

Upward Bound Program

Colorado Mountain College in Eagle and Lake Counties

What is TRIO Upward Bound?

Upward Bound is a federally funded TRIO program designed to help first generation and income eligible students prepare to enter and succeed in higher education. **The Colorado Mountain College Upward Bound Program** is an academically rigorous college prep program that helps high school students with academic potential stay motivated and **develop skills necessary to graduate from high school and move on to college**. We serve the following high schools: Battle Mountain High School, Eagle Valley High School, Lake County High School, and Red Canyon High School.

Who can participate?

A student is eligible to participate in the Upward Bound Program if he/she:

- Is currently enrolled in the 9th or 10th grade. 8th graders can enroll during the summer between 8th and 9th grade.
- Is **Income Eligible** - meaning their family's taxable income does not exceed the limits set forth by federal regulations governing the program, *OR*
- Is **First-Generation** - meaning neither of the student's parents has a 4-year college degree, *OR*
- Has a high risk for academic failure (low standardized test scores, no algebra by 10th grade, < 2.5 GPA), *AND*
- Is a **U.S. citizen** or **permanent resident**.



Colorado Mountain College - Vail Valley
150 Miller Ranch Rd. , Edward, CO 81632

Office: (970) 569-2948
Email: hdomalley@coloradomtn.edu

Colorado Mountain College - Leadville
901 S. Hwy 24, Leadville, CO 80461

Office: (719) 486-4393
Email: gyazzie@coloradomtn.edu

Dear Applicant:

We are very excited that you are interested in participating in the Colorado Mountain College Upward Bound program. Enclosed in this application are the required forms you and your parents must complete. These forms are an essential part of the application process and must be completed accurately in order for you to be given fair consideration for admissions into the program. **Incomplete applications will not be considered.**

STEP 1: Complete the Upward Bound Application

- ☐ Complete Section 1: Student Information (*page 1*)
 - ☐ Provide a copy of your Social Security Card, **OR**
 - ☐ Provide a copy of your Permanent Residency Card (both sides), if not a US citizen
- ☐ Complete Section 2: Family & Eligibility Information (*page 2*)
- ☐ Complete Section 3: Student Statement (*page 3*)
- ☐ Complete Section 4: Stipend Registration Form (*page 4*)
- ☐ Complete Section 5: Medical Information (*page 5*)
- ☐ Complete Section 6: Liability Waiver (*page 6*)
- ☐ Complete Section 7: Certifications & Signatures (*page 7*)
- ☐ Completed Section 8: Recommendation Forms (*page 8-9*)
- ☐ Submit the following items, which you can get from your high school Registrar's Office
 - ☐ Provide a copy of your high school or middle school, if currently in 8th grade, transcripts
 - ☐ Provide a copy of your current class schedule that includes your grade in each class
 - ☐ Provide a copy of your most recent standardized test scores (PARCC, TCAPS, ACT, etc.)

STEP 2: Submit Your Completed Application

To mail completed applications:

Colorado Mountain College—Vail Valley
Attn: Upward Bound
150 Miller Ranch Rd.
Edward, CO 81632

To hand deliver your completed application:

Colorado Mountain College - Vail Valley Campus
150 Miller Ranch Rd. , Edward, CO 81632
Office is located upstairs in the Adjunct Faculty Office Suite # 262
Program Director's office is located in Suite #262 and is office #267
or
Colorado Mountain College - Timberline Campus
901 S. Hwy 24, Leadville, CO 80461
New Discovery, Office #221

To arrange a place to turn in your application or if you have any questions please call:

Heather O'Malley, Program Director, at (970) 569-2948
or
Genevieve Yazzie, Program Coordinator, at (719) 486-4393
or
Matt Parker, Administrative Technician, at (970) 569-2947

Colorado Mountain College Upward Bound Application



Section 1: Student Information

Name:

First

Middle

Last

Physical Address:

Street

City

State

Zip Code

Mailing Address:

If different from physical address

Street

City

State

Zip Code

Home Phone:

Cell Phone:

Student's Email :

Place of

Date of Birth:

Age:

Birth:

☐ Yes

If you are not, are you a
Permanent Resident?

☐ Yes

☐ No

☐ No

Are you a US Citizen?

