

# Crowder College Upward Bound Application

Return the application to [tanaburkhart@crowder.edu](mailto:tanaburkhart@crowder.edu)

Name \_\_\_\_\_ SSN \_\_\_\_\_  
First M.I. Last Preferred name

Mailing Address \_\_\_\_\_ Today's Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

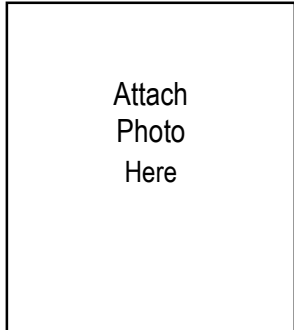
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male Female

High School \_\_\_\_\_ Current Grade: 9 10 11 12

County \_\_\_\_\_ Year of Graduation: 2022 2023 2024 2025

Ethnic Background (optional; needed for federal reporting)

\_\_\_\_\_ Asian \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian or other Pacific  
\_\_\_\_\_ American Indian/Alaskan Native Islander  
\_\_\_\_\_ Native American \_\_\_\_\_ More than one race  
\_\_\_\_\_ White \_\_\_\_\_ No response



Do you have a disabling condition or documented learning disability? Yes No

If yes, please list (optional; needed for federal reporting).

\_\_\_\_\_  
\_\_\_\_\_

With whom do you live? (**Circle** the appropriate relationship below each line.)

\_\_\_\_\_  
Name of Father/Step/Guardian/Other Daytime Phone Number Evening Phone Number Email Address

\_\_\_\_\_  
Name of Mother/Step/Guardian/Other Daytime Phone Number Evening Phone Number Email Address

Name of instructor who is completing your evaluation form \_\_\_\_\_

Email address of instructor completing your evaluation \_\_\_\_\_

Please direct them to <https://www.crowder.edu/services/trio/upward-bound/forms> and click on the Teacher Recommendation Form link.

Please list all classes you are currently taking.

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Please list your extracurricular activities.

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Please select **one** choice below that applies to your personal education goals.

- Less than a High School Diploma
- High School Diploma or GED
- Complete an Associate's degree (2 yr.)
- Complete a Bachelor's degree (4 yr.)

- Complete a Master's degree (5-6 yr.)
- Complete a Ph.D., M.D., or law degree (8+ yr.)
- "I don't know what my goals are."

More specifically, my college and career goals include:

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**Financial Information Form**

**THIS INFORMATION IS MANDATORY FOR THE APPLICANT TO BE CONSIDERED FOR THE PROGRAM.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you a citizen or national of the United States? \_\_\_\_\_ or a permanent resident? \_\_\_\_\_

Are you currently in Foster Care?      Yes      No

**Please check only one blank for father and one blank for mother:**

*Your natural/adoptive father:*

- did not graduate from high school.
- graduated from high school.
- obtained an Associate's degree (2 yr).
- obtained a Bachelor's degree (4 yr).
- has a graduate degree or graduate hours.  
(i.e. Master's or Doctorate degree)

*Your natural/adoptive mother:*

- did not graduate from high school.
- graduated from high school.
- obtained an Associate's degree (2 yr).
- obtained a Bachelor's degree (4 yr).
- has a graduate degree or graduate hours.  
(i.e. Master's or Doctorate degree)

Do you live with your natural/adoptive father?  
Yes    No

Do you live with your natural/adoptive mother?  
Yes    No

Please complete the following from your parents' **2020 federal income tax forms**. If you are married, use your own tax information. The following line numbers correspond to taxable income on the federal forms. Check only one box and fill in the corresponding line to the right.

Did not file a 2020 federal income tax form. Household taxable income is \$ \_\_\_\_\_

Filed a 1040 form. Fill in the number from line 11b. \$ \_\_\_\_\_

How many people reside in the home? \_\_\_\_\_

I hereby certify that the above-stated is, to my knowledge, correct and true. I understand that upon acceptance into the Upward Bound or Upward Bound Math/Science program, I may be asked to submit a copy of income documentation (e.g. income tax form).

_____	_____	_____
Student's Signature	Parent's Signature	Date

*For Office Use Only:*

Inc \_\_\_\_\_ 1G \_\_\_\_\_ Staff Initials \_\_\_\_\_

*Please answer the following questions in 100 words or so, hand written and in your own words.*

1) Describe your favorite subjects in school and how they will impact your college and career goals?

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2) What are three words that friends or family would use to describe you and explain why they would choose them.

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**\*Release of Student Information  
STUDENT PORTION**

**The top portion is to be completed by the student and parent/guardian.  
Please return BOTH copies of this form to your high school guidance office.**

Student Name \_\_\_\_\_ Current Grade 9 10 11 12

High School \_\_\_\_\_ SSN \_\_\_\_\_

I hereby authorize my high school to release my official student information including transcripts, grades, test scores, disciplinary records, and other information concerning my academic and personal well-being to the Crowder College Upward Bound and Upward Bound Math/Science programs. I also authorize my high school to release official copies of any and/or all of my report cards.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**\*\*\*FOR HIGH SCHOOL USE ONLY\*\*\*TO BE COMPLETED BY GUIDANCE OFFICE\*\*\***

**If the student is a current 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grader**, please complete the bottom portion of this form and attach an official transcript.

**If the student is a current 9<sup>th</sup> grader**, please provide 8<sup>th</sup> grade transcripts and 8<sup>th</sup> grade State Standardized Testing scores in English and Math.

Signature of person completing form \_\_\_\_\_

Title \_\_\_\_\_ Phone number \_\_\_\_\_

**Cum.GPA for last academic year completed:**

\_\_\_\_\_ on \_\_\_\_\_ scale.

Grade Level: \_\_\_\_\_

**Standardized Test/EOC:**

Scored proficient or above on State Standardized Testing

**Math:** Yes\_\_\_ No\_\_\_ **R/LA:** Yes\_\_\_ No\_\_\_

Does this student have any diagnosed learning disabilities? Yes\_\_\_ No\_\_\_

According to your records, has this student violated the Missouri Safe Schools Act? Yes\_\_\_ No\_\_\_

**\*School Official:** There are two copies of this form. Please retain one copy for your file. UB/UBMS staff will collect the other copy at the scheduled interview day.

**\*Release of Student Information  
STUDENT PORTION**

**The top portion is to be completed by the student and parent/guardian.  
Please return BOTH copies of this form to your high school guidance office.**

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\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**\*\*\*FOR HIGH SCHOOL USE ONLY\*\*\*TO BE COMPLETED BY GUIDANCE OFFICE\*\*\***

**If the student is a current 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grader**, please complete the bottom portion of this form and attach an official transcript.

**If the student is a current 9<sup>th</sup> grader**, please provide 8<sup>th</sup> grade transcripts and 8<sup>th</sup> grade State Standardized Testing scores in Reading/Language Arts and Math.

Signature of person completing form \_\_\_\_\_

Title \_\_\_\_\_ Phone number \_\_\_\_\_

**Cum.GPA for last academic year completed:**

\_\_\_\_\_ on \_\_\_\_\_ scale.

Grade Level: \_\_\_\_\_

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