



Dear Applicant,

Thank you for your interest in the Upward Bound program at California State University, Northridge. Upward Bound is a federally funded TRIO program sponsored by California State University, Northridge and funded by the U.S. Department of Education. The program helps participants with academic success in high school and prepares students to enroll in a post-secondary institution of their choice.

In order to be considered for admission, please complete your application in pen, neatly and turn in ALL required documents. All information provided to our program will be kept CONFIDENTIAL. Once your application is submitted it will be reviewed, and qualified applicants will be contacted to set up an interview.

Please use the following checklist to ensure your application is complete:

- I have completed ALL 12 pages of the application AND provided all requested information
- I have added my NAME, SCHOOL, and GRADE to every page of this application
- Parents/Guardians have completed their sections of the application and have provided all requested information AND signatures
- BOTH Counselor AND Teacher recommendations are complete
- I answered all personal statement questions
- APPLICATION DUE by:** _____
- Return complete application to the College Office in Room _____

In order to be considered all applications must be returned to your school's college counselor or:

Mail to: Upward Bound Program
California State University, Northridge
18111 Nordhoff St.
Northridge, CA 91330 - 8212

Fax to: (818) 677-4922

Email to: upwardbound@csun.edu

Should you have any questions please feel free to contact the Upward Bound program at **(818) 677-2515**.

Sincerely,

The CSUN Upward Bound Program



Funded by the U.S. Department of Education. UB NC is funded from 2017– 2022 in the amount of \$288,912. UB NE is funded from 2018– 2023 in the amount of \$275,155. The Upward Bound program does not discriminate on the basis of race,

ABOUT UPWARD BOUND

The following is a brief outline of the services and benefits you will receive through the Upward Bound program. All Upward Bound services are absolutely FREE!!

Academic Program (September – June)

During the school year, Upward Bound students attend our Saturday Academy sessions at California State University, Northridge where they receive a variety of academic services. Instructional activities in math, science, language arts, computer skills, study skills, and college preparation are provided during these sessions. Students also attend seminars regarding post-secondary educational opportunities and UB gatherings.

Services Offered:

- Academic advisement
- Academic tutoring
- Career exploration
- Scholarship information
- Cultural enrichment
- Postsecondary planning
- Technology Usage
- Tours of colleges and universities
- Assistance with college applications
- ACT and SAT preparation
- Assistance registering for college entrance exams and interpreting results
- Assistance with financial aid information and with the completion of required forms

Six Week Summer Program (June – July)

The summer component is designed to simulate the college experience and to generate the skills and motivation necessary for secondary education completion and success in postsecondary education. Students will work on interdisciplinary projects and will be mentored by CSUN graduate and undergraduate students. During the summer the students will participating in field trips related to curricular content which will include trips to businesses, planetariums and postsecondary institutions. They will also be exposed to numerous cultural and social activities, while increasing their study skill knowledge.

Requirements for Admission

Participation in the Upward Bound program requires a commitment from students each summer and at all monthly advising sessions, from the time of initial selection until graduation from high school. In order to participate in the program, applicants must meet the following criteria:

1. Attend one of the target area schools: Birmingham Community Charter, Monroe, Panorama, Reseda, or Sylmar High School;
2. Applicant must be a rising 9th grader or currently enrolled in 9th or 10th grade;
3. Be either a first generation college student and/or low income;
4. Have a cumulative GPA of 2.5 or higher;
5. Be a U.S. citizen or permanent resident (*the following are not included: temporary visa, dream act, deferred action, or AB 540*);
6. Show potential and desire to attend a post-secondary institution, and
7. Need the program services offered to accomplish his/her educational goals.

Student's Name: _____ School: _____ Grade: _____

STUDENT INFORMATION - Part A - Personal

Name _____
(First) (Middle) (Last)

High School: _____ Current Grade: _____

Street Address: _____ Apt. #: _____ City: _____ Zip Code: _____

Home Phone #: (_____) _____ Student Cell Phone #: (_____) _____

Email Address: _____ Gender: Male Female Age: _____

Date of Birth: ____/____/____ Social Security #: ____ - ____ - ____

Please **mark only one**, U.S Citizen **OR** U.S Permanent Resident:

Are you a U.S. citizen? Yes No If No, please specify _____

OR

Are you a U.S. Permanent Resident? Yes No A# (green card): _____

Do you have a disability? Yes No If yes, explain: _____

Student Lives With:

Both Parents Mother only Father only Legal Guardian Other _____

Are you a ward of the court? Yes No

List any siblings in grades 9th -11th currently attending school.