You must be a US Citizen or Permanent Resident of the US in order to be eligible for Upward Bound.

Please provide your Alien Registration Number.

Social Security #:

Gender:

☐ Male

☐ Female

Race/Ethnicity:

Check all that apply

☐ American Indian/
Native Alaskan
☐ Asian

☐ Black or African-American
☐ Hispanic/Latino
☐ Other: _____

☐ Native Hawaiian or
Pacific Islander
☐ White

Current School:

Current Grade: ☐ Rising 9th ☐ 9th ☐ 10th

High School Counselor:

Expected High School

Graduation date:

What languages are
spoken in your home?

Do you have limited English
proficiency? ☐ Yes ☐ No

What is the preferred language of your
parents/guardians?

- Education Plans After High School:
- ☐ Enter the military service after high school graduation.
 - ☐ Work full-time after high school graduation.
 - ☐ Complete an Associate's Degree (2 year degree).
 - ☐ Complete a Bachelor's Degree (4 year degree).
 - ☐ Complete a Master's degree after completing your Bachelor's degree.
 - ☐ Complete a Ph.D, M.D., law degree, or other high level professional degree.
 - ☐ I am currently undecided about my educational plans after high school graduation.

Have you been
diagnosed with learning
disability? ☐ Yes ☐ No

If yes, please describe:

Section 2: Family & Eligibility Information

To be completed by a parent or legal guardian



The student lives with: ☐ Mother & Father ☐ Father & Stepmother ☐ Father Only
☐ Mother & Stepfather ☐ Mother Only ☐ Guardian(s)
☐ Other, please explain: _____

Parent or Guardian 1

Name: _____ Relationship to Student: _____
First Last

Phone: _____ Have you graduated with a Bachelor's degree or higher? ☐ Yes ☐ No

Parent or Guardian 2

Name: _____ Relationship to Student: _____
First Last

Phone: _____ Have you graduated with a Bachelor's degree or higher? ☐ Yes ☐ No

Family Income Certification:

- Please indicate family/household **taxable*** income for 2016: \$ _____

***Taxable income is listed on line 6 of form 1040EZ, line 27 of form 1040A, and line 43 of form 1040.**

- Total number of dependents claimed on your 2016 Income Tax Form (including yourself): _____
- Using the information provided above and the chart below, indicate whether your family meets TRIO income guidelines.
 - ☐ Our family income is at or below the levels indicated for our family size.
 - ☐ Our family income exceeds the levels indicated for our family size.

Federal TRIO Programs Taxable Income* Levels	
Annual Low Income Levels (Effective January 18, 2018 Until Further Notice) (Taxable Income is your income after deductions, NOT your gross income.)	
Size of Family Unit	48 Contiguous States, D.C., & Outlying Jurisdictions
1	\$18,210
2	\$24,690
3	\$31,170
4	\$37,650
5	\$44,130
6	\$50,610
7	\$57,090
8	\$63,570
Family units with more than eight members, add the following amount for each additional family member: \$6,270	

I certify that all of the information that I have provided above is true and correct to the best of my knowledge.

Parent/Guardian Signature

Today's Date

Section 3: Student Statement

Write a one-page essay answering the questions below. Your essay will be evaluated for thoughtfulness of content, clearly answering the questions, and grammar and word choices.

What are your goals after graduating high school? How will Upward Bound assist you in achieving your goals?
What skills, experience, and knowledge can you share with others in Upward Bound?
Why would you like to be a member of CMC Upward Bound?

Section 4: CMC Upward Bound Student Stipend Registration Form

Student's Name:

First

Middle

Last

Mailing Address:

Street

City

State

Zip Code

Home Phone:

Cell Phone:

Email Address:

Date of Birth:

Social Security Number:

I certify that the information as listed above is correct to the best of my knowledge:

Student's Name (Printed)

Student's Signature

Today's Date

Parent/Guardian's Name (Printed)

Parent/Guardian Signature

Today's Date

Upward Bound Staff's Signature

Today's Date



CMC-UB Official Use

CMC Vendor Id#



Section 5: CMC Upward Bound Student Medical Information Form

Please complete this form. Information you supply could be crucial in an emergency. The sole purpose of this information is to enable medical personnel and UB staff to evaluate and assist your child in the event of a medical emergency. This information will be held in strict confidence. If at any time you wish others to have all or part of these records, it must be with your written permission.

