## **Humboldt State University - TRiO Upward Bound**



Arcata, Ca 95521 (707) 826- 3558 Phone (707) 826- 3571 Fax trioub@humboldt.edu



## STUDENT APPLICATION

Please complete this application and return it to your high school counselor or mail it to the address above. Once your application has been received <u>and</u> it has been determined that you are eligible we will schedule a personal interview with you at your school.

Student Name:		School:				
(First)	(Middle)	(Last)				
Mailing Address:(P.O. Number or Str		(C:4.)	(State)	(Zip)		
			, ,	` .,		
Phone:	E-mail:		Cumulative GPA			
Date of Birth://	Grade Level 20°	17-2018: <u>FR</u> <u>S</u>	<u>JR</u> <u>SR</u>			
Student's Social Security Number	·	<del>-</del>				
**Please attach a co	oy of your n	nost recent :	transcript	or grade report		
Are you a U.S. citizen?: ☐YES	□NO If n	o, are you a Permaı	nent Resident?:	☐ YES ☐ NO		
Ethnicity: (please check all that apply)						
<ul><li>☐ American Indian or Alas</li><li>☐ Hispanic/ Latino</li><li>☐ Native Hawaiian or othe</li><li>☐ Other (please specify):_</li></ul>	r Pacific Islander		☐ Asian ☐ Black/Africa ☐ Caucasian/	an American White		
	NEEDS A	ASSESSMENT				
How can TRiC	Upward Bound h	nelp you? Please	check all that a	apply.		
<ul> <li>☐ College Preparation (classed)</li> <li>☐ Paying for College (Finan)</li> <li>☐ Career Exploration</li> <li>☐ Setting Goals</li> <li>☐ Study Skills</li> <li>☐ Understanding A – G Classed</li> </ul>	cial Aid/Scholarshi <sub>l</sub>	Getting a T	tyles utor/Mentor olved in School/	Community Activities		
At your High School are you enrol Please check all that apply if appli		IT SEARCH TRIO	□GEAR U	P □AVID		

What part of the TR	IO Upward Boun	nd program are y	ou most intere	ested in?	
Academi	ic Year Program	A	cademic year a	and Summer	Academy
What subjects do y	ou feel you need	l the most help w	ith in school?		
What plans do you	see for yourself	after graduating	from high sch	ool? (Ched	ck all that apply)
College:					
4 year u	niversity	2 year commur	nity college	Trade s	chool/Vocational school
Military: Which	Branch?				
Workforce: Which (	Occupation?				
Who do you live with	?				
☐ Mother ☐ Father	☐ Auntie/Uncle	☐ Foster Parent	☐ Grandpare	nt 🗌 Other:	
How many people liv	e in your househo	old?			
	<u>PAREI</u>	NT / GUARDIA	N INFORMA	TION	
Parents / Guardian N	ame(s):		E-mail:		
Home phone:			_ Cell Phone:		
		Relationship to	student:		
	☐ Adoptive Par	ent 🗌 Foster Pare	ent 🗌 Grandpa	rent 🗌 Oth	er:
	INCOME	and EDUCAT	ON VERIFIC	CATION	
			to policies and p		The personal information utlined in Federal TRiO
<b>Education</b>	<u>Information</u>				
Highest level of educa	tion <b>completed</b> by	Natural Mother/Ad	optive Mother		
☐ 8th grade	☐ High School	Associate's	☐ Bachelor's	(or higher)	Unknown
Highest level of educa	tion <b>completed</b> by	Natural Father/Add	optive Father		
☐ 8th grade	☐ High School	Associate's	☐ Bachelor's	(or higher)	Unknown

## **Household Income Information**

List	all persons currently livir	ig in your	home:			
NAM	E A	<b>GE</b>	RELATIONSHIP	NAME OF SC	HOOL OR EMPLOYER	
Do yo	ou or your child receive	<u></u> M∈	edi-Cal 🔲		☐TANF ☐CAL ☐Subsidized Housing	
If you	u file taxes, what is your <b>20</b> ( <u>Form 1040</u>		ABLE Income rang 3, <u>Form 1040 A</u> see	` `		OME)
	\$18,090 or below		\$18,091 - \$24,35	9 🗆	\$24,360 - \$30,629	
	\$30,630 - \$36,899		\$36,900 - \$43,169		\$43,170 - \$49,439	
	\$49,440 - \$55,709		\$55,710 - \$61,979		\$61,980 or greater	
	I am subm	itting the	following Income \	erification for	this application:	
	2016 Tax Return (Require	d if you fil	e taxes)			
<u> </u>	Monthly statement/docum	entation o	of Income received (F	Required if you o	don't file taxes)	
	I certify th	nat this ir	nformation is true	to the best of r	ny knowledge.	
I authoreduca eligibil copy o obtain Upwai	DRMATION RELEASE orize the Humboldt State Universition. Such documents may includity. I authorize Upward Bound to of their award notification from the information from any agency or rd Bound activities. In addition, I otional, publicity or instructional process.	de: a copy of obtain inforre financial aid program program progrem progrem progrem perr	their school transcript, test mation related to my child' d office, and college admi- viding supplemental educ-	st scores, ACT/SAT of s application for final ssion information. I a ational services. I give	or GED scores, and school luincial assistance (federal, state authorize Upward Bound to relue my permission for my child	nch program e or other), a ease to or to participate ir
Pare	ent/Guardian Signature		OT STATE UNIL	Student Sig	nature	



## Informed Consent Documentation TRIO UB APPLICATION

Dear TRiO Upward Bound Applicant and Parent/Guardian

Thank you for interest in Humboldt State University's TRiO Upward Bound program. Based on your Pre-Screening Student Questionnaire, it is determined that you meet our eligibility criteria and we are inviting you to apply.

It is important for you to know that as an applicant for this program, you will be asked to complete the student application, provide demographic and financial information, and respond to a series of questions regarding your interest in TRiO UB. Once you complete your application, program staff will set up a face to face interview where we will ask you questions about your experiences in high school, goals after high school, what you want to be when you grow up, and assess your understanding of what classes you need to take in high school to be eligible for college, and how you plan to pay for education and or training beyond high school. Possible risks or discomforts you may experience during this interview may include an emotional reaction you might feel toward questions about your high school experiences, home life, or future plans. You may decline to respond if you feel discomfort.

All information shared during the application process and the interview session will be used to determine your need for program services. This includes copies of tax records, income verification, transcripts, and interview notes. All written information will be kept confidential and securely stored TRiO UB office and is accessible only to program staff. If you have questions or need further information about our application process, please contact Jen Dyke or Leo Canez at (707) 826-3558.

If you have any concerns with this request, contact the Chair of the Institutional Review Board for the Protection of Human Subjects, Dr. Ethan Gahtan, at <a href="mailto:eg51@humboldt.edu">eg51@humboldt.edu</a> or <a href="mailto:eq51@humboldt.edu">eg51@humboldt.edu</a> or <a href="mailto:eq51@humboldt.e

If you have questions about your rights as a participant, report them to the Humboldt State University Dean of Research, Steve Karp, at <a href="mailto:stevekarp@humboldt.edu">stevekarp@humboldt.edu</a> or <a href="mailto:(707) 826-4189">(707) 826-4189</a>.

WE attest that I have read and understand this letter of informed consent in regards to the TRiO UB application and atterview process and agree to participate.						
(Signature of Parent/Guardian)	Date	Signature of Student)	Date			