



California State University, Fresno

APPLICATION

ESL Upward Bound Program
California State University, Fresno
5240 N. Jackson Avenue, M/S UC35
University Center #127
Fresno, CA 93740-8023
(559) 278-5796
Fax (559) 278-4306

<http://www.csufresno.edu/upwardbound>

ESL Upward Bound Program Application
California State University, Fresno

SECTION I

(TO BE COMPLETED BY STUDENT)

Background Information

(Please print or type)

Date ____/____/____

1. Name _____
LAST FIRST MIDDLE

2. Social Security No. ____ - ____ - ____

3. Address _____
STREET CITY STATE ZIP

4. Telephone No. () _____

5. Date of Birth ____/____/____
MONTH DAY YEAR

6. Gender: Male Female

7. Ethnic Background: African-American Native American Asian-American
 Caucasian Hispanic Other _____

8. Are you a U.S. Citizen? Yes No

9. If no, Are you in the U.S. for other than a temporary purpose and can you provide evidence from the Immigration & Naturalization Service of your intent to become a permanent resident? Yes No If yes, INS# _____

10. With whom do you live? _____

11. What language do you speak best? _____

12. What language is usually spoken at home? _____

13. Have you ever been enrolled in an ELD Class? Yes No

14. If yes what was the name of the class and what grade did you receive: _____

15. Name of Parent(s)/Guardian(s) _____

Educational/Personal Information

16. High school attending _____

17. Grade Point Average _____

18. Grade: Freshman Sophomore Junior Senior

19. Email address: _____

20. High school counselor's name _____

21. Student ID# _____

22. List activities, clubs and organizations in which you have participated in High School:

23. Are you presently employed? Yes No - If yes, location & hours/week _____

24. Are you able to participate in Monthly Saturday College Conferences? Yes No

25. Are you able to participate in after-school tutorial sessions? Yes No

26. Are you able to participate in a five-week Summer Residential Program? Yes No

27. How did you find out about the ESL Upward Bound Program?

- Through my parents Through Radio, Television or Newspaper Through a friend
 Through my high school counselor Through an ESL Upward Bound representative Other _____

Emergency Information

28. Give the name, address, and phone number of someone reliable (a relative or friend) who does not live with you but can be contacted in the event of an emergency. A telephone number is mandatory!

Name _____
FIRST LAST

Relationship to Applicant _____

Address _____
STREET APT. # CITY STATE ZIP

Telephone No. () _____

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(TO BE COMPLETED BY PARENT OR GUARDIAN)

SECTION II

Parent Information

The Personal Information you give the ESL Upward Bound director is retained at the ESL Upward Bound office. The information is protected by the privacy act. No one may see the information unless they work with or for the ESL Upward Bound program or are specifically authorized to see it. This information is necessary to determine if your child is eligible to participate in the ESL Upward bound Program and it helps the program measure his/her success. The United States Office of Education has the authority to gather such information (20 USC 1231a) in order to help make ESL Upward Bound a better program.

PLEASE COMPLETE THE FOLLOWING:

1. Name of Mother/Legal Guardian _____
LAST FIRST MIDDLE

2. Name of Father/Legal Guardian _____
LAST FIRST MIDDLE

3. Address _____
STREET APT. # CITY STATE ZIP

4. Home Telephone No. () _____ 5. Work Telephone No.(s) () _____
() _____

6. Father's/Legal Guardian's Occupation _____

7. His Place of Employment _____

8. Mother's/Legal Guardian's Occupation _____

9. Her Place of Employment _____

10. Head of Household (Relationship to Student) _____

11. No. of Person's Living in Same Household (Including Applicant) _____

12. Please list **ALL** person's dependent on family income living in this household, including yourself:

(Attach additional sheet if needed)

First/Last Name	Relationship to Applicant	Highest Grade Completed/Degree	
		School Now Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Student Recommendation Form

SECTION III

Fill out the upper portion of the Recommendation Forms and give to someone who knows your academic potential, such as a teacher or to a community member. **Do not give it to a relative.**

Student's Name: _____	Telephone: () _____
Address: _____	High School: _____
City: _____ Zip: _____	Grade: _____

TO THE TEACHER OR COMMUNITY MEMBER: The student named above is applying to the ESL Upward Bound Program at California State University, Fresno. This program encourages low-income ethnically diverse high school students to pursue a post-secondary education and future careers. Students also participate in weekly tutorial sessions and other activities to assist them in their education during the academic year. In addition, students spend five weeks during our Summer Residential Program at California State University, Fresno where they take courses for credit towards high school and/or college.