Student's Name:

First

Middle

Last

Mailing Address:

Street

City

State

Zip Code

Home Phone:

Cell Phone:

Social Security Number:

Date of Birth:

Emergency Contact

Contact's Name:

Best Phone Number:

First

Last

Relationship to Participant:

Allergies

Please list any allergies you may have.

Food:

Medicines:

Other:

Other Medical Concerns

Have you had surgery or serious injury in the past 6 months: ☐ Yes ☐ No

If so, when:

Are you in psychiatric/psychological treatment or therapy? ☐ Yes ☐ No

Are you currently on any medications? ☐ Yes ☐ No

Please List:

Do you have any chronic illnesses ☐ Yes ☐ No

Please List:

Name of Medical/Accident Insurance Provider

Policy Number

Authorization for Medical and/or Surgical Treatment

I, _____, hereby authorize Colorado Mountain College UPWARD BOUND staff and qualified medical and emergency service staff to administer such treatment as is necessary for my child or myself (if over 18 years-old).



Parent/Guardian or Student (if over 18) Signature

Today's Date



Section 6: Liability Waiver



COLORADO MOUNTAIN COLLEGE



UPWARD BOUND - ASSUMPTION OF RISK, WAIVER AND RELEASE FROM LIABILITY

Name: _____

For all Upward Bound Activities for

Date of Birth: _____

Academic Year 2017-2018

Phone/Contact: _____

I wish to participate in Colorado Mountain College ("CMC") Upward Bound Activities ("Activities") during the time period identified above. I voluntarily and knowingly choose to participate in these Activities despite their risks. In consideration for being permitted to participate in the Activities, I agree as follows:

- Risks.** I understand that CMC Upward Bound Activities may involve various risks, hazards and dangers, including risks of physical injury, disability, or death and risk of loss of use or damage to my personal property. I also understand that injury or loss may result from unknown or unexpected risks. These risks may result from the use of equipment, materials, or facilities owned by CMC or others; from the activity itself; from travel away from CMC campuses; from environmental conditions; from the acts or omissions of others; or from the unavailability of immediate emergency medical care. Specific activities for any given semester may include but are not limited to the following: Rafting, snowmobiling, skiing, snowboarding, snowshoeing, hiking, running, bouldering, ice or rock climbing, rope courses, skating, paint balling, caving, bowling, weight lifting, skate boarding, Frisbee, yoga, Pilates and various group sports activities. These activities may be run by the College or by other third party companies or volunteers. I understand that I am not obligated to participate in any of these activities, and that I may choose not to participate in any one or more of the activities that may be offered.
- Assumption of Risks.** Knowing the risks, I **HEREBY ASSUME ALL RISKS** that may arise out of or result from the Activities, including but not limited to the risks described above.
- Release, Waiver, Indemnity.** I **HEREBY RELEASE, WAIVE, DISCHARGE, INDEMNIFY, DEFEND, HOLD HARMLESS, AND AGREE NOT TO SUE** COLORADO MOUNTAIN JUNIOR COLLEGE DISTRICT, ITS BOARD OF TRUSTEES, OFFICERS, INSTRUCTORS, EMPLOYEES, AGENTS, VOLUNTEERS, AND ANY STUDENTS ACTING AS LEADERS, ORGANIZERS OR EMPLOYEES, FROM , FOR, OR AGAINST ANY LIABILITY, CLAIM, DEMAND, SUIT, OR CAUSE OF ACTION OF ANY KIND, FOR ANY PROPERTY DAMAGE, LOSS OR THEFT, PERSONAL INJURY, DEATH, OR DISABILITY, OR OTHER LOSS OR EXPENSE OF ANY KIND ARISING OUT OF OR IN CONNECTION WITH THE ACTIVITIES, EXCEPT ONLY FOR DAMAGE, INJURY, OR LOSS CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF CMC.
- Safety, Policies and Procedures.** I understand that CMC Upward Bound takes reasonable efforts to make the Activities safe, but I also recognize that it is impossible for CMC to guarantee my safety, to fully protect me from harm or injury, or to guarantee that the Activities will proceed exactly as planned. I understand and agree that safety is a shared responsibility, and as a participant, I have a duty to act with reasonable caution, to be observant of unsafe conditions, to report any unsafe conditions to CMC; and to follow all CMC safety and other rules, standards, and instructions for the Activities.
- Prerequisite Skills/Abilities.** I affirm that I have the prerequisite skills, knowledge, and physical ability necessary to properly and safely participate in the Activities and to use the equipment and facilities involved in the Activities. If I have any questions or concerns about my abilities to participate in the Activities safely, I will ask CMC Upward Bound staff.
- Health and Medical Insurance.** I certify that I have no medical or health-related problems which would preclude or restrict my participation in these Activities. I acknowledge that I have been advised to consult with a doctor if I have any concerns about my ability to participate in these Activities. I understand that CMC Upward Bound does not carry any insurance that would cover any injuries or losses I may suffer while participating in these Activities. I acknowledge that I am solely responsible for any and all costs of medical treatment required by me or on my behalf, I agree to pay for such medical treatment, and I assume all risks of such medical treatment. I certify that I have my own health insurance in effect.
- Consent for Emergency Treatment.** In the event I am injured or become ill during the Activities, I authorize CMC Upward Bound to authorize or obtain appropriate medical care and treatment for me, to make medical decisions in my behalf, to place me in the care of a local medical doctor, or to place me in a hospital for any necessary medical treatment, all at my expense.
- Binding Effect.** I intend this Release to be fully binding on me and my heirs, successors, assigns, and personal representatives.
- General Provisions.** This Release shall be construed in accordance with the laws of Colorado. Venue for any legal action concerning this Release shall be in Colorado. If any term or provision of this Release is held illegal or unenforceable, all remaining provisions of this Release shall remain in full force and effect. I am not relying on any oral or written representation, statement, or promise other than what is set forth in this Release.
- Acknowledgment.** I have fully read and understand this Release and I agree to be bound by it. I realize it relates to surrendering and releasing valuable legal rights. I sign it knowingly and voluntarily and of my own free will.