Name _____ School _____ Grade _____
Name _____ School _____ Grade _____

Have you ever been a participant of: Upward Bound Talent Search AVID Other _____
If so, where and when? _____

Ethnicity: (This information will be used for reporting purposes only.)

African American/ Black Native American/ Native Alaskan Native Hawaiian/ Pacific Islander
 Caucasian/ White Hispanic/ Latino Asian
 Multiracial (Please specify) _____ other (Please specify) _____

Student's Name: _____ School: _____ Grade: _____

STUDENT INFORMATION - Part B - Academic & Interests

What is your G.P.A.? _____ Counselors Name: _____

How many times do you meet with your school counselor?

0 - 1 per semester 2 - 5 per semester 5+ per semester

List school activities or clubs in which you participate: _____

List activities outside of school in which you participate: _____

Do you have an after school job? Yes No. If yes, how many hours do you work per week? _____

Student Goals & Interests:

Do you plan to attend college? Yes No

After you graduate from high school, what type of school do you plan to attend?

4 Year College 2 Year College Vocational/Technical Other (Specify) _____

What career/s interest you: _____

What is your favorite school subject/s? _____

What is your least favorite school subject/s? _____

How much do you know about?

College Admissions: quite a bit some very little nothing

Financial Aid: quite a bit some very little nothing

SAT/ACT tests quite a bit some very little nothing

STUDENT INFORMATION - Part B continued

Rate yourself

We want an accurate estimate of how you see yourself (check one in each row.) on each of the following traits as compared with other people your age.

| | Highest 10% | Above Average | Average | Below Average | Lowest 10% |
|-----------------------------|------------------------|--------------------------|----------------|--------------------------|-----------------------|
| Mathematical Ability | | | | | |
| Writing Ability | | | | | |
| Verbal Ability | | | | | |
| Scientific Ability | | | | | |
| Competitiveness | | | | | |
| Leadership Ability | | | | | |

Check the kind of assistance you would like to receive from the Upward Bound Program at CSUN:

- | | |
|--|--|
| <input type="checkbox"/> Improving my grades <input type="checkbox"/> Career information <input type="checkbox"/> Financial Aid information <input type="checkbox"/> College information <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Help with homework <input type="checkbox"/> Someone to talk to about a problem/s <input type="checkbox"/> Advice on what classes to take next year <input type="checkbox"/> College campus tours |
|--|--|

By signing below I acknowledge and agree that all the information is accurate to the best of my knowledge at the time of completing this application. I also acknowledge that misrepresentation of any requested information may result in my dismissal or disqualification from participation in the Upward Bound program.

Student Signature

Date

Parent/Guardian Signature

Date

Student's Name: _____ School: _____ Grade: _____

Student Contract

In order to participate in the Upward Bound Program at California State University, Northridge, I agree to do the following (*Parent/Guardian please initial the following*)

Initial

- _____ I will abide by all rules and policies of the program, school, and the community.
- _____ I will attend all UB meetings, advising sessions, tutoring, and Saturday Academies, Summer Enrichment Program, and field trips.
- _____ I will contact the UB Coordinator in advance if I must miss any UB activities (advising, tutoring, workshops, Saturday Academy, and field trips).
- _____ I will bring all needed books and other supplemental materials (paper, pens, homework, etc.) during the academic and summer component.
- _____ I will do all of my homework and turn it in when due.
- _____ I will attend classes regularly; work to maintain a 2.5 or higher GPA each semester/term; I understand that I will be on academic probation if my GPA drops below 2.5 per semester/term.
- _____ I will attend tutoring.
- _____ I will respect myself and others.
- _____ I will strive to maintain a positive attitude in all that I do and encourage others to do the same.
- _____ I will cooperate and behave in a mature, responsible way with teachers, staff, and other students in the program and school.
- _____ I will make every attempt to remain in the program for the remainder of my high school education.
- _____ I will participate in the Summer Enrichment Program and field trips.
- _____ I will enter a postsecondary educational program upon completion of the Upward Bound program.
- _____ I will maintain a healthy and drug free life as a participant of the Upward Bound program.

I understand that participation in all UB activities is vital to my success. I agree to follow the above rules and understand that violation of these rules may result in dismissal from the Upward Bound Program.

Student's Signature: _____ Date _____

Parents/Guardian's Signature _____ Date _____

Student's Name: _____ School: _____ Grade: _____

Release Forms

Students and parents please read each section carefully and sign and date where indicated.

