

**Eligibility Requirements:**

Ninth, tenth, and eleventh grade students who attend the following area high schools: **Chesapeake, Dundalk, Kenwood, Overlea,** and **Patapsco.** Participants selected must meet the federal guidelines for low-income and potential first-generation college students. (<http://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html>)

**Application Process:**

1. Submit a completed application packet.
  - a. Signed application
  - b. Signed Parent/Guardian Financial Information Form
  - c. Signed Academic and Behavioral Commitment Form
  - d. Signed Parental Agreement and Consent Form
  - e. Essay
  - f. Copy of most recent report card
  - g. One letter of recommendation (front and back)
  - h. Copy of parents most recent 1040 or 1040A tax return (first 2 pages)
2. Application is reviewed
3. Invitation to interview/participate in a Saturday Academy session
4. Acceptance or Denial notice is mailed



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Please read each question carefully, check the appropriate boxes, and sign in the appropriate spaces. Please print or type legibly.



Name of applicant:

\_\_\_\_\_  
Last name                                      First name                                      Middle initial

Home address:

\_\_\_\_\_  
Number and street                                      City                                      State                                      Zip code

Home phone number \_\_\_\_\_ Social security number \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  M  F

Citizen of U.S.  Yes  No (If no, please attach a copy of your resident alien card; both front and back)

Ethnicity/race  African-American  Native American/Pacific Islander  Asian  
 Hispanic/Latino  Caucasian  Other (please specify) \_\_\_\_\_

Which high school do/will you attend?  Chesapeake  Dundalk  Kenwood  
 Patapsco  Overlea  Other \_\_\_\_\_

Current grade level  8  9  10 Expected graduation date \_\_\_\_\_

Has either of your parent(s)/guardian(s) graduated from college?  Yes  No

If yes, what degree did he/she earn? \_\_\_\_\_

Who do you live with?  Parent  Guardian How many people live with you? \_\_\_\_\_

If you live with a guardian, what is your relationship to that person? \_\_\_\_\_

What are your plans upon graduating from high school?

2 Year College  4 Year College  Armed Services  Vocational/Trade School  
 Undecided  Other

Health status  Excellent  Good  Fair  Poor List any allergies \_\_\_\_\_

Are you currently enrolled in an Upward Bound or Talent Search Program?

Yes  No

I hereby certify that the information provided for program enrollment is accurate and complete.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**"...Moving from Promise to Purpose to Power..."**

The Federal Privacy Act protects the personal information provided on the CCBC Dundalk Upward Bound Program application. The information is required by the U.S. Department of Education to determine eligibility. Additionally, the Department of Education has the authority (20USC 1231a) to gather information on all Upward Bound Program participants to monitor their progress. No one may see any information on the application unless they work for the program or are specifically authorized to see the information.

Name of mother or female guardian \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Social security number \_\_\_\_\_ Work phone number \_\_\_\_\_

Source of income or employment \_\_\_\_\_ Are you a U.S. citizen?  Yes  No

Occupation \_\_\_\_\_ Have you earned a bachelor's degree?  Yes  No

Name of father or male guardian \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Social security number \_\_\_\_\_ Work phone # \_\_\_\_\_

Source of income or employment \_\_\_\_\_ Are you a U.S. citizen?  Yes  No

Occupation \_\_\_\_\_ Have you earned a bachelor's degree?  Yes  No

<b>Other sources of income: (Check all that apply)</b>					
<input type="checkbox"/> Social security	<input type="checkbox"/> AFDC	<input type="checkbox"/> Pension/retirement	<input type="checkbox"/> Veteran's benefits	<input type="checkbox"/> Foster child	
<input type="checkbox"/> Alimony	<input type="checkbox"/> Disability insurance	<input type="checkbox"/> Unemployment compensation		<input type="checkbox"/> Child support	

Please attach to this application a copy of your most recent 1040 or 1040A tax return (front and back) or a written letter from a government agency indicating source of financial support.

I hereby certify that the information provided for program enrollment is accurate and complete.

\_\_\_\_\_  
Female parent/guardian

\_\_\_\_\_  
Male parent/guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

I, \_\_\_\_\_, give consent for the following:  
 (Parent/guardian)

1. To allow \_\_\_\_\_ to participate in the CCBC Dundalk Upward Bound program.  
 (Name of participant)

2. **To release school records, transcripts**, and all information relative to my son's/daughter's academic and personal performance to the CCBC Dundalk Upward Bound Program for the purpose of assessment and evaluation.

3. To allow my son/daughter to be referred to emergency medical services if needed during his/her enrollment in the program.

4. To allow my son/daughter to use transportation provided by the CCBC Dundalk Upward Program during program activities.

This consent hereby releases the CCBC Dundalk Upward Bound Program, its program personnel, The Community College of Baltimore County, the Dundalk Campus, and any affiliates associated with the program and/or college from liability or medical expenses incurred in the event of an accident. I understand that I will be contacted in a timely manner in the event of an emergency or accident.