I affirm that I am at least eighteen (18) years of age and fully competent to sign this Release, or if not, my parent or guardian is also signing this Release.

STUDENT/PARTICIPANT: _____ Date: _____

Signature

If Student/Participant

Is Under 18: _____ Date: _____

Signature of Parent / Guardian

Section 7: Certifications and Signatures

Although personal student information provided to CMC - Upward Bound staff is kept in confidence, there are times when it is necessary to share and/or discuss this information with other school/college departments and/or public agencies in order to facilitate positive outcomes for our participants. Therefore, your written permission is **mandatory** upon application to this federally-funded TRIO program.

Authorization to Release Records

By signing this release form, I agree to allow the Upward Bound Program at Colorado Mountain College to obtain academic records, i.e. grade reports or transcripts, enrollment information, IEPs, test scores and any other relevant educational information for purposes of program evaluation from any high school or post-secondary institution that I attend. This information will be handled in strict confidence according to federal regulations.

Student's Name

Student's Date of Birth

Student's Signature

Today's Date

Parent/Guardian's Name

Parent/Guardian Signature

Today's Date

Certification of Parent/Guardian

I understand the purpose of the Upward Bound program, which is to prepare participants to successfully complete a program of post-secondary education, and I give permission for my child to participate in all program sponsored activities. I also give permission for the use of my Child's name, photograph, and/or quotes for editorial, promotional, recruitment, and/or educational purpose. I also understand that students accepted into the program must initially complete a 30-day probationary period and final placement into the program, as well as my son/daughter's continuation in the program, will be under the sole discretion of the Upward Bound program staff. My signature indicate that to the best of my knowledge, the information provided on this application is true,

Parent/Guardian's Name

Parent/Guardian Signature

Today's Date

Student Agreement

I understand the purpose of the Upward Bound program is to prepare participants to successfully complete a program of post-secondary education. As part of my personal effort in this preparation, I commit to Upward Bound through completion of my high school education and intend to participate in all academic year and summer components of the program. I also understand that students accepted into the program must initially complete a 30-day probationary period and final placement into the program, as well as my continuation in the program, will be under the sole discretion of the Upward Bound program staff.

