

ATLANTA METROPOLITAN STATE COLLEGE

The Upward Bound {Fulton County} Program

1630 Metropolitan Parkway, SW

Atlanta, GA 30310



Dear future Upward Bound Scholar:

We appreciate your interest in becoming a member of the Atlanta Metropolitan State College TRiO Upward Bound Program. We are certain that you will find that our programs will become a vital part of your high school years. All services provided by the AMSC Upward Bound Programs {Fulton County} are FREE.

During the academic year, afterschool tutoring is offered at via zoom weekly, Tuesdays, Wednesdays, and Thursdays. Tutorials are **required** for Upward Bound participants. In addition to tutoring, the Upward Bound Programs offer SAT/ACT preparation, academic counseling, career counseling, college readiness workshops, college advisement, college tours and cultural events.

During the summer, Upward Bound students participate in a six (6) week residential and commuter Enrichment Program at a higher education institution in Georgia. The summer program will be held between early June and mid July.

In order for you to be considered for enrollment into the Upward Bound {Fulton County} Programs, this application must be completed by you and your parents. ALL information is protected by the Privacy Act and no one is allowed to see it unless they work with or for the Atlanta Metropolitan State College TRiO Programs or the U. S. Department of Education.

After the application packet is complete, return it to either **Counselor Office** or **Student Success Office** or

**Atlanta Metropolitan State College
Upward Bound {Fulton County}
1630 Metropolitan Pkwy, S.W.
Atlanta, GA 30310**

Once the Upward Bound staff have reviewed your application, and if you meet all qualifications, you and your parent(s) or guardian(s) will be scheduled for a personal interview with the UB staff. If you are accepted into Upward Bound, you will be notified with a congratulatory letter.

If you have any questions, please do not hesitate to contact our office at (404) 756-4059.

Sincerely,

*Dr. Jakeia Glynn, Director
Upward Bound Fulton County*

STUDENT INFORMATION

1. Name: _____
(First) (MI) (Last)

SSN: _____

Cell Number: _____

Email Address: _____
2. Address: _____

City State Zip
3. Birth Date: _____ Birth Place (City, State): _____ Age: _____
4. () Male () Female U.S. Citizen () Yes () No Other _____ Visa Type _____
5. Ethnic Group: () Black/Afro-American () Native American () Asian () Hispanic () Caucasian () Other _____
6. Year in School: () rising 9th () 9th () 10th () 11th () 12th
7. Are you physically challenged? () Visual () Mobility () Hearing () learning Disability () Other _____
8. What school do you attend? () Banneker () Creekside () Langston () Tri-Cities () Westlake () Other _____

Parent/Guardian Information

(Provide information ONLY on parent(s)/guardian(s) with whom student lives.)

Mother/Guardian	Father/Guardian
Number of members in household: _____	Number of members in household: _____
Name: _____	Name: _____
Email: _____	Email: _____
Marital Status: () single () married () divorced () separated () widowed () other	Marital Status: () single () married () divorced () separated () widowed () other
Employer: _____	Employer: _____
Work Number: _____	Work Number: _____
Taxable Income: \$ _____ Other Income: _____	Taxable Income: \$ _____ Other Income: _____
Level of Education:	Level of Education:
High School Diploma () Yes () No	High School Diploma () Yes () No
Associate's Degree () Yes () No Year _____	Associate's Degree () Yes () No Year _____
Bachelor's Degree () Yes () No Year _____	Bachelor's Degree () Yes () No Year _____
If yes, Name of College: _____	If yes, Name of College: _____

FAMILY FINANCIAL INFORMATION

Do you file Federal Income Taxes? () Yes () No If yes, please attach a copy of your most recent 1040 form.

