

Le Moyne College  
**Upward Bound**

# Application for Enrollment

Summer 2024  
Academic Year 2024-2025



*Funded by a grant from the U.S. Department of Education*

Telephone: 315-445-5430  
Fax: 315-445-4534  
Email: [blackka@lemoyne.edu](mailto:blackka@lemoyne.edu)  
Website: [www.lemoyne.edu/Upward\\_Bound](http://www.lemoyne.edu/Upward_Bound)

Le Moyne College  
Upward Bound Program

## Instructions for Completing Application

Dear Student:

We are pleased that you are interested in the Upward Bound Program. In order for you to be considered as a successful candidate, the attached Upward Bound application **must be completed with all necessary documentation**. Students will be selected based on:

- The information provided on the attached application
- A personal interview conducted by an Upward Bound staff member
- Federal Income Guidelines

Upward Bound enforces the United States Department of Education guidelines to ensure confidentiality and to strictly guard your family's private information. The information you provide is required to be enrolled; therefore, only completed applications can be considered for the Upward Bound Program. Please understand there are a **limited number of available spaces for Upward Bound**, so it is very important that you **return your completed application as soon as possible**.

The application process is fairly simple: Follow these **4 steps** in completing your application.

1. Fill in your personal information on **pg. 3**. Ask parent/guardian to fill out **pgs. 4-5** and **include all signatures** at the bottom of **pg 5**.
2. Tell us about yourself by completing the attached Essay Questions, which we have outlined for you on **pg. 6**.
3. Give **pg. 7-8** to your School Counselor; ask them to attach a copy of your most recent report card.
4. Choose a teacher or administrator who knows your work as a student and ask them to fill out **pgs. 9-10**.

**\*\*Applications will not be processed without all sections of the application.\*\***

**Please look at enclosed checklist to make sure you have all pieces of the application.**

If you have questions or require additional information, please contact me at either [blackka@lemoyne.edu](mailto:blackka@lemoyne.edu) or (315) 445-5430. Please visit our website at [www.lemoyne.edu/upward\\_bound](http://www.lemoyne.edu/upward_bound).

Sincerely,

*Kenyon A. Black*

Kenyon A. Black, Director



**PARENT/GUARDIAN DATA** (This section must be completed by parent or guardian)

**Parent/Guardian 1:**

1. NAME: \_\_\_\_\_  
Last First Middle
2. ADDRESS: \_\_\_\_\_  
Number and Street City State Zip Code
3. Telephone No.: Home \_\_\_\_\_ Cell \_\_\_\_\_
4. Email: \_\_\_\_\_

**Educational Background:**

Highest LEVEL OF EDUCATION **COMPLETED:** Parent 1 (please circle one)

- |                              |                             |                             |
|------------------------------|-----------------------------|-----------------------------|
| <b>A.</b> Grade School (1-8) | <b>C.</b> Technical School  | <b>E.</b> College (4 years) |
| <b>B.</b> High School (9-12) | <b>D.</b> College (2 years) | <b>F.</b> Graduate Work     |

**Parent/Guardian 2:**

1. NAME: \_\_\_\_\_  
Last First Middle
2. ADDRESS: \_\_\_\_\_  
Number and Street City State Zip Code
3. Telephone No.: Home \_\_\_\_\_ Cell \_\_\_\_\_
4. Email: \_\_\_\_\_

**Educational Background:**

Highest LEVEL OF EDUCATION **COMPLETED:** Parent 1 (please circle one)

- |                              |                             |                             |
|------------------------------|-----------------------------|-----------------------------|
| <b>A.</b> Grade School (1-8) | <b>C.</b> Technical School  | <b>E.</b> College (4 years) |
| <b>B.</b> High School (9-12) | <b>D.</b> College (2 years) | <b>F.</b> Graduate Work     |

## Household Income (Must complete for eligibility purposes)

All Information is protected by the Privacy Act. No one may see the information unless they work with or for the Upward Bound project or are specifically authorized by the Department of Education to evaluate the project.

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_  
do hereby state that my family's **TAXABLE INCOME** for 2023 was \$ \_\_\_\_\_ (for example, \$10 000) and that my **family size**  
(including myself) last year was \_\_\_\_\_ people.

Please indicate if your family receives any additional assistance and **how much per month** (for example, Child Support: \$ 200)

- |   |                            |
|---|----------------------------|
| A. Public Assistance: \$ _____            | E. Child Support: \$ _____ |
| B. Food Stamps: \$ _____                  | F. Other: _____            |
| C. Unemployment Insurance: \$ _____       | \$ _____                   |
| D. Social Security Income (SSI): \$ _____ |                            |

**\*YOUR CHILD'S APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED IF YOU DO NOT PROVIDE THE REQUESTED INFORMATION\***

Please describe any hardships or circumstances which you feel we should consider.

