



Application Form



INSTRUCTIONS FOR FILLING OUT APPLICATION:

1) Fill out the application completely. 2) Have the guidance counselor fill out his/her portion. 3) Please include transcript. 4) **Please include your parent's current 1040 tax form.** This is necessary to see if you qualify for the program. 5) *Reminder: be sure your application is complete, including reference information, signatures where needed, and tax forms before returning.*

GENERAL INFORMATION

Student's Name: _____
last first middle

Mailing Address: _____
city state zip code

Street Address: _____
(if different from above address)

Home Phone: _____ Message Phone: _____ Name/Relationship: _____

*Social Security No.: _____ Birthdate: _____ Male Female

School presently enrolled in: _____ Grade: _____ Anticipated date of graduation: _____

Has either your mother or father graduated from college? Yes No

Citizenship:

U.S. Citizen? Yes No

If no, Immigrant/Permanent Resident?

(Alien Number _____)

Ethnic Origin: (optional)

Asian Hispanic Black White Other

Native American, Tribe _____

Birth Place: _____

BRIEFLY DESCRIBE WHY YOU ARE APPLYING FOR UPWARD BOUND:

I understand the purpose of the program offered by Upward Bound. I intend to participate in the academic year component during the school year and the follow-up college summer component.
I agree to comply with any rules and regulations established by the directors or staff of Upward Bound.
I understand that failure to comply could result in dismissal from the program.

Signature of Applicant

Date

* Pursuant to public law 93-579, section 7(b), disclosure of your social security number is voluntary.

STUDENT HEALTH INFORMATION

Height: _____ Weight: _____ Glasses/Contacts? Yes No

Physical Disabilities? Yes No Explain: _____

Check any that apply:

Allergies Hay Fever High Blood Pressure Bite/Sting Heart Sickle Cell Anemia Diabetes Kidney Drugs Sinus

Are you presently on medication? Yes No If yes, what is the name of your medication? _____

How often taken? _____

Major illness or injuries in the past 5 years? Yes No Please describe _____

STUDENT EMERGENCY INFORMATION

Person to be called if parent/guardian cannot be reached:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Physician:

Name: _____

Address: _____

Office Phone: _____

Choice of Hospital: _____

Medical Insurance

Do you have insurance? Yes No If yes, what is the name of your Provider? _____

Policy Number: _____

To whom may the student be released to if he/she is under 18? _____

PARENT/GUARDIAN/FOSTER PARENT AUTHORIZATION:

I hereby give my permission for _____ to apply for admission to the Upward Bound Program and for Project administrators to request and receive any educational records for the above-named applicant from public school records.

I further give permission for _____ to participate in educational, cultural and recreational field trips as scheduled by Upward Bound personnel and to receive any medical attention, including preventative, routine and emergency care as deemed necessary by qualified medical personnel in the event such treatment is necessary during the entire time the student is enrolled or is an alternate in the Upward Bound Program.

I HEREBY AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT A FALSE STATEMENT OR MISREPRESENTATION WILL MAKE THE APPLICANT INELIGIBLE FOR THE UPWARD BOUND PROGRAM.

Parent/Guardian/Foster Parent Signature

Date

This information is available in alternative media.

PARENT/GUARDIAN INFORMATION

(This section is to be completed by parent/guardian)

Student lives with:

- Mother Father Guardian Step-Mother Step-Father Foster-Mother Foster-Father Other

Father/Guardian

Name: _____

Occupation: _____

Employer's Address: _____

Work Phone: _____

E-mail: _____

Mother/Guardian

Name: _____

Occupation: _____

Employer's Address: _____

Work Phone: _____

E-mail: _____

If the student does not live with parent/guardian, please give the parent/guardian address: _____

If applicant is a ward of the court, or state, or is in some type of foster care, please complete the following:

Name and address of responsible agency: _____

Phone: _____ Case Worker: _____

FAMILY OR INDIVIDUAL INCOME INFORMATION

A financial statement is required of all students who are served by the Upward Bound Program.

Your cooperation is needed in filling out the following information:

Number of family members in household, including yourself: _____

Current monthly income \$ _____

Total income for past 6 months \$ _____

Enter below the amount of your family's ANNUAL GROSS INCOME. Attach parent's current U.S. Income Tax Return.

Wages & Salaries \$ _____

Child Support \$ _____

Other Taxable Income \$ _____

TOTAL GROSS INCOME \$ _____

Please check any NONTAXABLE benefits your family receives:

- Unemployment Free Lunch Public Assistance Veteran's Benefits Social Security Retirement

Parent/Guardian Signature

Date

Date Application Received _____

Interview Date _____

Interview Comments _____

Admission Recommendation Strongly Recommend
 Recommend with Reservation
 Not Recommend

Director's Signature _____

Date Accepted to Upward Bound Program _____

Eligibility:

- First Generation
- Low-Income
- First Generation and Low-Income

Academic Need:

- Lack of career goals and/or need for accurate career information
- Lack of opportunity, support and/or guidance to take challenging college preparation courses
- Lacks confidence, self esteem and /or social skills
- Limited proficiency in English
- Low achievement test scores
- Low achievement test scores and low educational aspirations
- Low educational aspirations
- Low high school grade point average
- Low high school grade point average and low achievement scores
- Low high school grade point average and low educational aspiration
- Predominately low income community
- Rural isolation
- Interest in careers in math and science

Date of Exit From Program _____



Reference Form



This form is to be completed by a person familiar with the student's personal and academic performance, i.e. instructor, counselor, community member or school administrator.

STUDENT'S NAME _____ DURATION OF RELATIONSHIP _____

Below are several statements that could pertain to the student being recommended for the Upward Bound Program. **Please answer the following:**

- | YES | NO | *NI | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Has good attendance. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Demonstrates punctuality. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Expresses interest in academic endeavors. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Seems to be motivated to achieve in classes. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Show responsibility in his/her undertaking. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Cooperates with school officials. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Relates well with peers. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Exemplifies dependable and reliable behavior. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Has expressed interest in postsecondary education. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Would benefit from supplemental career education. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Would benefit from supplemental educational enrichment. |

* NEEDS IMPROVEMENT

Does this student have a history of disrupting your class? Yes No

Please explain: _____

I would I would not --recommend enrollment of the student in the program based on the goals and objectives as I understand them.

Comments: _____

Signature & Title _____ Date _____



Counselor Form



**To be filled out by school counselor recommending the student for Upward Bound. Please add comments as needed.
(PLEASE ATTACH A COPY OF STUDENT'S CURRENT HIGH SCHOOL TRANSCRIPT)**

Student's Full Name: _____

Student's Accumulative GPA: _____

Student's Enrollment Status (check one): Full-time Part-time Not Enrolled Other

Major Areas of Student's Need:

- Communication Skills Social Sciences Math Self-Image Improvement Cultural Enrichment Study Skills Interpersonal & Group
 Natural Sciences Other

Student's Attendance:

- Excellent Good Fair Poor

Is student's motivation for completing high school and enrolling in postsecondary education high or low? High Low

Type of postsecondary education interested in: Voc/Tech School? College/University?

Student's Career Interests:

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

Courses & credits needed to make up to be on schedule for graduation:

Courses recommended to take during the summer Upward Bound Program:

Credits Earned to Date: _____