Miami Dade College

Upward Bound

Dear Parent/Guardian:

Your child has indicated an interest in Miami Dade College Wolfson Campus Upward Bound Program (UB). Upward Bound is a **FREE** college preparatory program for high school students funded by the U.S. Department of Education and sponsored locally by Miami Dade College. Upward Bound is specifically designed to strengthen the academic skills of high school students to excel academically and pursue postsecondary education after high school graduation.

**SERVICES PROVIDED BY UB INCLUDE:**

* Academic Tutoring services during the school year to strengthen academic skills and prepare the student for success at the college level
* A six-week summer program designed to simulate a college-like experience that includes daily course work in Math and Reading, activities such as college tour field trips, and special cultural events
* Academic advising from UB staff and individual assistance with the college admissions and financial aid application process
* Career awareness and advising assistance with activities led by UB staff and Miami Dade College Career Services

**TO COMPLY WITH FEDERAL REGULATIONS, ALL UB PARTICIPANTS MUST MEET THE FOLLOWING CRITERIA:**

* Family must meet income guidelines set by the U.S. Department of Education (See Table on page 4)
* Must be in 9th – 12th grade at Miami Edison High School or incoming 9th grader for summer 2024
* Potential 1st Generation college student (neither parent you live with have a four-year degree)
* Possess and demonstrates an academic need for the program
* An interest in learning how to achieve a college education with a positive and winning attitude
* Willing, through hard work, commitment, participation, and dedication to accomplish the goals of the UB program

**APPLICATION CHECKLIST:**

Please be sure this application is completed & signed by the student/applicant and parent/guardian.

* School Transcript - including current grades, grade-point average (GPA), and FSA scores *(math, reading, and writing for 8th grade or 10th grade EOC in biology and algebra 1)*. You can obtain this from your guidance office.
* Copy of student’s social security card and/or copy of the permanent resident card. *(if applicable)*
* Family Income Verification - parents/guardians will need to complete the section that applies to them, complete with taxable income, and make sure to sign/date the section. If applicable provide a copy proof of the most recent income tax form or other appropriate documentation. Please note all documentation will need to be signed for verification purposes.

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**ALL MDC UPWARD BOUND ACTIVITIES ARE FREE TO EACH PARTICIPANT**

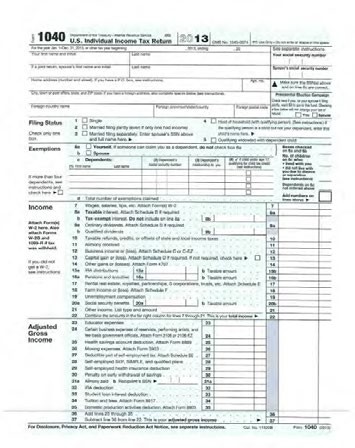
PARTICIPANT APPLICATION:

To participate, you must apply and complete the financial income section to be deemed financially eligible by the guidelines set forth by the U. S. Department of Education. You will be notified upon receipt of your application. If you have any questions, please call our office at **305-237-7090**. Thank you for taking the time to complete all items on the application. Information on this form is confidential. Please use black or blue ink. DO NOT USE A PENCIL.

