list ALL medications and dosage the student is currently taking:

1. Dosage: _____ 2. Dosage: _____
 3. Dosage: _____ 4. Dosage: _____

Is the student capable of participating in physical education activities? { }Yes { }No

Health Insurance/Physician Information:

Does the student have Hospitalization Insurance? { }Yes { }No
 Insurance Carrier _____ Policy Holder _____
 Insurance Phone Number _____ Policy/Group Number _____
 Primary Physician _____ Physician's Office Phone Number _____

Medical Authorization:

I, _____, parent or legal guardian of _____ hereby give my consent for a chaperone or other adult representative of **TRiO Classic Upward Bound**, to obtain such medical care as is reasonably necessary for the welfare of my child in the event of any emergency or other medical occurrence. I request that payment under my medical insurance program be made directly to the site of services rendered. I understand I am financially responsible for fees not covered by this authorization.

General Release:

I, _____, the undersigned parent or legal guardian, do hereby release **TRiO Classic Upward Bound, the programs staff, its chaperones or designees and/or Lawson State Community College**, from any and all liability which might result from any personal injury claims or cause of action which might result directly or indirectly from my minor child's participation in any activity or trip which may be conducted under the supervision or direction of **TRiO Classic Upward Bound Program**.

Signature (Parent or Legal Guardian) _____

Print Name _____ Relationship to Minor _____

Date _____



TRiO Classic Upward Bound • Lawson State Community College
• Recommendation Form •
Please complete legibly in ink

_____ is applying to participate in the TRiO Classic Upward Bound Program at Lawson State Community College. This program is designed to increase knowledge, skills, and motivation for students' success in postsecondary school. Participants should have the potential to succeed in college even though they may not be currently demonstrating these skills. Please share your impressions of this student by placing an "X" in the appropriate areas below.

1. Academic Services: This student would benefit from additional focus on:

STUDY SKILLS

- _____ Time Management
- _____ Note Taking
- _____ Organization

READING

- _____ Vocabulary
- _____ Comprehension

STANDARDIZED TESTING

- _____ PSSA Preparation
- _____ SAT Preparation
- _____ General Test Taking Strategies

COURSEWORK

- _____ Sequencing
- _____ College Prep Curriculum
- _____ ESL Support

2. Post-Secondary Preparation: Based upon my observations, this student's preparation in the following areas is as follows:

<u>CAREER EXPLORATION</u>	<u>COLLEGE SEARCH/ADMISSIONS</u>	<u>FINANCIAL LITERACY/FINANCIAL AID</u>
_____ Above Average	_____ Above Average	_____ Above Average
_____ Average	_____ Average	_____ Average
_____ Below Average	_____ Below Average	_____ Below Average

3. Personal Development: Based upon my observations, this student would benefit from focus on:

- _____ Self-esteem
- _____ Self-motivation
- _____ Decision Making
- _____ Relating to Peers
- _____ Working in Groups
- _____ Social Skills

4. Behavior/Attitude: Based upon my observations, this student has demonstrated:

<u>MATURITY</u>	<u>WORK ETHIC</u>	<u>RESPONSIBILITY</u>
_____ Above Average	_____ Above Average	_____ Above Average
_____ Average	_____ Average	_____ Average
_____ Below Average	_____ Below Average	_____ Below Average

5. Attendance: This student's high school attendance/tardy record is:

- _____ Exemplary
- _____ Average
- _____ Below Average

OVER
→

6. Please briefly comment on the student's need for academic support and the likelihood that he/she will actively participate in the program's efforts to prepare for him/her for higher education. Feel free to provide additional information that will assist the TRiO Classic Upward Bound staff in assessing this student's qualifications for the program.

This recommendation is being completed by: () Principal () Academic Teacher () School Counselor

Other () _____

Printed Name _____

Signature _____

Subject Area _____

Length of time you have known this student _____

High School _____ Student's Current Grade Level _____

Date _____



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