\_\_\_\_\_  
 Parent/guardian (print name)

\_\_\_\_\_  
 Participant (print name)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

## Baltimore County Public Schools CONSENT FOR RELEASE OF RECORDS

1. I hereby authorize \_\_\_\_\_  
Name of School, Individual, or Agency

Street \_\_\_\_\_ Post Office \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

To release information concerning:

\_\_\_\_\_  
Name of Student (Full Legal Name)

2. Type of record(s) to be released:

- School and/or health records       Transcript for post-secondary education       Transcript for employment

other; specify \_\_\_\_\_

3. Reason for release of record(s), if other than transcript: \_\_\_\_\_

4. Record(s) to be released to the following: \_\_\_\_\_ 5. Date sent: \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

(Use reverse side for additional recipients)

I understand that the recipient of the record(s) will use the material for legitimate interests only and that the information contained therein shall not be further disclosed to any other party or agency without my prior written consent, except as authorized by federal and state laws under authority of the Family Educational Rights and Privacy Act, 20 U.S.C. §1232G.

\_\_\_\_\_  
Date \_\_\_\_\_ Signature of parent or legal guardian or, if student is age 18 or over, the signature of the student.

**NOTE:** All material contained in the student's record is accessible to the student and/or the parent(s) subject to applicable policies of the Board of Education of Baltimore County.

**Emergency contact information:**

1. \_\_\_\_\_  
 Name Relationship Day/evening phone number

2. \_\_\_\_\_  
 Name Relationship Day/evening phone number

3. \_\_\_\_\_  
 Name Relationship Day/evening phone number

**Student Need for Services (Check all that apply)**

Has not achieved a proficient level on Reading/Language Arts HSAs

Has not achieved a proficient level on Math HSAs

Low level of parental educational attainment       Low parental educational support

Self-concept/peer pressure problems       Limited proficiency in English

Math & Science Skills Enhancement       Low Test Scores

English & writing skills enhancement       Low Grade Point Average (GPA)

Ward of court or state (Foster Care)       Low educational aspirations

Documented learning or other disability       Tutoring needed \_\_\_\_\_  
 List course

Predominately low-income community       Tutoring needed \_\_\_\_\_  
 List course

Lack of confidence/self-esteem and/or social skills

Lack of opportunity/support/guidance in college preparatory courses

The CCBC Dundalk Upward Bound Program will serve as an intensive enrichment program designed to enhance the academic and personal growth of participants whereby, they will enter and persist in a program of post-secondary education, moving from promise to purpose to power.

The participant will abide by the rules and regulations of the CCBC Dundalk Upward Bound Program which include, but is not limited to the following: attend and participate in all classes and tutorial sessions, complete and turn in all assignments from teachers, tutors, counselors, and/or CCBC Dundalk Upward Bound personnel, perform at a minimum grade level as defined (2.0), attend all required activities, and follow the code of conduct as ascribed by Baltimore County Public Schools.

Violation of any of the provisions outlined above will result in a review of the student's ability to function effectively in the CCBC Dundalk Upward Bound Program. The right to determine the serious nature of an offense remains with program personnel. There are three stages of disciplinary actions to be taken in the event an offense is committed.

They are as follows:

- For an academic violation, the following steps will be taken: 1) participant conference; 2) parent(s)/guardian(s) conference; 3) guidance office and school notified; 4) participant scheduled for additional tutoring sessions. If participant is unable to comply a three-day suspension will be imposed; or 5) restriction of access to free time and/or extra-curricular activities.
- For a behavioral violation, the above steps will be taken, excluding. If the behavior continues the participant will be expelled from the program. The opportunity for reinstatement will be addressed on a case-by-case basis.

As a parent/guardian; I agree to participate in all required CCBC Dundalk Upward Bound Program activities and to attend orientation and parent/guardian workshops during the academic-year and summer components. Parent(s)/guardian(s) are encouraged to be active participants in his or her child's academic and personal/social progress.

I have read and agree to what has been stated above. In the event I am unable to retain my commitment, I will notify the CCBC Dundalk Upward Bound Program staff as soon as possible.

\_\_\_\_\_  
Parent/guardian (print name)

\_\_\_\_\_  
Participant (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**Do not write below this line. Office use only.**

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Participant's name: \_\_\_\_\_ Social security number: \_\_\_\_\_

Recruitment status:  Accepted  Denied  Waiting list Letter mailed: \_\_\_\_\_

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Entry status:  Low income & first generation  First generation only  Low income only

Target school:  Chesapeake High  Dundalk High  Kenwood High  Patapsco High  Overlea

Entry/reentry date: \_\_\_\_\_ Expected high school graduation date: \_\_\_\_\_

Academic Need: \_\_\_\_\_ Academic Need: \_\_\_\_\_

Meet state assessment:  English/Language Arts  Math  Date accomplished: \_\_\_\_\_

Entry grade level:  9  10 Grade level at beginning of AY:  9  10  11

HS entry GPA: \_\_\_\_\_ Limited English Proficiency:  Yes  No

Recruited by: \_\_\_\_\_ Tutoring Codes: **M E S F** Other: \_\_\_\_\_

Tutoring needed in (course/subjects): \_\_\_\_\_

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Date entered in BLUMEN: \_\_\_\_\_ Entered by: \_\_\_\_\_