Permission to Access Records & Media Release Form

I authorize the release of official school records (i.e. student transcripts, progress reports, test scores, free/reduced lunch records, etc.) and permission to track and verify postsecondary enrollment to the Upward Bound program at California State University, Northridge. I understand that the information in these records will be used only to assess the student need for program services, discern his/her educational progress, evaluate the effectiveness of program activities, aid in completing postsecondary, financial aid, and scholarship applications, and fulfill statistical program reporting requirements. I further understand that my records will be strictly confidential. All information provided is protected by the Privacy Act. In addition, I hereby give my permission for my child's name, photograph, work and/or statements to be used by Upward Bound for promotional, publicity or instructional purposes.

Student Name (print) _____

Student Signature _____ **Date** _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ **Date** _____

Search and Seizure policy

The Upward Bound program staff reserves the right to search Upward Bound participants' property, rooms and belongings without prior consent from the participant or the participant's parent/guardian if the participant has violated program policy or there is reasonable suspicion to believe that a program violation has been committed by the participant. Staff may also enter and inspect rooms for health and/or safety reasons.

Student Name (print) _____

Student Signature _____ **Date** _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ **Date** _____

Student's Name: _____ School: _____ Grade: _____

CSUN UPWARD BOUND PROGRAM ~ In Case of Emergency Information

Student's Name: _____ Student's Date of Birth: _____

Name of student's primary doctor/physician: _____ Student's Home/Main Phone Number: _____

Allergies: _____

Prescribed Medication: _____

Medical Conditions: _____

INSURANCE INFORMATION

Insurance Company/Name: _____ Policy #: _____

Phone #: _____ *Please attach a copy of the student's medical insurance card.*

EMERGENCY CONTACT INFORMATION

In case of emergency, the named adult or I can be reached at the following:

Parent/Guardian Name: _____ Emergency Contact Person's Name: _____

Relationship: _____ Relationship: _____

Phone #: _____ Phone #: _____

Alternate Phone #: _____ Alternate Phone #: _____

Work Phone #: _____ Work Phone #: _____

Address: _____ Address: _____

AUTHORIZATION FOR MEDICAL CARE

I hereby authorize the TRIO Upward Bound sponsored by California State University, Northridge to seek and authorize medical treatment for _____ (student name) in the event of an emergency. I consent to the medical staff to provide any diagnostic procedure (i.e., X-ray), the administration of any medical treatment, or any hospital care when any or all are deemed advisable by the attending physician or surgeon.

I understand that the TRIO Upward Bound is not responsible for any cost and/or indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatments and services prescribed by the attending physician or surgeon for my child including all charges not covered by insurance.

_____ Date _____
Parent Signature

Student's Name: _____ School: _____ Grade: _____

Parent/Guardian Information

*This section is to be completed by the parent/guardian of the student applicant.
All information submitted is kept confidential!*

Mother's Name: _____ Age: _____ Occupation: _____

Cell Phone #: _____ Email Address: _____

Are you presently employed? Yes No

Did you graduate from high school? Yes No

Did you graduate from a community college? Yes No

Did you earn a bachelor's degree from a college or university? Yes No

Father's Name: _____ Age: _____ Occupation: _____

Cell Phone #: _____ Email Address: _____

Are you presently employed? Yes No

Did you graduate from high school? Yes No

Did you graduate from a community college? Yes No

Did you earn a bachelor's degree from a college or university? Yes No

What is the primary language spoken at home? _____

Are you willing to attend the Academic year Orientation for Parents? Yes No
(This is a mandatory meeting, which parents and students must attend)

Are you willing to attend the Summer Program Orientation for Parents? Yes No
(This is a mandatory meeting, which parents and students must attend)

Are you willing to attend two Saturday Academy Parent Meetings per year? Yes No
(This is a mandatory meeting, which parents and students must attend)

I understand the purpose of the Upward Bound program, which is to prepare participants to successfully complete a program of postsecondary education, and would like to have my child participate. Because parent involvement and support are major contributing factors to students success, I agree to be involved in the following ways: 1) keeping informed of my child's progress in school; 2) encouraging my child to attend all UB activities; 3) allowing my child to attend UB field trips; 4) participating in UB events in which parents are invited; 5) sharing concerns about my child's education with Upward Bound staff; 6) supporting the UB staff in their efforts on behalf of my child. I support the mission of Upward Bound and will make it a priority to assist my child in his/her future education.

I hereby attest that all the information is true and correct. I also understand that a false statement or misrepresentation will make the applicant ineligible for the CSUN Upward Bound program.

