

UPWARD BOUND PROGRAM

The Miami Dade College ***Upward Bound Program*** is designed for students with academic potential who need additional academic preparation and motivation to succeed in high school and later, in college. The program provides on-going academic preparation, counseling, and enrichment activities to help students transition to a post- secondary institution.

Sponsored by Miami Dade College, Wolfson Campus, the RISE ***Upward Bound Program*** began in the fall of 2017. ***Upward Bound*** is one of several programs offered by Miami Dade College, Wolfson, to motivate high school students to pursue a college education. **MDC, Wolfson, *Upward Bound* is presently funded to serve 60 high school students from Miami Edison Senior High School.**

During the academic year, a supportive instructional program in the areas of Mathematics, Science and English: reading and writing, is offered two to three days per week after school and one Saturday a month. Tutorial assistance in these academic courses is provided to aid the students in meeting the demands of their high school subjects and to prepare them for college entrance exams. In addition to academic tutoring and SAT Prep, Saturday sessions include life-skills workshops that explore and reinforce the correct choices that lead to college. Through its counseling program, ***Upward Bound*** assists students with goal-setting, decision making, career planning, academic testing, college applications, scholarship information, and financial aid opportunities so that students' desire to attend college becomes a reality.

During the summer a six -week program, designed to simulate the experience of attending college, is offered at the Wolfson Campus. The summer program focuses on academics and counseling activities. The instructional program allows for students to take academic courses in the areas of English, Mathematics, Science, Computer Science. Academic classes are supplemented by study halls, and individual and group tutoring. Other activities include fine arts, sports, field trips, and group activities. Additionally, the high school graduates of the program may take a college level course for credit.

Eligibility to participate in the program is determined individually. However, each applicant must meet basic eligibility requirements set forth by the federal government, that call for the student to:

1. Be a U.S. citizen or a permanent resident.
2. Be a first-generation college student: neither parent to have a four-year college degree.
3. Complete an application that requires them to write an essay, seek letters of recommendation, and submit academic records showing potential for college.
4. It also requires parents to complete sections of the application.
5. Meet the federal family income guidelines

All services offered through this program are free of charge.

MIAMI DADE COLLEGE
Wolfson Campus
UPWARD BOUND PROGRAM
300 NE 2nd Ave., Room 3108
Miami, Florida 33132
305.237.7090/ 305.237.7230

APPLICATION PACKET

The following steps should be followed when completing this application packet. It is very important to complete **ALL** of the questions to the best of your ability. If you have questions or need special assistance, please call **305-237-7090**.

The Upward Bound program is here for the student's benefit and future, therefore, it is extremely important that we also have parental participation. Students must also understand that to belong to the program means you MUST attend Tutorial Sessions and Saturday Sessions.

1. Make sure you are eligible for the Upward Bound Program. UB serves low-income (income level required) and potential first-generation college students. Your eligibility will depend on your household income, number of dependents in the household and the level of education attained by your parents.
2. Make sure that everything is filled out completely and correctly. Make sure your parent/guardian sign the Permission part at the bottom of the first page and enclose a copy of their **most recent 1040 Income Tax Return with signature and/or their W-2 from their employer.** The student **CANNOT** sign for the parent/guardian.
3. Once we receive the forms back with the **1040 Tax Return (which must be signed)** and **W-2**, we will contact you and your parent/guardian to come in for an interview, where you will complete the rest of the application, if you are accepted into the program.
4. **YOU MUST ATTACH A COPY OF YOUR COURSE HISTORY BY SUBJECT AREA AND YOUR MOST RECENT REPORT CARD.**

APPLICATION FOR UPWARD BOUND

Last Name _____ FirstName _____ M.I. _____

Address _____ City _____ State _____ Zip _____

FIHSID# _____ Date of Birth ____/____/____ Phone # _____

Gender (circle): Male Female

Race (select one): Native-American Hispanic Asian

African-American or Black White Pacific Islander

Citizenship _____ **If you are a Resident Alien, you MUST provide your**

Resident Alien Number: _____ & attach a copy of your INS card.