Taxable income \$ _____ Non Taxable Income per month: \$ _____
() TANF () Social Security () Veterans () Other _____

My signature indicates that the above information is true and accurate:

Parent or Guardian Signature _____ Date _____

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STUDENT INFORMATION RELEASE

AUTHORIZATION FORM

I, _____, do authorize the staff of the *Atlanta Metropolitan State*
(Parent /Guardian's Name – Please Print)

College Upward Bound Fulton County Programs to obtain copies of _____
(Child's Name – Please Print)

transcripts, report cards and all test scores throughout his/her middle school and high school years. I understand that this information will be held in strict confidence and will be used to evaluate my child's progress to determine the effectiveness of the services rendered by the Upward Bound Programs.

In addition, I hereby authorize any school, college/university, or third-party entity to release any academic or financial aid information from my files that is requested by the Upward Bound Programs. All information obtained by the program mentioned above is completely personal and confidential and is only used for verification of eligibility or enrollment in postsecondary institutions.

I further understand that my son/daughter must be an active participant in the Atlanta Metropolitan State College Upward Bound Programs. Therefore, I give my son/daughter permission to participate in all activities to include college tours, college fairs, cultural trips, fieldtrips, Internet activities and all other TRIO events.

During the course of the program, Atlanta Metropolitan State College Upward Bound Programs will publish brochures, newsletters and other materials for educational and promotional purposes. I hereby consent the release of my child's name, likeness, pictures, video and voice recordings to be used by Atlanta Metropolitan State College Upward Bound Programs, or the media.

Parent/Guardian Signature

Date

ATLANTA METROPOLITAN STATE COLLEGE**The Upward Bound {Fulton County} Program**

1630 Metropolitan Parkway, SW

Atlanta, GA 30310



TO: PARENT/GUARDIAN

FROM: UPWARD BOUND PROGRAM {FULTON COUNTY}

RE: TRAVEL & MEDICAL RELEASE

I hereby grant permission for my son/daughter, _____ to attend Atlanta Metropolitan State College Upward Bound sponsored events. I understand that Atlanta Metropolitan State College Upward Bound Program will provide transportation, meals, supervision, and insurance. I also authorize responding emergency medical services and the hospital admitting the above participant to administer such treatment as is necessary to the participant. Medical personnel will make every attempt to contact parents or guardians before such treatment is initiated.

CONSENT FOR MEDICAL CARE AND RELEASE FROM LIABILITY: I give my consent for my child to receive whatever medical treatment necessary, proper and consistent with good health practices of the American Medical Association in case of an emergency. Furthermore, I release Atlanta Metropolitan State College and its employees from any liabilities for accidents or normal health difficulties, which may occur during the course of excursion.

EMERGENCY INFORMATION: In case of emergency, either me or another family member/family friend may be contacted at the information below:

PARENT/GUARDIAN:

Name: _____
Relationship: _____
Day Phone: _____
Night Phone: _____
Cell Phone: _____

Address: _____

ANOTHER ADULT:

Name: _____
Relationship: _____
Day Phone: _____
Night Phone: _____
Cell Phone: _____

Address: _____

/ /
DATE

SIGNATURE OF PARENT/GUARDIAN

STUDENT'S NAME

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**Student Self-Assessment**

NAME: _____

DATE: _____

Instructions: To help AMSC TRIO Staff develop a plan of services for you, we must know what you need. Please read through the following lists and indicate whether you feel you have a "high need", "some need", or "no need" for help or improvement in that area.