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**WE (STUDENT AND PARENT) CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT.**



SIGNATURE OF PARENT

/\_\_\_\_\_  
Date



SIGNATURE OF STUDENT

/\_\_\_\_\_  
Date



**LE MOYNE COLLEGE  
UPWARD BOUND PROGRAM  
ACADEMIC YEAR 2024-2025**

**SCHOOL COUNSELOR RECOMMENDATION FORM**

**THIS FORM IS TO BE COMPLETED BY SCHOOL COUNSELOR:** Please complete this form and return it with a copy of student's most recent report card.

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Student GPA: \_\_\_\_\_ Student School ID#: \_\_\_\_\_

Your Name: \_\_\_\_\_ School Name: \_\_\_\_\_

**Student Reading/Language Arts Proficiency Level at time of initial selection (circle one)**

- A. Student achieved the proficient level on state assessment in Reading/Language Arts
- B. Student did not achieve at the proficient level on state assessment in Reading/Language Arts
- C. Not applicable, student has not taken the state assessment in Reading/Language Arts

**Student Math Proficiency Level at time of initial selection (circle one)**

- A. Student achieved the proficient level on state assessment in Math
- B. Student did not achieve at the proficient level on state assessment in Math
- C. Not applicable, student has not taken the state assessment in Math

**Limited English Proficiency at time of selection (circle one)**

- A. Yes
- B. No

**Other Academic Needs at time of initial selection (circle one)**

- A. Lack of opportunity, support, and/or guidance to take challenging college preparation courses
- B. Lack of career goals and/or need for accurate information on careers
- C. Limited English Proficiency
- D. Lack of confidence, self-esteem, and/or social skills
- E. Interest in careers in math or science
- F. Diagnosed learning disability

**(over)**





**LE MOYNE COLLEGE  
UPWARD BOUND PROGRAM  
ACADEMIC YEAR 2024-2025**

**TEACHER/ADULT RECOMMENDATION FORM**

**STUDENT NAME:** \_\_\_\_\_

This student has identified you to recommend him/her to be admitted into the Le Moyne College Upward Bound 2024-2025 Academic Year Program. The Upward Bound Program operates a residential tutorial and instructional program, which provides academic and personal assistance to students in grades 9-12.

Your candid assessment of the student's characteristics and motivation to succeed will help determine the quality of the students who participate in the program.

**YOUR NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**SCHOOL/AGENCY:** \_\_\_\_\_

**YOUR RELATIONSHIP TO STUDENT:** \_\_\_\_\_

\_\_\_\_\_

**HOW LONG AND IN WHAT WAY HAVE YOU KNOWN THIS STUDENT? PLEASE BE SPECIFIC:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DOES STUDENT HAVE THE ABILITY/MOTIVATION TO BENEFIT FROM THE SERVICES THAT THE PROGRAM OFFERS? PLEASE EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(over)

**FOR EACH CHARACTERISTIC LISTED BELOW, PLEASE CHECK APPROPRIATE RATING:**

CHARACTERISTICS	EXCELLENT	GOOD	AVERAGE	POOR	NO BASIS TO JUDGE
Sense of responsibility					
Level of academic motivation					
Level of maturity					
Level of social skills (ability to interact with peers and adults)					
Cooperation with authority					
Leadership abilities					

**WHY WOULD YOU RECOMMEND OR NOT RECOMMEND THIS STUDENT TO PARTICIPATE IN THE PROGRAM?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DOES STUDENT HAVE OTHER QUALITIES/CHALLENGES THAT THE PROGRAM SHOULD BE AWARE OF? PLEASE EXPLAIN** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO:**

**Upward Bound Program**  
**Le Moyne College - Romero Hall**  
**1419 Salt Springs Road**  
**Syracuse, New York 13214**  
**Phone: 315-445-5430**  
**Fax: 315-445-4534**  
**Email: jeylanm@lemoyne.edu**

# Le Moyne College Upward Bound Program

## Student Application Checklist

**Please use the application checklist before submitting to ensure that your application is complete**

- \_\_\_\_\_ **Personal Information** completed by student
- \_\_\_\_\_ **Acceptable Verification of Citizenship/Residency**
- \_\_\_\_\_ **Parent/Guardian Data** completed by parent/guardian with all income information/verification included and signed by parent/guardian & student
- \_\_\_\_\_ **Student Essay** completed by student
- \_\_\_\_\_ **School Counselor Recommendation Form** completed by School Counselor
- \_\_\_\_\_ **Most Recent Report Card** obtained from School Counselor
- \_\_\_\_\_ **Teacher/Adult Recommendation form** completed by a teacher/adult that is familiar with your academic abilities, achievement, etc.
- \_\_\_\_\_ **Signatures** for parent(s) and student

**Applications can be mailed, scanned, faxed, or emailed:**

**Upward Bound  
Le Moyne College  
1419 Salt Springs Rd  
Syracuse, NY 13214  
Phone: (315) 445-5430  
Fax: (315) 445-4534  
Email: [jeylanm@lemoyne.edu](mailto:jeylanm@lemoyne.edu)**