E-mail address: _____

School: _____ Current Grade: _____ GPA _____ Student ID# _____

Counselor's Name _____

High School Program: () Academic/College Prep () General

YOU MUST ATTACH A COPY OF YOUR COURSE HISTORY BY SUBJECT AREA

AND YOUR MOST RECENT REPORT CARD. (You can request a copy from your

Registrar)

8th Grade FSA Scores (Reading _____ Math _____)

10th Grade FSA Scores (Reading _____ Math _____)

These scores MUST be provided in order to consider your application complete.

EMERGENCY CONTACTS:

Name _____ Relationship _____

Address _____ Telephone _____

Name _____ Relationship _____

Address _____ Telephone _____

PARENTAL PERMISSION

I hereby give permission for my child _____ to participate in the college and cultural/recreational field trips, during the Upward Bound Academic Year component. I further authorize the staff of the Upward Bound Program to sign for any emergency treatment that might be needed by my child in the event of a medical emergency. I understand that I will be notified as soon as possible in the event that medical attention becomes necessary.

Signature of Parent/Guardian

Print Name

Home Phone #
Date: _____

Work/Emergency #

TO BE COMPLETED BY PARENT/GUARDIAN

Father's Name: _____ Living? { }Yes { }No

Live at same address as student? { }Yes { }No

Father's Education:

- Graduated High School { }Yes { }No
- Graduated 2 Yr. College { }Yes { }No
- Graduated 4 Yr. College { }Yes { }No

Degree Received: _____ College Attended: _____

Place of Employment: _____

Work Phone _____ Home/Cell Phone: _____

Mother's Name: _____ Living? { }Yes { }No

Live at same address as student? { }Yes { }No

Mother's Education:

- Graduated High School { }Yes { }No
- Graduated 2 Yr. College { }Yes { }No
- Graduated 4 Yr. College { }Yes { }No

Degree Received: _____ College Attended: _____

Place of Employment: _____

Work Phone: _____ Home/CellPhone _____

Does the student receive free or reduced lunch? (circle) Yes No

How many family members live in your household (include yourself)? _____

Does your family receive any form of public assistance? Yes No

If yes, please circle: AFDC Medicaid Food Stamps Other _____

NEEDS ASSESSMENT

Academic

1.	Do you need help with study skills?	Yes	No
2.	Do you need assistance improving your mathematics skills?	Yes	No
3.	Do you need help in science?	Yes	No
4.	Do you need help in computer Aided Instruction?	Yes	No
5.	Do you need Tutoring? What Subjects? _____	Yes	No
6.	Do you need assistance with academic counseling?	Yes	No
7.	Do you need assistance with test taking skills?	Yes	No
8.	Are your parents involved in your education?	Yes	No
9.	Do you need assistance in improving your writing skills?	Yes	No
10.	Do you need practice in critical thinking skills?	Yes	No
Total		_____	_____

College Preparation

11.	Do you need help in applying for financial aid?	Yes	No
12.	Do you need information on scholarships for college?	Yes	No
13.	Do you need information on college admissions?	Yes	No
14.	Do you need assistance with ACT/SAT preparation?	Yes	No
15.	Do you need to learn some “college survival skills”?	Yes	No
16.	Do you need information about various colleges/universities?	Yes	No
Total		_____	_____

Career Needs

17.	Are you interested in conducting research?	Yes	No
18.	Are you interested in a Math or Science related career?	Yes	No
19.	Do you need assistance in career planning?	Yes	No
20.	Do you need to explore jobs related to your interests?	Yes	No
21.	Do you need additional information about the employment outlook in your area of interest?	Yes	No
Total		_____	_____

Personal Development

22.	Do you need to participate in more cultural activities?	Yes	No
23.	Do you need activities designed to help you with goal setting?	Yes	No
24.	Do you need to practice decision-making skills?	Yes	No
25.	Do you need to learn team-building skills?	Yes	No
26.	Do you need to become more familiar with people of other cultures?	Yes	No
27.	Do you need to learn more about drug and alcohol abuse?	Yes	No
28.	Do you need to learn more about sex and AIDS?	Yes	No
Total		_____	_____

