## **Lourdes University**

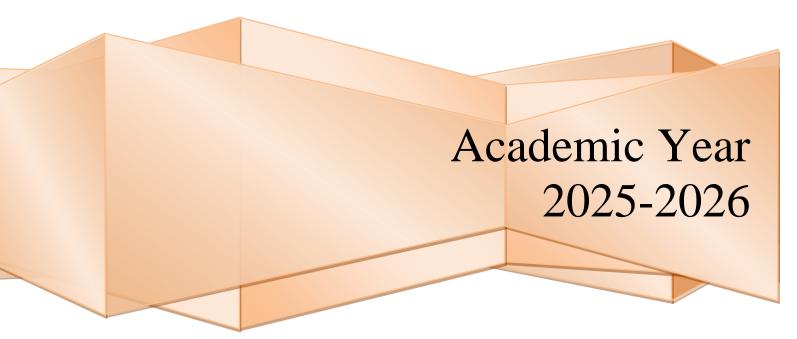


# **Upward Bound Application Application Check List**

Please be sure to complete the following before submitting your application to the Lourdes University Upward Bound Program.

- **✓** Please answer all questions asked on the application.
- ✓ Please be sure to fill out the Family Financial Statement, sign and attach documentation.
- ✓ Please be sure to complete the Autobiography in no less than 50 words.
- ✓ Please be sure to answer the questions on the Initial Needs Assessment to the best of your ability. If a question does not apply to you please respond with N/A (not applicable).
- ✓ Please be sure to complete the Release of Information with signature of both the parent/guardian and student.
- ✓ Please be sure to submit both references; counselor and teacher.
- ✓ Please ask your guidance counselor for a copy of your most recent grade card and attach it to the application.
- ✓ PLEASE COMPLETE THE APPLICATION IN BLUE OR BLACK INK.

## PLEASE BE ADVISED An application which has not been completed will NOT be accepted!



### **Purpose**

The Lourdes University Upward Bound Program is a pre-college program, which helps to prepare students, who are first generation and/or low income for post-secondary education.

#### Mission

Lourdes University TRiO/Upward Bound (UB) is committed to providing support to participants in their preparation for post-secondary education and to increase the rates at which these participants enroll in and graduate from college. Our program helps participants succeed by providing cultural and educational opportunities to encourage both academic and personal growth. Fulfilling the mission is possible because of cooperation with academic departments and student services at Lourdes University.

#### Goals

- Generate the skills and motivation necessary for success in completing high school and enrolling into post-secondary education.
  - Encourage youth in the program to remain and complete the secondary level of education.
- Encourage youth to enroll in a post-secondary institution and graduate.

## Services and Benefits

Individual and Group Tutoring
ACT and OST Preparation
On-Campus Summer Program at Lourdes University
College Preparatory Classes
Academic Counseling and Workshops
Personal Counseling

- Assistance with college applications
- © Fee-waiver for college entrance exams
- Meet new friends
- © Recognition Banquet

- Cultural Events
- © College University Visits
- © Stipends
- © In-School tutoring
- Leadership Skills

## Why choose Lourdes University Upward Bound?

This program gives students the opportunity to enhance their skills and make successful transition from high school to college. It is sponsored by the U.S. Department of Education and Lourdes University.



#### 6832 Convent Blvd. Sylvania, Ohio 43560 (419) 824-3864



## **Upward Bound Application**

Date of Application:					
Name:		□Female □I	Male □Nonbinary/Another Gender		
Address:		Social Security	No:		
City: State:	Zip:	Parent Phone #	±: ()		
		Student Phone	#: ()		
Birth Date:	Age:	Are you a United States Citizen? □ Y □ N			
High School Attending:		Grade: GPA:			
Counselor:		Taking College	e Prep classes?   Y		
Interested in Attending Col	llege? 🗆 Y 🗆 N				
Extracurricular Activities:					
Mother's Name:		Father's Name	:		
Occupation:		Occupation:			
Cell Phone: _()		Cell Phone: _()			
Bachelor's Degree Obtaine	d? □Y □N	Bachelor's Deg	gree Obtained? □Y □N		
Legal Guardian & Relation	ship, if different from above				
Address:		Phone No: _(	Phone No: _()		
	□Yes □No □Alaskan Native or America tive Hawaiian or another Pacific		Asian □Black or African American		
How did you learn about U	pward Bound?				
Are you a participant in and	other Upward Bound or Educ	ational Talent Sear	rch Program?   Y  N		
DO	NOT WRITE BELOW THIS	LINE- FOR OFFI	CE USE ONLY		
App Rec'd App Revd.  REV. 02/2025	Applicant Accepted  ☐ Yes ☐ No Date Notified: If no, why?	Entry Date	EGPA: FG □ LI □  HRAF: GPA □ Test □ Algebra □  No. in family:  Annual Income:		

#### **Family Financial Statement**

One of the criteria for admission into the Lourdes University Upward Bound Program is meeting the income guidelines established by the U.S. Department of Education (see below). Before we can determine your student's eligibility we need the following information. <u>Please read carefully and answer all</u> questions. If information is not complete, the application cannot be processed.