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| **PART I: BIOGRAPHICAL/SCHOOL INFORMATION (APPLICANT)** | | | | | | | | | | | | |
| **Social Security Number:**  **\_\_\_\_\_\_\_- \_\_\_\_\_ - \_\_\_\_\_\_\_** | | **Date of**  **Birth: \_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_** | | | | | **Age:** | | | **GPA CUM:** | | **Grade Level:** |
| **First Name:** | | | | | **MI:** | | | **Last Name:** | | | | |
| **Street/Mailing Address:** | | | | **City:** | | | | | | | **State:** | **Zip:** |
| **Home Phone:** | | **Cell Phone:** | | | | | | | **May we contact you via cell phone/text?** Yes No | | | |
| **E-mail:** | | | | | | | | | **Gender:** *(circle one)*  FEMALE MALE | | | OTHER |
| **Ethnicity:** *(check only one)*  Hispanic, Latino or Spanish: Yes \_ Non-Hispanic, Latino or Spanish: Yes \_ | No No | |  | **Are you a ward of the court, in foster care, or adopted?**  Yes No (If you are please provide documentation) | | | | | | | | |
| **Race:** *(check ALL that apply)* American Indian/Alaskan Native: Asian: Black or African-American: Hawaiian or Pacific Islander: Hispanic: White/Caucasian: Other *(please specify):* | | | | | | | | | | | | |
| **Have you previouslyparticipatedin a federal TRiO Program?**  Yes No, if yes, which one of the below:  Talent Search Veteran Upward Bound Upward Bound  Upward Bound Math and Science Other: | | | | | | **Optional Information: Do you have a disability you want us to be aware of?** Yes No  Ifyes, Please  Explain: \_ | | | | | | |
| **As required by the US Department of Education, please complete the following questions to be considered for the MDC Upward Bound Program.** | | | | | | | | | | | | |
| **Are you a US Citizen?** Yes No **If you are not, are you a** permanent **Resident Alien?** Yes No A#:  ***NOTE:*** *You must be a US citizen or legal resident of the United States to participate in and receive services from the MDC Upward Bound Program. If you are not a US citizen, enter your Permanent Alien Registration Number. If your number is only eight digits, enter a zero after the “A”.* | | | | | | | | | | | | |
| **STUDENT NEEDS/INTERESTS ASSESSMENT** | | | | | | | | | | | | |
| **Do you plan to attend college?** Yes No  **Other** *(e.g. military)***:** | | | **Are you taking any Advance/Honors/Dual Enrollment Classes?**  Yes No , If yes, please indicate the classes below you are taking: | | | | | | | | | |
| **Which do you plan to enroll in after completing high school?** *(Please check one below)*  College/University (4 year) Community College (2 year) Program Career Training Military Program Undecided | | | | | | | | | | | | |
| ***Applicant/Student PRINT Name: Applicant/Student Signature: Date:*** | | | | | | | | | | | | |

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| **PART II: PARENT INFORMATION** | |
| ***To the parent or legal guardian: The personal information, including financial status and educational levels, given to MDC Upward Bound program is used for reporting purposes with the United States Department of Education. No one may access, view, or utilize the information unless they work with or for MDC Upward Bound program or unless they are given specific or legal authorization to said information. This information is required to determine if your child meets federal eligibility guidelines established d by regulation of the United States Department of Education. All information is protected under the Family Educational Rights and Privacy Act (FERPA, 20 USC 1231a).*** | |
| **With whom does the applicant/student live? Check all that apply below.**  Both Parents: Father: Mother: Grandparents: Legal Guardian: Other (*please specify*): | |
| **Parent 1/Mother Guardian Name:** | **Parent 2/Father Guardian Name:** |
| **Home Number:** | **Home Number:** |
| **Cell Number:** | **Cell Number:** |
| May we send occasional TEXT MESSAGES with program information? Yes No | May we send occasional TEXT MESSAGES with program information? Yes No |
| **Email Address:** | **Email Address:** |
| **Employer:** | **Employer:** |
| **Occupation:** | **Occupation:** |
| **Highest Education Level completed:**  Did not complete High School  High School Diploma / GED  Trade Certificate  Associate Degree (2 years of college)  Bachelor’s Degree (4 years) or higher | **Highest EducatiLevelvel completed:**  Did not complete High School  High School Diploma / GED  Trade Certificate  Associate Degree (2 years of college)  Bachelor’s Degree (4 years) or higher |
| MDC Upward Bound Program works in partnership with parents to encourage and prepare students for education after high school. You are invited to participate in all MDC Upward Bound activities.  **PARENT CONTRACT:**  ***For my child to remain eligible to participate in the MDC Upward Bound program, I will:***   * Encourage my child to do homework and get help with homework as needed * Encourage my child to participate in MDC RISE Upward Bound program tutoring, workshops, activities, and campus visits * Attend at least one parental workshop provided by MDC Upward Bound Program * Notify the MDC Upward Bound office of any address and/or phone changes * Immediately notify an MDC Upward Bound program staff if my child receives disciplinary action at school * My GOAL is to assist my child in succeeding in his/her education   *I certify that the information provided is true and accurate to the best of my knowledge. I understand that my child is required to attend all MDC Upward Bound program activities and events until his/her graduation from high school. I understand that my involvement and support are critical to my child’s success with school and the MDC Upward Bound program. I will fully support my child’s participation in the MDC Upward Bound program.*  **Parent Name: Parent Signature: Date:** | |