COUNSELOR RECOMMENDATION FORM

(Student's Name) _____ has applied to Miami Dade College's Upward Bound Program. Your evaluation is requested with the assurance that all statements will be kept confidential. **This form is a part of the applicant's application. Please return it as soon as possible.**

IN MY OPINION

	Strongly Disagree		Strongly Agree		
This student has a tendency to make mature judgments.	1	2	3	4	5
This student has the ability to live away from home for one week.	1	2	3	4	5
This student is cooperative with teachers and adults in authority.	1	2	3	4	5
This student is a team player (works well in a group).	1	2	3	4	5
This student has the internal motivation to be successful in this program.	1	2	3	4	5
This student has a strong background in math and/or science.	1	2	3	4	5
I know this student well.	1	2	3	4	5

Are you aware of any current circumstances or problems which may affect the applicant's performance or Participation in this program (e.g., financial background, family responsibilities, educational preparation, health concerns)?

____ I recommend this student without reservation for participation in the Upward Bound Program.

____ I recommend this student with reservation(s) for participation in the Upward Bound Program (Please explain on the back).

Print Name & Title

Signature and Date

Name of School

Phone #

Email or mail completed Evaluation Form to:

**Upward Bound Program
Elizabeth Quizena
Miami Dade College
300 NE 2nd Ave., Room 3108-12
Miami, Florida 33132
Equizena@mdc.edu**

TEACHER RECOMMENDATION FORM

Student's Name) _____ has applied to Miami Dade College's Upward Bound Program. Your evaluation is requested with the assurance that all statements will be kept confidential. **This form is a part of the applicant's application form, please return it as soon as possible.**

IN MY OPINION

	Strongly Disagree	1	2	3	4	Strongly Agree
This student has a tendency to make mature judgments.		1	2	3	4	5
This student has the ability to live away from home for one week.		1	2	3	4	5
This student is cooperative with teachers and adults in authority.		1	2	3	4	5
This student is a team player (works well in a group).		1	2	3	4	5
This student has the internal motivation to be successful in this program.		1	2	3	4	5
This student has a strong background in math and/or science.		1	2	3	4	5
I know this student well.		1	2	3	4	5

Are you aware of any current circumstances or problems which may affect the applicant's performance or Participation in this program (e.g., financial background, family responsibilities, educational preparation, health concerns)?

____ I recommend this student without reservation for participation in the Upward Bound Program.

____ I recommend this student with reservation(s) for participation in the Upward Bound Program (Please explain on the back).

Print Name & Title

Signature and Date

Name of School

Phone #

What class did you have this student in? _____ CURRENT GRADE _____

**Email or Mail completed Evaluation Form to: Upward Bound Program
ATTN: Elizabeth Quizena
Miami Dade College
300 NE 2nd Ave., Room 3108-12
Miami, Florida 33132
Equizena@mdc.edu**

**MIAMI DADE COLLEGE
UPWARD BOUND PROGRAM**

PERMISSION/RELEASE FORM

I/we hereby give my/our consent for _____ to attend the Upward Bound Program at Miami Dade College. These activities may include **field trips, cultural events, and workshops**. I/we understand my/our child will be provided transportation to and from these events and hereby agree to same. As parent(s) or the natural/legal guardian(s) of the abovenamed student, I/we release Miami Dade College, Directors, officers, Agents, and employees, the Director of Upward Bound and any staff member of Upward Bound (hereinafter referred to as “released parties”) from any and all liability for injury to the above-named child, including death, which may arise from any causal factor, including negligence. In the event my/our under-age child should subsequently bring legal action and obtain judgment against the released parties, or any of the, I/we hereby bind and obligate myself/ourselves to indemnify said released parties up to and including the full amount of the judgment.

Furthermore, I/we understand that I/we forever release the released parties from all claims, damages, actions, or causes of actions which may occur due to any decisions made with respect to the **medical care or treatment** of my/our child. I/we further authorize agents of the Upward Bound program and/or employees/agents of Miami Dade College to **authorize emergency medical treatment** for my/our child in the event that I/we are unavailable to provide such consent and hereby agree to hold said released parties harmless as to any and all decisions in regard to said medical care.