How long have you known this student? _____ In what capacity? _____
 Your Position: _____ Employer (optional) _____

Please rate applicant's academic and study skills

OUTSTANDING AVERAGE FAIR NO BASIS FOR EVALUATION

Academic Achievement				
Writing Skills				
Reading Skills				
Math Skills				
Communicate Effectively in English				
Turns in completed homework on time				
Takes Notes in Class				
Quality of Oral Presentations				
Quality of formal papers/reports				
Quality of Objective test-taking skills				
Quality of short answer questions				
Class Preparation				
Time Management Skills				
Attendance in School				

Please check how you would rate the applicant's characteristics and motivation.

STRONGLY AGREE AGREE AGREE SOMEWHAT DISAGREE

Has a positive self-image.				
Demonstrates leadership capabilities.				
Self-starter, intellectual curiosity.				
Highly motivated and willing to learn.				
Potential for growth				
Works well with others				
Flexibility				

What academic and personal qualities come to mind that best describe the applicant?

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Are you aware of any current circumstances or problems that may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, learning disabilities, and/or health concerns)? If so, please explain.

Please give us your impression of this student. How would he/she benefit from the ESL Upward Bound Program, and how would he/she contribute to the success of the program? (Please comment freely upon the student's strengths, abilities, special talents, or special needs).

Please check the appropriate box:

- Recommend** **Recommend with Reservation** **Do Not Recommend**

Your Name: _____ Telephone: (____) _____
Address: _____ City: _____ Zip: _____
Signature: _____ Date: _____

Thank you for your assistance. If you have any question, please contact us at (559) 278-5796. Please mail this form to the following address or return to the student:

ESL Upward Bound Program
California State University, Fresno
5240 N. Jackson Avenue, UC35 University Center #127
Fresno, California 93740
Phone: (559) 278-5796 Fax (559) 278-4306

Thank you for your time.

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(TO BE COMPLETED BY COUNSELOR)

Counselor Assessment of Student Needs

Name of High School Counselor _____

Grade Level _____

Name of Student _____

Cumulative GPA _____

Student High School ID# _____

Current GPA _____

CAHSEE Language score: _____

CAHSEE Math score: _____

***PLEASE ATTACH A COPY OF TEST SCORES & TRANSCRIPTS**

Assessment

Instructions

The above named student is applying to Fresno State's ESL Upward Bound Program. Please assist us in evaluating the needs of the students by filling out this form. We are looking for talented and motivated students who are striving to go to college and overcome social, personal, and academic barriers.

	Outstanding	Satisfactory	Needs Improvement	No Basis for Evaluation
Motivation to do well in school				
Desire to attend college				
Leadership capabilities				
Academic potential for postsecondary education				
Involvement in school activities				
Involvement in community activities				
Relationships with others				
Enthusiasm for learning				
Performance on Standardized Test Scores				

What ESL classes has this student completed? What was their grade in this class? _____

What academic subject(s) does the student need assistance in? _____

How will he/she benefit from the ESL Upward Bound Program? _____

How long have you known applicant? _____

Additional Comments _____

Recommendation

I recommend _____ for admission to the ESL Upward Bound Program at California State University, Fresno. I believe that this student has the potential to succeed in college, although his/her present grades may not reflect it. To the best of my knowledge, this student meets the requirements for participating in Upward Bound.

Counselor's Signature

Date

Position

Telephone Number

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Please give us your impression of this student. How would he/she benefit from the ESL Upward Bound Program, and how would he/she contribute to the success of the program? (Please comment freely upon the student's strengths, abilities, special talents, or special needs).

Please check the appropriate box:

- Recommend** **Recommend with Reservation** **Do Not Recommend**

Your Name: _____ Telephone: (____) _____
Address: _____ City: _____ Zip: _____
Signature: _____ Date: _____

Thank you for your assistance. If you have any question, please contact us at (559) 278-5796. Please mail this form to the following address or return to the student:

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