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| **PART III: FAMILY INCOME INFORMATION** | | | |
| ***THE MDC Upward Bound program is a Federally Funded Program. For the applicant to qualify, verification of income is necessary. ALL INFORMATION IS CONFIDENTIAL AND FOR PROGRAM USE ONLY.***  **Check any of the services your family receives: \_\_\_\_\_ Free School Lunch Reduced School Lunch** | | | |
| **IF YOU DID FILE A TAX RETURN: (*IF THIS APPLIES TO YOU, PLEASE INDICATE BELOW)***  What was your family's total **TAXABLE** income for the **2022**year? $ \_ (***Do NOT leave blank. If you have no taxable income, enter “O”****.) How many family members (adults and children) are living in your household?*  ***PLEASE NOTE:*** *See* ***page 2*** *of from your IRS tax form 1040, 1040A or 1040ez, which documents the* ***TAXABLE INCOME,*** *indicate amount above.*   * *On IRS Form: 1040 (2017) see line 43* * *On IRS Form: 1040A (2017) see line 27* * *On IRS Form: 1040EZ (2017) see line 6. Make sure the copied document is signed.*   *By signing this Income Verification Form, I am verifying that the information that I have provided to the MDC Upward Bound program is true and correct to the best of my knowledge.*  Print Name: Date:  Signature: | | | |
| **IF YOU DID NOT FILE A TAX RETURN: (*IF THIS APPLIES TO YOU, PLEASE INDICATE BELOW)***  **My family had no taxable income.** Family household income was $ \_ **(*Do NOT leave blank****)*  Our only support was from one of the below. ***(check all that apply below and insert the amount)*:**  ***How many family members (adults and children) are living in your household? \_\_\_\_\_\_\_\_\_\_\_\_\_***  *By signing this Income Verification Form, I am verifying that the information that I have provided to the MDC Upward Bound program is true and correct to the best of my knowledge.*  **Print Name: Date:**  **Signature:** | | | |
| **Federal TRIO Programs Current-Year Low-Income Levels** | | | |
| (Effective **January 19, 2023** until further notice) | | | |
| **Size of Family Unit** | **Income** | **Size of Family Unit** | **Income** |
| 1 | $21,870 | 5 | $52,710 |
| 2 | $29,580 | 6 | $60,420 |
| 3 | $37,290 | 7 | $68,130 |
| 4 | $45,000 | 8 | $75,840 |
| For family units with more than eight members, add the following amount for each additional family member: $7,710 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions. The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount. The figures shown under family income represent amounts equal to 150 percent 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](https://www.gpo.gov/fdsys/pkg/FR-2017-01-31/html/2017-02076.htm) on January 19, 2023 | | | |





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| **\_\_\_\_\_ Public Assistance *(AFDC /TANF)*** | **\_\_\_\_\_ Disability** | **\_\_\_\_\_ Retirement** | **\_\_\_\_\_ Unemployment** |
| **\_\_\_\_\_ Social Security/SSI** | **Veterans Benefit**s | **Food Stamps/ WIC/SNAP** | **Vocational**  **Rehabilitation** |
| **\_\_\_\_\_ Child Support** | **Other:** | | |

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**PART IV: PARENT AND STUDENT RELEASE CONSENT**

**TRACKING:**

I hereby permit the MDC Upward Bound program to retrieve, store and report education verification information and student outcomes research about me that is gained from the National Clearinghouse and other services.

**RESEARCH:**

I hereby permit the MDC Upward Bound program to collect and report pertinent information related to ongoing research questions in the TRiO Center. No identifiable data will be made public, but aggregate data may be published or presented including academic measures (GPA & Test Scores), involvement at Miami Dade College and in TRiO, and other educational or personal data that is relevant to the research.

**MEDICAL RELEASE:**

If medical services are needed by my son/daughter while participating in the MDC Upward Bound program activities or on field trips, I give my permission for my son/daughter to receive any medical services deemed necessary.