This release is unlimited in duration, and applies to any and all Upward Bound sponsored activities in which the above-named individual participates.

This permission and release form is entered into voluntarily and of my/our own free will and volition. I/we further understand and agree that this agreement is intended to be as broad and inclusive as is permitted by Florida law, and that if any portion of this agreement is held invalid, the balance shall continue in full legal force and effect. My/our signature(s) indicate(s) that the above-named child resides in my/our home, and I/we are the custodial parent(s)/ guardian(s) of said child.

Parent/Guardian Print

Parent/Guardian Signature

Date



**STUDENT INFORMATION RELEASE
FOR
MIAMI DADE COLLEGE
UPWARD BOUND PROGRAM**

The information you provide to the Upward Bound Program and/or Miami Dade College is for UB, MDC, and the U.S. Department of Education only. The information provided in this application is necessary to determine eligibility for the program and may be used for research purposes. Only Upward Bound, MDC personnel and U.S. Department of Education personnel have access to these records.

I give consent to release the following information to the Upward Bound program as requested:

- Standardized Test Results (ACT, SAT, SAT II, FWT, FACT, PSAT, AP)**
- High School Grade Reports/GPA Reports**
- High School Transcripts**
- Attendance Records**
- College Admission and Financial Aid Records**

Further, I give consent for Upward Bound/Miami Dade College staff and my child’s school representatives to discuss my child’s academic progress and general school activities for the purposes of identifying needs, coordinating services, and documenting my child’s overall scholastic progress.

I consent for Upward Bound/Miami Dade College to use photographs of my child for news releases, publicity, and other information about the program released to the public.

I give consent for this release to remain in effect until my child’s participation in the Upward Bound program ends, if selected as an Upward Bound participant. If not selected for the Program, I give consent for the information provided in this application and information released as described above to be used by Upward Bound for Research projects.

Name of Student (Printed)

Parent/Guardian Signature

Date

Student Signature

Date

COURSE ENROLLMENT CONTRACT

The Upward Bound Program at Miami Dade College is a college preparatory program designed to generate motivation and the skills necessary for success in high schools and in post-secondary institutions. In preparing Upward Bound students for success in their high schools and the colleges of their choice, it is **mandatory that they select courses that will maximize their potential for success.**

In order to participate in the Upward Bound Program, you must always be enrolled in a regular English, Mathematics, Science, Foreign Language and Social Studies course at your high school during each school year.

Your participation in the program will be terminated if those courses are in remedial, compensatory or exploratory programs.

Student's Signature

Date

I, _____ will assist the Upward Bound Program by insuring
Print Parent/Guardian Name

that _____ will enroll in college preparatory courses and other related
Student's Name

activities while in high school.

Parent/Guardian Signature

Date

**MIAMI DADE COLLEGE
UPWARD BOUND PROGRAM
MEDICAL RECORDS**

Student's Name _____ Date of Birth _____

Parent(s)/Guardian(s) Name _____

WHERE CAN PARENT(S)/GUARDIAN(S) BE REACHED DURING WORKING HOURS

Work Phone # _____ Home/Cell Phone # _____

Are you currently taking any medications? { } YES { } NO

If the above answer is YES, please list the medications below:

NAME OF MEDICATION

DOSAGE

Doctor's Name & Phone _____

Hospital Preference _____

INSURANCE INFORMATION

Medicare { } Yes { } No Medicaid { } Yes { } No

THROUGH MY EMPLOYER

Insured's Name _____

Insurance Company _____ Address _____

City _____ State _____ Zip _____

Insurance Co. Phone # _____ Employer Name _____

Groups Policy # _____ ID or Certificate # _____

PRIVATE INSURANCE PLAN (NOT THROUGH EMPLOYER)

Insurance Company _____ Address _____

Phone # _____ Policy # _____

Plan Type or Code # _____ Other ID # _____

I give my permission for my son/daughter to receive any medical services deemed necessary while participating in the Upward Bound Program or on any field trip.

PARENT/GUARDIAN SIGNATURE

DATE