Student's Name

Student's Signature

Today's Date

Section 8: Teacher/Counselor/Administrator Recommendation Form 1

Dear teacher, counselor or administrator:

We appreciate your assistance in filling out this recommendation. The purpose of this form is to gather additional information on each of our applicants to determine those students who will be best served by the CMC Upward Bound Program. We believe that teachers, counselors and administrators are often able to perceive the need and the potential of students which is not evident to others.

Please complete, sign and give to an Upward Bound Representative at your local high school, scan and e-mail, or mail your completed recommendation form to the address below.

Colorado Mountain College - Upward Bound • 150 Miller Ranch Rd. Edwards, CO 81632

Email: upwardbound1@coloradomtn.edu

Student's Name: _____
First Last

Subject/Courses: _____

Teacher's Name: _____
First Last

Is this student ☐ Yes
currently enrolled in _____
your class(es): ☐ No

How would you describe the applicant's motivation to complete high school?

- ☐ Strong (plans to graduate and go on to college) 3
☐ Fair (plans to graduate) 2
☐ Weak (high risk for non-completion) 1

Office Use Only:

How would you rate the applicant's performance in class? (Circle the best response.)

(5 = Excellent 4 = Very Good 3 = Good 2 = Needs to Improve 1 = Poor)

This Student Displays:

Motivation in completing class work	5	4	3	2	1
Effort in approaching difficult tasks	5	4	3	2	1
Cooperation when working with others	5	4	3	2	1
Productivity	5	4	3	2	1
Positive attitude toward learning	5	4	3	2	1

Office Use Only:

This Student:

Completes assignments on time	5	4	3	2	1
Has excellent class participation	5	4	3	2	1
Has excellent attendance	5	4	3	2	1
Is rarely late for class	5	4	3	2	1
Is inquisitive about the subject matter	5	4	3	2	1
Is respectful and well-behaved in class	5	4	3	2	1
Treats instructors and classmates courteously	5	4	3	2	1

Please provide any additional comments that may be helpful in evaluating the student's potential in succeeding in the TRIO Upward Bound program:

Teacher's Signature

Today's Date

Section 8: Teacher/Counselor/Administrator Recommendation Form 2

Dear teacher, counselor or administrator:

We appreciate your assistance in filling out this recommendation. The purpose of this form is to gather additional information on each of our applicants to determine those students who will be best served by the CMC Upward Bound Program. We believe that teachers, counselors and administrators are often able to perceive the need and the potential of students which is not evident to others.

Please complete, sign and give to an Upward Bound Representative at your local high school, scan and e-mail, or mail your completed recommendation form to the address below.

Colorado Mountain College - Upward Bound • 150 Miller Ranch Rd. Edwards, CO 81632

Email: upwardbound1@coloradomtn.edu

Student's Name:

First Last

Subject/Courses:

Teacher's Name:

First Last

Is this student ☐ Yes

currently enrolled in _____

your class(es): ☐ No

How would you describe the applicant's motivation to complete high school?

- ☐ Strong (plans to graduate and go on to college) 3
☐ Fair (plans to graduate) 2
☐ Weak (high risk for non-completion) 1

Office Use Only:

How would you rate the applicant's performance in class? (Circle the best response.)

(5 = Excellent 4 = Very Good 3 = Good 2 = Needs to Improve 1 = Poor)

This Student Displays:

Motivation in completing class work	5	4	3	2	1
Effort in approaching difficult tasks	5	4	3	2	1
Cooperation when working with others	5	4	3	2	1
Productivity	5	4	3	2	1
Positive attitude toward learning	5	4	3	2	1

Office Use Only:

This Student:

Completes assignments on time	5	4	3	2	1
Has excellent class participation	5	4	3	2	1
Has excellent attendance	5	4	3	2	1
Is rarely late for class	5	4	3	2	1
Is inquisitive about the subject matter	5	4	3	2	1
Is respectful and well-behaved in class	5	4	3	2	1
Treats instructors and classmates courteously	5	4	3	2	1

Please provide any additional comments that may be helpful in evaluating the student's potential in succeeding in the TRIO Upward Bound program:

Teacher's Signature

Today's Date