Parent/Guardian Signature _____

Date _____

Student's Name: _____ School: _____ Grade: _____

Información de Padres/Guardián

*Esta sección debe ser completada por el padre o tutor del estudiante solicitante.
Toda la información presentada es confidencial!*

Nombre de Madre: _____ Edad: _____ Ocupación: _____

Cellular #: _____ Correo Electrónico: _____

- ¿Está usted empleado actualmente? Si No
- ¿Se graduó de la escuela secundaria? Si No
- ¿Se graduó de un colegio comunitario? Si No
- ¿Se recibió de una universidad? Si No

Nombre de Padre: _____ Edad: _____ Ocupación: _____

Cellular #: _____ Correo Electrónico: _____

- ¿Está usted empleado actualmente? Si No
- ¿Se graduó de la escuela secundaria? Si No
- ¿Se graduó de un colegio comunitario? Si No
- ¿Se recibió de una universidad? Si No

¿Cuál es el idioma principal que se habla en casa? _____

¿Está dispuesto a participar en el Curso de Orientación para los padres? Si No
(Esta es una reunión obligatoria, que los padres y los estudiantes deben asistir)

¿Está dispuesto a participar a la Orentacion del programa de verano para padres? Si No
(Esta es una reunión obligatoria, que los padres y los estudiantes deben asistir)

¿Está dispuesto a asistir dos reuniones, por año, de padres durante la Academia Sábado? Si No
(Esta es una reunión obligatoria, que los padres y los estudiantes deben asistir)

Entiendo que el propósito del programa de Upward Bound, es preparar a los participantes para llevar a cabo un programa de educación postsecundaria, y me gustaría que mi hija/o participe. Debido a la participación de padres y el apoyo son los principales factores que contribuyen al éxito de los estudiantes, me comprometo a participar en las siguientes maneras: 1) mantener informado del progreso de mi hijo en la escuela; 2) animar a mi hijo/a que asista a todas las actividades de UB, 3) permitir que mi hijo/a asiste a excursiones de UB, 4) participar en eventos de UB que se invita a los padres; 5) intercambio de inquietudes sobre la educación de mi hijo/a con los empleados de UB; 6) apoyar los empleados de UB en sus esfuerzos en nombre de mi hijo/a. Yo apoyo a la misión de Upward Bound y se convierten en una prioridad para ayudar a mi hijo/a en su educación y su futuro.

Yo certifico que toda la información es verdadera y correcta. También entiendo que una declaración falsa o tergiversación hará que el solicitante no sea elegible para el programa de Upward Bound CSUN.

Parent/Guardian Signature _____

Date _____

Financial Eligibility Information

Note to parents/guardians: the U.S. Department of Education requires that the following information be provided for all participants prior to admission into the program. Answer all questions as thoroughly as you can. **Please fill out either Section A or Section B.** All information submitted is kept confidential.

HOUSEHOLD:

Please circle the TOTAL number of family members living at home (*please don't forget to include yourself*):

1 2 3 4 5 6 7 8 9 10 other: _____

Does the applicant receive free or reduced lunch at school? Yes No

SECTION A – This section is for applicants from families that file annual tax forms. Financial information submitted should be based on **CURRENT** (*your most recent filed forms*) IRS Tax information.

1. Which Federal Tax Form did you file? 1040 1040A 1040EZ

2. What is your TOTAL TAXABLE INCOME? \$ _____ per year.
Please see: Line 10 in your 1040 tax forms. If blank add "0".

3. What is your ADJUSTED GROSS INCOME? \$ _____ per year.
Please see: Line 7 in your 1040 tax forms.

4. How did you file? Married/Jointly Head of Household Single/Married Filing Separately

SECTION B - This section **MUST be filled out for applicants that DO NOT FILE** Annual Federal Tax Forms.

1. **Income from Work** - If applicant's family DID NOT file an IRS Tax Form, what was the parent's annual income from work? \$ _____ per year.

2. **Other income** – If applicant's family receives other forms of income or assistance, please provide the monthly amount for each type of aid.

| | <i>Father</i> | <i>Mother</i> |
|---|--------------------|--------------------|
| <input type="checkbox"/> Unemployment | \$ _____ per month | \$ _____ per month |
| <input type="checkbox"/> Disability | \$ _____ per month | \$ _____ per month |
| <input type="checkbox"/> Social Security | \$ _____ per month | \$ _____ per month |
| <input type="checkbox"/> Public Assistance (TANF) | \$ _____ per month | \$ _____ per month |
| <input type="checkbox"/> Child Support | \$ _____ per month | \$ _____ per month |
| <input type="checkbox"/> Other _____ | \$ _____ per month | \$ _____ per month |

I certify the information provided above is true and correct to the best of my knowledge. I understand that all information shared with Upward Bound and California State University, Northridge is strictly confidential.