**RECORDS RELEASE:**

I authorize the MDC Upward Bound program to access and/or request copies of academic transcripts, grade reports, report cards, standardized test scores, contact information, and any other academic information from the high schools and colleges I attend through my college graduation. I understand that the U.S. Department of Education funds the MDC Upward Bound program and will use these records to provide academic advisement and other services. I also understand that these records will be handled confidentially and that they will be made available only to program staff and representatives from the Federal and State Departments of Education. I/We also permit MDC Upward Bound program to request the information identified above from each high school and college that our son or daughter attends. Note: A photocopy of this record release form should be accepted as an original and the date of the application has bearing when MDC Upward Bound program requests the information.

**ACTIVITY AND FIELD TRIP AUTHORIZATION/RELEASE:**

As the parent/guardian of the applicant, I do willingly execute this release in consideration of the educational benefit to be derived by my child in participating in the MDC Upward Bound activities. I hereby release from liability and hold the College harmless from any claims and causes of action which might be brought by my child for loss of property, personal injury, or death,h sustained by my child arising out of travel or activity conducted by or under the control of the College. I understand that the term “College” as used herein shall include the employees, administrators, agents, and Board of Trustees of Miami Dade College.

**PHOTO RELEASE:**

I, being the parent or guardian hereby consent that the photograph/video of my son/daughter and/or to use their likeness in photograph(s)/video(s) in any of its publications, and in any media, whether now known or hereafter existing controlled by the MDC Upward Bound program*,* in perpetuity and for other uses by the College or Program. I will make NO monetary or another claim again another claim Upward Bound program for the use of the photograph(s)/video(s).



*By my signature below, I hereby agree to and fully understand all the above issues/conditions and do accept full responsibility as outlined above.*

Student/Applicant Print Name: Student/Applicant Signature: Date: Parent/Guardian Print Name: Parent/Guardian Signature: Date:

**PARTICIPANT DISMISSAL/LATE PICKUP POLICY AGREEMENT**

Dear Parent/Guardian of Participant,

The MDC Upward Bound promotes a safe and encouraging environment for every participant of this program, after-school and/or during Saturday sessions. To do so, Upward Bound asks parents/guardians to identify how the dismissal of youth will take place.

I, , understand that my son/daughter, ( ) attends the

(Name of Parent/Guardian of Participant) (Name of Participant)

Wolfson Upward Bound program (serving Miami Edison Senior High School)

and I acknowledge that I am responsible for making the necessary arrangements for the safe transportation of my son/daughter at dismissal. I further acknowledge that if my son/daughter is not picked up fifteen (15) minutes after dismissal, the Upward Bound staff will contact: the parent/guardian or all individuals authorized for pickup. If no approved individual arrives thirty (30) minutes after dismissal, Upward Bound will contact the high school principal’s office for guidance.

As a member of the Upward Bound Program, my son/daughter will do the following at dismissal:

# For MDC North Upward Bound and Wolfson Upward Bound only:

Please select **one:**

Walk home or take public transportation; OR

Be picked up by an authorized person listed below (please list at least two authorized individuals—including at least one emergency contact person). The authorized person **must present a valid ID** to the Upward Bound staff.

Full Name: Relationship to youth: Phone #: Full Name: Relationship to youth: Phone #: Full Name: Relationship to youth: Phone #:

# SNACKS PROCEDURE

Each day a snack will be provided for your child during the afterschool care program only. Please notify staff of any food allergies upon registration. If your child is unable to eat the snacks provided during the afterschool care program, please email the appropriate Upward Bound office that serves your child’s school. In this case, you will be responsible for providing a nutritious snack that suits the needs of your child.

* Homestead Upward Bound (serving Homestead Senior High School): [jjohnso9@mdc.edu](mailto:jjohnso9@mdc.edu)
* MDC North Upward Bound (serving North Miami Beach Senior High School): [MDCNorthUpwardBound@mdc.edu](mailto:MDCNorthUpwardBound@mdc.edu)
* Wolfson Upward Bound (serving Miami Edison Senior High School): [equizena@mdc.edu](mailto:equizena@mdc.edu)

# WAIVER

I hereby release The District Board of Trustees of Miami Dade College, Florida, and any of its employees, officers, agents, contractors, or subcontractors from any claims arising out of the activities outlined in this form. Nothing herein is deemed a waiver of MDC’s sovereign immunity in accordance with Fla. Stat. 768.28.

Student Signature Date

Upward Bound Staff Date

Signature of Parent/Guardian Date