Did you file an income tax return last year?  Taxable Income (line 15 of your 1040 ta	Yes □ No  x return form) =
How many dependents were claimed on your ta	x form last year?
Total number of persons living in household (in	cluding self)?
Do either you and/or your student receive any o	f the following:
Public Assistance? ☐ Yes ☐ No If Yes, OHIO BENEFITS (SNAP) Benef	Fit Number (7-digit number)
or OHIO WORKS FIRST Number	er
Social Security or SSI? ☐ Yes ☐ No If	yes, please specify amount?
Other income? ☐ Yes ☐ No If y	yes, please specify type and amount?
Does your student qualify for free lunch: $\Box$ Ye	es 🗆 No
Parent's Signature	Date

Please be sure to attach a signed copy of your last 1040 tax form. If a member is receiving AFDC, Social Security Benefits or Unemployment Compensation, please be sure to also attach a letter of benefits.



U. S. Department of Education
Promoting educational excellence for all Americans

Federal TRIO Program Current-Year Low-Income Levels

(Effective January 15, 2025 until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$23,475	\$29,325	\$26,985
2	\$31,725	\$39,645	\$36,480
3	\$39,975	\$49,965	\$45,975
4	\$48,225	\$60,285	\$55,470
5	\$56,475	\$70,605	\$64,965
6	\$64,725	\$80,925	\$74,460
7	\$72,975	\$91,245	\$83,955
8	\$81,225	\$101,565	\$93,450

For family units with more than eight members, add the following amount for each additional family member: \$5,500 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$6,880 for Alaska; and \$6,330 for Hawaii.

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 2025 poverty guidelines are in effect as of January 15, 2025. Federal Register notice was published January 17, 2025.

1990 K Street, N.W. Washington, D.C. 20006

Our mission is to ensure equal access to education and to promote educational excellence throughout the Nation.

#### **Confidentiality of Information**

The personal information you give to the Upward Bound Program is sent to the federal government (Department of Education) and helps the government to measure your success. The information is protected by the Privacy Act. No one may see the information unless they work with or for the Upward Bound Project or are specifically authorized to determine if you are eligible to participate in the program. The Department of Education has authority to gather information to help make Upward Bound a better program (20 U.S.C. 1231a).

Great care is taken to make sure that the personal information collected on Upward Bound students is kept confidential. Information or records relating to individual Upward Bound students or groups of students who are participating or have participated in Upward Bound Projects shall not disclose to any person, group, agency or organization without the expressed permission of the Director, Upward Bound Program, or U.S. Department of Education. When a project or contract terminates, all Upward Bound records in possession of the project or contractor shall be disposed of only by the authority of and in accordance with procedures approved by the Upward Bound Program.

In addition, any officer or employee of the	United States or ar	ny department or agency thereof who publishes, di	vulges, discloses or
makes known in any manner or to any exter	nt not authorized b	by law any information coming to him/her in the co	ourse of his/hers
employment or official duties or by reason	of any examination	n or investigation made by or return, report or reco	ord made to or filed
with such department agency or officer or e	mployee thereof,	which concerns or relates to the Upward Bound Pr	ogram shall be subject
to fine of not more than \$1,000 or imprison	ed not more than o	one year, or both, and shall be removed from office	e or employment under
the provisions of Title 18, Section 1905 of t	he U.S. code.		
		·	
Student's Signature	Date	Parent's/Guardian's Signature	Date

#### **Notice of Non-Discrimination**

Lourdes University does not discriminate on the basis of race, color, national origin, sex, disability, age, or any other legally protected category in its programs and activities, as required by Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, 34 CFR Part 106, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973 and 34 CFR 104.7, the Age Discrimination Act of 1975, the Age Discrimination in Employment Act of 1967, and the Genetic Information Non-Discrimination Act of 2008.

#### **Accuracy of Information Statement**

I certify the information provided on this application above is accurate. I understand that any misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission, and/or expulsion from the program. Furthermore, I understand that if I do not complete the above requested fields, this application cannot be processed for admission to the Lourdes University Upward Bound Program.

By signing this form, I, the parent or guardian of the applying student, state that ALL INFORMATION on this application, including but not limited to income, educational level of both parents and citizenship status is true to the best of my knowledge.