Parent/Guardian Name (please print) _____ Relationship _____

Parent/Guardian's Signature _____ Date _____

Office Use: UB staff verified tax forms: Initial: _____ Date: _____

Información Financiera para Elegibilidad

Nota a los padres / tutores: el Departamento de Educación de EE.UU. requiere que la siguiente información sea entregada por todos los participantes antes de la admisión en el programa. Conteste todas las preguntas tan plenamente como sea posible. **Por favor llene solamente una sección; Sección A o Sección B.** Toda información presentada será confidencial.

LA CASA:

Por favor circule el número total de miembros de la familia que viven en su casa (*por favor no se olvide de incluir a si mismo*):

1 2 3 4 5 6 7 8 9 10 otro: _____

¿El solicitante/estudiante recibe almuerzo gratis o reducido en la escuela? Si No

SECCIÓN A - Esta sección es para los solicitantes de familias que presentan formularios de impuestos anuales. La información financiera presentada debe ser basada en la información de impuestos sometida al IRS (los formularios presentados más reciente).

1. Cual formulario de Impuestos Federales es el que usted presenta? 1040 1040A 1040EZ

2. Cuál es su **ingreso anual sujeto a impuestos**? \$ _____ **anual.**

Por favor, consulte: Línea 10 de la forma 1040.

3. Cuál es su ingreso **ajustado anual sujeto a impuestos**? \$ _____ **anual.**

Por favor, consulte: Línea 7 de la forma 1040.

4. ¿Cómo archivo/reporto? Casado /conjunta Cabeza de Familia Soltero/casado, reporto separado

SECCIÓN B - Esta sección *debe ser llenada por los solicitantes que no reportan* formularios de impuestos anuales al IRS.

1. Ingresos de Trabajo- Si la familia solicitante no presentó un formulario de impuestos del IRS, que fue el ingreso anual de los padres del trabajo? \$ _____ **anual.**

2. Otros Ingresos -Si la familia solicitante recibe otras formas de ingresos o asistencia, por favor complete el total mensual para cada tipo de ayuda que reciben.

| | <i>Padre</i> | <i>Madre</i> |
|--|--------------------|--------------------|
| <input type="checkbox"/> Desempleo | \$ _____ mensuales | \$ _____ mensuales |
| <input type="checkbox"/> Incapacidad | \$ _____ mensuales | \$ _____ mensuales |
| <input type="checkbox"/> Seguro Social | \$ _____ mensuales | \$ _____ mensuales |
| <input type="checkbox"/> Asistencia Pública (TANF) | \$ _____ mensuales | \$ _____ mensuales |
| <input type="checkbox"/> Apoyo de Hijo/s | \$ _____ mensuales | \$ _____ mensuales |
| <input type="checkbox"/> Otras: _____ | \$ _____ mensuales | \$ _____ mensuales |

Certifico que la información proporcionada es verdad y correcta a lo mejor de mi conocimiento. Entiendo que toda la información compartida con Upward Bound y California State University, Northridge es estrictamente confidencial.

Nombre del Padre/Guardián: _____ Relación: _____

Firma de Padre/Guardián: _____ Fecha: _____

Office Use: UB staff verified tax forms: Initial: _____ Date: _____

Personal Statement

PERSONAL STATEMENT TIPS:

- *Don't wait until the last minute to write your autobiography!*
- Write your first draft in pencil.
- Erase mistakes and correct as you write.
- Make corrections in sentence structure, grammar, punctuation, and spelling.
- If possible, let someone else read and evaluate your paper.
- Write your final draft legibly in blue or black ink, or type it. Typed is preferred.
- If you type the final draft, it should not be more than two pages long and double spaced (approximately four handwritten pages).

OUTLINE OF THE PERSONAL STATEMENT

Each paragraph should develop and discuss only one idea and lead easily into the next topic.

Paragraph 1: Introduce yourself. For example: I am the oldest, youngest, or somewhere in between so many brothers and sisters. Include something about your place of birth, your family, and your home life.

Paragraph 2: Describe some of your experiences; explain why you feel that a college education will benefit you and your community. Describe your reasons for wanting to go to college. What are your special interests (music, sports, computers, biology, and another language other than English)? You might want to mention a person who has influenced you to pursue a college education.

