

TRIO Upward Bound



**Minnesota
North College**

A Member of Minnesota State

Hibbing Campus

2023-2024 Hibbing Campus Upward Bound Application to Determine Program Eligibility



Visit our MN North College Hibbing Campus Upward Bound webpage for more information about all our **free services!**

Hibbing's TRIO Upward Bound program supports high school students in preparation for college through free academic and college support services. We serve high school students attending Chisholm, Hibbing and Nashwauk-Keewatin High Schools, students who live in surrounding communities and/or high school students attending MN North College-Hibbing Campus.



Hibbing Upward Bound Student Information Form

PLEASE FILL IN ALL LINES & email to advisor Alyssa or Jasmine, or evelyn.rolloff@hibbing.edu, drop off at school counselor, or mail to Hibbing campus: 1515 E 25th St., Hibbing MN 55746.attn: Upward Bound

Student Information

Full Legal Name_____ Preferred Name_____

Mailing Address_____

City_____ State_____ Zip Code_____

Student Cell Number_____ SSN _____

Personal Email_____ School Email: _____

Birthdate_____ Age_____ Male_____ Female_____ Other_____
MM/DD/YY

How would you identify yourself?

_____ American Indian/Alaskan Native

_____ Hispanic

_____ Asian/Pacific Islander

_____ White (non-Hispanic)

_____ Black (non-Hispanic)

_____ Other (multi-racial) _____

Do you have any disabilities?

__Learning __Physical (Please describe)_____

Do you receive Free or Reduced Lunch? YES_____ NO_____

High School_____ Grade_____ School Counselor_____

Name of Teacher you would like to complete an UB Recommendation Form:_____

Do you work with a Special Education Teacher? YES___ NO___ Name of teacher_____

Student place of employment (if employed)_____

Do you have a court appointed guardian? YES___ NO___ (Have Guardian fill out Parent/Guardian page).

Parent/Guardian/Family Information

Mother/Guardian's Name _____ **Phone** _____ **Email** _____

Occupation _____ **Place of Employment** _____

Work Phone _____ **Work email** _____

Highest Grade Completed (please circle): 9 10 11 12 *College:* 1 2 3 4 *Degree:* Y N

Did student's mother earn a bachelor's degree? (please circle) Yes No

Father/Guardian's Name _____ **Phone** _____ **Email** _____

Occupation _____ **Place of Employment** _____

Work Phone _____ **Work email** _____

Highest Grade Completed (please circle): 9 10 11 12 *College:* 1 2 3 4 *Degree:* Y N

Did student's father earn a bachelor's degree? (please circle) Yes No

Parent's current marital status: ____ Single ____ Married ____ Separated ____ Divorced

____ One parent deceased ____ Both parents deceased ____ Living with Guardian (*Include information above*)

Dependents (i.e. brothers, sisters, grandparents) living at home or away at school:

<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>Grade (if applicable)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/guardian encouragement and support for ongoing student participation in the Hibbing Upward Bound program is crucial. Parents will be encouraged to participate in 1-2 parent meetings annually (e.g. Fall or Summer program mtg.), provide transportation to quarterly student events if possible, and are welcome to connect with Hibbing Upward Bound staff as needed to address any issues that arise.

Parent/Guardian Signature _____ **Date** _____

Federal TRIO Programs

Current-Year Low-Income Levels

(Effective **January 19, 2023** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$21,870	\$27,315	\$25,155
2	\$29,580	\$36,960	\$34,020
3	\$37,290	\$46,605	\$42,885
4	\$45,000	\$56,250	\$51,750
5	\$52,710	\$65,895	\$60,615
6	\$60,420	\$75,540	\$69,480
7	\$68,130	\$85,185	\$78,345
8	\$75,840	\$94,830	\$87,210

For family units with more than eight members, add the following amount for each additional family member: \$7,710 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$9,645 for Alaska; and \$8,865 for Hawaii.

PARENT/GUARDIAN SECTION:

I hereby certify, under penalty of perjury, that **my family taxable income from my 2022 taxes**

(circle one) **Exceeds** **Does not Exceed**

the levels listed above based on the size of my family unit. I understand that my family unit includes myself, my spouse (if applicable) and my dependents. I understand that if I am not married, under the age of 24, not in the military or do not have any dependents of my own, that my family unit includes myself, my siblings (if any) and my parent(s) from whom I received the most support prior to the age of 18. If I (student) am a ward of the court, my family unit includes only myself.

NOTE: If your family situation has changed since filing 2022 taxes (job loss or reduced hours, marriage, divorce, separation, etc.) please notify Hibbing Upward Bound staff.

I also understand that this is a federally funded program, and that this information is subject to review by Federal authorities if the Upward Bound program to which I have applied is audited, and I will be held responsible for the certification made by my signature. I affirm that this information is true and accurate to the best of my knowledge.

Student Printed name _____ Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

CONSENT FOR RELEASE OF INFORMATION FORM

CONFIDENTIALITY OF INFORMATION

Students, and parents/guardians of any students under 18 years of age, have access to any and all of a participant's educational information in their Hibbing Upward Bound files kept in a secure location at MN North College - Hibbing Campus. Information provided to the UB Program, educational and personal (e.g. name, sex, age, ethnic origin, social security number, etc.) is also entered into a secure *Student Access* database and reported to the U.S. Department of Education. This information is protected in the Privacy Act of 1974. No person may see the information unless they are specifically connected to the Hibbing Upward Bound Program. The information provided in this application is necessary to determine if you are eligible to participate in the program and helps the U.S. Department of Education measure your success, and the success of the Hibbing UB program. The U.S. Department of Education has the authority to gather this information for the purpose of bettering Upward Bound as a program (20 USC 1231a). If you choose not to provide this information to Upward Bound and the U.S. Department of Education, the student is not eligible for the Program.

Consent to Obtain and Release Private Information

The Minnesota North College - Hibbing Campus Upward Bound Office requires your permission to obtain and/or give information about your child to the agencies, schools, colleges or persons listed on this form. We cannot obtain and/or release information without your consent.

Student's Name _____ Date of Birth ____/____/____

I authorize any high school(s) and/or colleges my child attends to release official transcripts, test scores, and other records for my son/daughter to the Hibbing Upward Bound staff for reporting, program needs, including the release of these records to post-secondary institutions as they relate to the educational and college planning and coursework, and for evaluation purposes.

High school(s): _____

College(s): *MN North College* – (includes Hibbing, Mesabi Range, Itasca, Vermilion & Rainy River.

Other College(s): _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

Signature of Upward Bound Staff _____ Date _____

MN North College - Hibbing Campus TRIO Upward Bound
1515 East 25th Street, Hibbing, Minnesota 55746

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