Printed Name of Parent/Guardian		
Signature of Parent/Parent		
Signature of Parent/Parent	Date	



## Autobiography

In the space provided, write an autobiography. An autobiography is an account or story of your life. Inclinformation you feel will assist us in learning as much about you, your interests, and your needs for the Bound Program. Include such aspects as; your birthplace, where you grew up, why you want to participate Upward Bound, how Upward Bound can assist you, which services you can benefit from and your goals aspirations for your life. <i>Please be sure to write at least 50 words</i> .			
Student's Signature:	Date:		

#### Lourdes University Upward Bound Initial Needs Assessment

Instructions: To help the Upward Bound staff assess your needs and develop a plan of services for you, we need to know what you think you need. Please read and answer the following questions.

1.	What grades do you usually earn? (check all that apply)
	A's □
	B's □
	C's □
2.	What is your favorite class or subject?
3.	What is your least favorite class or subject?
4.	Do you participate in any extracurricular activities? Yes \( \sqrt{\sqrt{No}} \sqrt{\sqrt{No}} \sqrt{\sqrt{\sqrt{No}}} \)  Please list activities:
5.	Indicate the Ohio Standardized Tests (OST's) you have taken, and score received: I have taken:
	Algebra 1 Geometry Biology American History American Government
	English 1 English 2
	I have not yet taken any OST's $\square$
6.	Which of these tests have you taken and what were your scores?
	PSAT $\square$ SAT $\square$ PLAN $\square$ ACT $\square$ None $\square$
7.	Which three colleges or universities would you like to visit or attend?
	1 2 3
	Have you decided on a career/major? Yes□ No□  If yes, what is the name of the career/major?
8.	Do you know facts about this career? Yes□ No□
9.	Have you ever thought about dropping out of school? Yes $\square$ No $\square$ If yes, what changed your mind?
11.	. Are you currently participating in an Upward Bound Program? Yes □ No □
12.	. Do you need tutoring? Yes □ No □  If yes, please list the subject(s) below:

13. Do you need help with study skills?	Yes □ No	о 🗆		
14. Do you know the "right" academic	classes that should	be taken to prep	pare you for co	llege?
Yes $\square$ No $\square$				
15. Do you need help applying for colle	ege? Yes $\square$	No □		
16. How many years of college do you (check only one)	plan to complete a	fter high school	?	
1-6 months (Certificate Program)	☐ 1-2 years	s (Community C	ollege) $\square$	
3-5 years (Bachelors Degree)	☐ 6 or more	e years (Masters	) 🗆	
Not Sure	□ Will not	attend		
17. Do you need help in applying for fin	nancial aid? Yes	□ No □		
18. Do you need help in applying for sc	holarships? Yes	□ No □		
For the following, please indicate whether help or improvement in that area:	r you feel you ha	ve a "high need		" or "no need" for
Personal Motivation:	High Need	Some Need	No Need	
Improving school/class attendance				
Studying/doing homework				
Improving attitude toward school				
Setting goals and priorities				
<b>Personal Counseling:</b>				
Improving interpersonal skills				
Building self-confidence				
Working through a personal probler	n 🗆			
Working through a family problem				
Drug or alcohol use or abuse				
Are there other academic or personal areas explain:	with which you w	ould like assista	nce or counseli	ng? If yes, please

#### **Guidelines**

It is very important to us that students applying to this program understand the essential aspects of the Lourdes University Upward Bound Program. We consider it a wonderful opportunity for all students. However, experience has taught us that the students who have most enjoyed our program came in with a basic understanding of its structure and purpose. For this reason, we ask that you <u>initial each of the following</u> <u>statements and sign below</u>. We also ask that your parent(s) or guardian(s) read this with you and sign below.

	_ I understand Upward Bound	l is an acade	emic program and academics con	ne first.
	_ I understand this program w	ill help me	prepare for a four-year college w	while exposing me to the
	opportunities available on co	ollege camp	uses.	
	I understand the program en	nphasizes re	spect. I understand this means to	respect not only the Upward
	Bound Staff but also, teache	rs, tutors, st	udents, and all others whom you	may meet through the Lourdes
	University Upward Bound F	Program (LU	IUB).	
	I understand I am expected t	to carry mys	self in the highest regard at all time	mes.
	I understand the program in	cludes a rigo	orous academic curriculum and a	as a participant, I must take a
	college preparatory curricul	um while in	high school.	
	I understand I am expected t	to attend LU	JUB afterschool tutorials at least	4 hours each week.
	I understand I am expected t	to bring clas	ss/homework to afterschool tutor	ials and work will be given.
	I understand I may be excus	ed for one e	extra-curricular activity througho	out the academic year. (i.e.
	Students will be excused for	one sport o	r other afterschool activity wher	e they may be unable to meet the
	required 4 hours per week.)			
	I understand Upward Bound	l is an acade	emic program, which also include	es a summer component, which I
	am expected to attend.			
	I understand I will be expect	ted to partic	ipate in scheduled Upward Bour	nd social/cultural events,
	workshops and community	service proje	ects.	
	I understand I will be expect	ted to follov	v program rules, policies and reg	ulations during my
	participation in the LUUB P	rogram out	lined in the LUUB Handbook. (C	Given at Interview)
	I understand that once I become	ome a partic	cipant (six weeks of full participa	tion after start date), I am a
	participant until I graduate.	Should I dea	cide to withdraw myself from the	e LUUB Program, I am expected
	to immediately notify LUUI	B staff by su	bmitting a written letter with bo	th mine and my parent's
	signature, date and reason for	or withdraw		
	I understand I will be expect	ted to meet	with Upward Bound Staff for ad	vising purposes.
Stude	nt's Signature	Date	Parent's Signature	 Date