Paragraph 3: Discuss your present grade point average. Are you satisfied with your present grades? If not, what are the factors that have contributed to your low grades: no place to study at home, work after school, illness? Discuss your extracurricular activities. Do you have any special hobbies or talents such as singing, playing an instrument, writing poetry, or sewing?

Paragraph 4: Discuss the future. Why are you applying to the Upward Bound Program at CSUN? What are your hopes, dreams, and plans? Have you decided on a career goal? Will you work to better your community? Will you travel?

Don't forget to keep a copy of your personal statement for your records.

Student's Name: _____ **School:** _____ **Grade:** _____

Student's Name: _____ School: _____ Grade: _____

Guidance Counselor Recommendation

NOTE TO WHOM IT MAY CONCERN: This student has applied to participate in the CSUN Upward Bound program, a project funded by the U.S. Department of Education designed to assist eligible students to enter and succeed in college. The information requested will help us in determining the student's eligibility to participate. Please complete this portion of the form adding appropriate comments as needed. Thank you for your cooperation.

How long have you known the student? _____ Student's Cumulative GPA: _____

Attendance Record Excellent Good Fair Middle Low

Student's motivation for enrollment in postsecondary education High Middle Low

Please select the subject areas in which you feel this student has an academic need (please include courses in which the student needs credit or subjects in which the student would benefit from enhancement):

Writing Reading Math Foreign Language
Science History Career Information Educational Planning
Self-concept Other (please specify) _____

Does this student have limited English proficiency? Yes No

Was/Is this student enrolled in any Advanced Placement course(s)? Yes No

If yes, which one(s)? _____

Please give your perception of this student's academic potential. Include academic, social and family factors: _____

Important! Please return a copy of the following with this form:

- 1. Student's un-official middle/high school transcript with various test scores.
- 2. Student's most recent report card.
- 3. Current Class Schedule.

Please sign blow and attach this form to the other required forms. Insert all forms in an envelope and return to the college office.

Name of person completing this form _____

Title _____

Signature _____ Date _____

Student's Name: _____ School: _____ Grade: _____

Teacher Recommendation

NOTE TO WHOM IT MAY CONCERN: This student has applied to participate in the CSUN Upward Bound program, a project funded by the U.S. Department of Education designed to assist eligible students to enter and succeed in college. The information requested will help us in determining the student's eligibility to participate. Please complete this portion of the form adding appropriate comments as needed. Thank you for your cooperation.

Student's Name _____ High School _____

Teacher's Name _____ Course Title _____

Teacher's phone number _____ Email _____

Current Grade: 8 9 10 11 12 How long have you known the student? _____

| | <i>Excellent</i> | | | | <i>Poor</i> |
|--|------------------|---|---|---|-------------|
| Has good class attendance | 1 | 2 | 3 | 4 | 5 |
| Demonstrates punctuality with assignments | 1 | 2 | 3 | 4 | 5 |
| Seems motivated to achieve in class | 1 | 2 | 3 | 4 | 5 |
| Demonstrates good study habits | 1 | 2 | 3 | 4 | 5 |
| Accepts responsibility for his/her work | 1 | 2 | 3 | 4 | 5 |
| Demonstrates a good work ethic | 1 | 2 | 3 | 4 | 5 |
| Demonstrates good communication skills | 1 | 2 | 3 | 4 | 5 |
| Cooperates with peers | 1 | 2 | 3 | 4 | 5 |
| Appearance/behavior reflects a positive self-image | 1 | 2 | 3 | 4 | 5 |
| Exhibits dependable and reliable behavior | 1 | 2 | 3 | 4 | 5 |
| Respects authority | 1 | 2 | 3 | 4 | 5 |
| Student's potential for postsecondary success | 1 | 2 | 3 | 4 | 5 |

From which components of the program do you feel the student would benefit the most?

- | | |
|---|---|
| <input type="checkbox"/> Academic advising/ counseling | <input type="checkbox"/> Study skills |
| <input type="checkbox"/> Career advising/exploration | <input type="checkbox"/> postsecondary planning |
| <input type="checkbox"/> ACT/ SAT preparation | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Field trips (college campuses, cultural events, etc) | |

Would you recommend this student for the CSUN Upward Bound program?

- Highly recommend Recommend with reservation Not recommend

Comments: _____

Please sign below and insert into an envelope. Please seal and sign the edge of the flap of the envelope and return the college office.

FACULTY SIGNATURE _____ Date _____