ACADEMIC SKILLS:	High Need	Some Need	No Need
English and writing skills:			
Spelling	-----	-----	-----
Grammar.....	-----	-----	-----
Punctuation.....	-----	-----	-----
Organizing your writing	-----	-----	-----
Writing essays and reports	-----	-----	-----
Verbal expression (speaking skills).....	-----	-----	-----
English as a second language.....	-----	-----	-----
Reading skills:			
Improving vocabulary	-----	-----	-----
Reading speed	-----	-----	-----
Comprehension (understanding)	-----	-----	-----
Retention (remembering what you read).....	-----	-----	-----
Math skills:			
Basic arithmetic	-----	-----	-----
Basic Algebra	-----	-----	-----
Advanced math	-----	-----	-----
Science skills	-----	-----	-----
Social Studies skills	-----	-----	-----
Learning and study skills	-----	-----	-----
Time management	-----	-----	-----
Developing good study habits	-----	-----	-----
Studying for and taking tests	-----	-----	-----
Taking notes in class	-----	-----	-----
Developing library skills	-----	-----	-----
Careers:			
Setting educational goals	-----	-----	-----
Exploring career options	-----	-----	-----
Identifying career interests	-----	-----	-----
Identifying career aptitudes	-----	-----	-----
Personal motivation:			
Improving school/class attendance	-----	-----	-----
Studying/doing homework	-----	-----	-----
Improving attitude toward school	-----	-----	-----
Setting goals and priorities	-----	-----	-----
Personal counseling:			
Improving interpersonal skills	-----	-----	-----
Building self-confidence	-----	-----	-----
Working through a personal problem	-----	-----	-----
Working through a family problem	-----	-----	-----
Drug or alcohol use or abuse	-----	-----	-----
College Admissions:			
Admission requirements	-----	-----	-----
Identifying and applying for scholarships	-----	-----	-----
Financial Aid.....	-----	-----	-----
Deciding which college to attend	-----	-----	-----

Are there other academic or personal areas in which you would like assistance or counseling? If yes, please explain:

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ESSAY

Please write an autobiographical sketch. Tell us something about yourself that is not part of your application. **Include your educational and career goals.**

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**COUNSELOR RECOMMENDATION FORM**

Name of Student: _____ Grade Level: _____ G.P.A. _____

School: _____ Referral Name: _____

Student's Academic Progress in School: () Very Good () Good () Fair () Poor () Not able to evaluate

****Please attach a copy of MOST recent standardized test scores & transcript.
A final transcript will be required upon completion of eighth grade****

Standardized tests student has completed CRCT _____ PSAT _____ Other _____

Please rate the student in the following areas:

Student Assessment	Exceptional	Above Average	Average	Below Average	No Basis for Judgment
Shows academic potential					
Assumes responsibility					
Is motivated to achieve					
Is proficient in basic skills (Math, Language Arts Etc...)					
Is generally disciplined					
Is leadership oriented					
Has good attendance and punctuality					
Works well with others					
Accepts corrective criticism					
Has a positive sense of self					

NOTE: Your comments are most beneficial in the total selection process!

Do you recommend this student for the AMSC TRiO Upward Bound program?

() Strongly recommend () Recommend () Recommend with reservations () Do not recommend

Why/Why not? _____

What special need(s) and/or unusual circumstance(s) should the Upward Bound Program be aware of in order to better assist the student?

Guidance Counselor's Signature _____

Date _____

ATLANTA METROPOLITAN STATE COLLEGE**The Upward Bound {Fulton County} Program****1630 Metropolitan Parkway, SW****Atlanta, GA 30310****TEACHER RECOMMENDATION FORM****UB recommendations must be from an Academic Core Subject teacher.**

Name of Student: _____ Grade Level: _____ School: _____

Referral Person/Title: _____ Subject(s) Taught Student: _____

Student's Academic Progress in School: () Very Good () Good () Fair () Poor () Not able to evaluate

Please rate the student in the following areas:

Student Assessment	Exceptional	Above Average	Average	Below Average	No Basis for Judgment
Shows academic potential					
Assumes responsibility					
Is motivated to achieve					
Is proficient in basic skills (Math, Language Arts, Etc.)					
Is generally disciplined					
Is leadership oriented					
Has good attendance and punctuality					
Works well with others					
Accepts corrective criticism					
Has a positive sense of self					

NOTE: Your comments are most beneficial in the total selection process!

Do you recommend this student for the AMSC TRiO Upward Bound program?

() Strongly recommend () Recommend () Recommend with reservations () Do not recommend

Why/Why Not _____

What special problems (s) and/or unusual circumstance (s) should Upward Bound be aware of in order to better assist the student?

Teacher's Subject _____

Teacher's Name (Please Print) _____

Teacher's Signature _____

Date _____

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