## **Upward Bound Application Release of School Information**

Date:				
High School/Educational Institution:				
Student Information				
Name:	School ID#: _			
Student Address:				
Street	City	State	Zip Code	
Date of Birth:	Date of Enrollment:			
Parent/Guardian Permission for Relea	se of School Information			
I, the undersigned, am the parent or legal	guardian of the student named	above. I giv	e my permission for the	
above high school, educational institution	n, or program, to release grades,	transcript,	test scores, and any other	
relevant information to the Lourdes Univ	ersity Upward Bound Program	upon reques	st of the Program or its	
representative. I understand that the Upw	ard Bound Program will hold th	is informat	ion strictly confidential.	
This release will remain in effect until my	y student has graduated from hig	gh school. F	Finally, if my student mov	es
to an out of district school, this form can	be utilized to obtain the informa	ation stated	above for the purpose of	
annual reporting to the United States Dep	partment of Education until my s	student grad	luates with a high school	
diploma.				
Parent/Guardian Signature:		Date:		
Student Signature:		Date:		
The student named above has applied and	d/or been selected to participate	in the Lour	des University Upward	
Bound Program. In order to assess this st	udent's need for the program, po	otential for	academic success, and	

academic progress, we would appreciate the release of a copy of his/her grades, transcript, test scores, and any

Lourdes University, Upward Bound Program 6832 Convent Blvd. Sylvania, Ohio 43560

other relevant information to:

## Counselor Recommendation

This page is to be filled out by a counselor recommending the applicant for the Lourdes University Upward Bound Program. Please add comments as needed.

#### ◆ ◆ PLEASE ATTACH A COPY OF THE STUDENT'S CURRENT HIGH SCHOOL TRANSCRIPT/GRADE CARD AND TEST SCORES. ◆ ◆

Student's Name:	Student's Current Grade:				
Cum GPA:	GPA: Credits Earned to Date: Eligible for Free Lunch: Y			ee Lunch: Y□	N□
Student's Attendanc	e Record: Excellent $\square$	Good 🗆	Fair 🗆	Poor	
	ne student has passed/faile ent is a freshman, please answ				
Readi	ng/Language Arts Score: _			<b>:</b>	_
		sessment			
evaluating the needs of	dent is applying to the Lour of the student by filling out to to college and overcome so	this form. We a	re looking for ta	lented and moti	
Student's Motivation	n for Enrolling in Postseco	ondary Educati	on: High 🗆	Average $\square$	Low $\square$
<b>Desire to Attend Col</b>	lege:		High □	Average $\square$	Low $\square$
Leadership Capabili	ties:		High □	Average $\square$	Low $\square$
Relationship with Ot	thers:		High □	Average $\square$	Low $\square$
Involvement in Scho Please recommend for	ol Activities: ocus areas to address the s	student's needs	High □	Average $\square$	Low
Writing   Reading	☐ Math ☐ Science ☐	] Foreign La	nguage 🗌 Lea	rning Skills 🗆	
Educational Planning	☐ Career Information ☐	Self-Concept	☐ Other (Plea	se specify)	
	any disciplinary issues in				
	Recon	nmendat	ion		
☐ I would recommen	nd	for admi	ssion to the Lou	rdes University	Upward Bound
_	at this student has the potent est of my knowledge, this s		•		•
☐ I would not recom	mend	for	admission to the	e Lourdes Unive	ersity Upward
Bound Program. Reas	son(s):				
Signature:		Title:		Date:	
	ce completed form in the LU				

## Teacher Recommendation Lourdes University Upward Bound Program

This page needs to be completed by a teacher who has had the student enrolled in his or her class within the past year.

Student's Name: Relationship to the Student:			
			Length of Time Known:
5		1= Poor	Please rate the following:
		2 1 2 1 2 1 2 1 2 1 2 1 2 1	
			Recommendation
Program. I believ	ve that	this student	for admission to the Lourdes University Upward Bound has the potential to succeed in college, although his/her present grades may owledge, this student meets the requirements for participating in the Upward
Bound Program.			for admission to the Lourdes University Upward
Printed Name:			Signature:
Subject:			Date:

(Please place completed form in the LU Upward Bound mailbox located in the main office.)