



# UPWARD BOUND

109 Shackelford Annex  
Troy University  
Troy, AL 36082

## Student Application

Please read and follow all instructions carefully. Be sure that all forms have the required signatures and that you have completed each section thoroughly. The following list is for your use to ensure that all proper paperwork has been completed. It is your responsibility to return the completed application. **The interview process can not occur until all the paperwork is completed.**

Student Name \_\_\_\_\_

- |  |  |
|--|--|
| _____ Current Grades/Transcript          | _____ Family Information                   |
| _____ Income Verification Form           | _____ Signed Tax Return from Previous Year |
| _____ Student Program Contract           | _____ Medical Release Form                 |
| _____ Participant Release Form           | _____ Consent Release of Academic Records  |
| _____ Teacher / Counselor Recommendation | _____ Student Personal Essay               |



### OFFICE USE ONLY – Please do not write in this box

**Date Received:** \_\_\_\_\_ **Ethnic Background:** NA/AM ASI BLK HSP CAU OTH

**U.S. Citizen:** Yes No **Gender:** Male Female

**Income Verification:** **Current Grade:** 8 9 10 11 12

\_\_\_\_\_ # in household **First Generation:** Yes No

\_\_\_\_\_ 1040/1040A **Low Income:** Yes No

\_\_\_\_\_ written income verification

**Date Accepted:** \_\_\_\_\_

**Date Denied:** \_\_\_\_\_ **reason:** \_\_\_\_\_

**Interview Date:** \_\_\_\_\_ **Director's Initials:** \_\_\_\_\_ **Date of First Service:** \_\_\_\_\_



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**APPLICATION FOR UPWARD BOUND**

*Upward Bound is 100% funded by the U.S. Department of Education*

**Personal Student Information**

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STUDENT'S LEGAL

NAME \_\_\_\_\_  
Last First Middle

DATE OF BIRTH 

mm/dd/yy
/ /

 GENDER  female  male

ADDRESS \_\_\_\_\_  
Street Address or PO Box City State Zip Code

\_\_\_\_\_  
Student's cell phone number Student's email address

CURRENT SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

ADULT EMERGENCY CONTACT : \_\_\_\_\_ PHONE \_\_\_\_\_

Emergency contact person relationship to student \_\_\_\_\_

ETHNICITY:  Black/African American  Hispanic/Latino  
 Native American/Native Alaskan  Asian  
 Native Hawaiian/Pacific Islander  White/Caucasian  
 Other \_\_\_\_\_

Are you a U.S. Citizen? (circle) YES NO  
If no, what is your resident alien card number? \_\_\_\_\_

Whom do you live with? (Please check all that apply and give their names)

\_\_\_\_ Natural Mother Name \_\_\_\_\_  
\_\_\_\_ Natural Father Name \_\_\_\_\_  
\_\_\_\_ Step Mother Name \_\_\_\_\_  
\_\_\_\_ Step Father Name \_\_\_\_\_  
\_\_\_\_ Guardian(s) Name(s) \_\_\_\_\_  
\_\_\_\_ Other Name(s) \_\_\_\_\_

Do you have a disability of any kind? (circle) YES NO  
If so, please explain: \_\_\_\_\_

## FAMILY INFORMATION

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First Generation Eligibility – all information is kept confidential!

Father or Step Father or Guardian	Mother or Step Mother or Guardian
U.S. Citizen: Yes      No	U.S. Citizen: Yes      No
Name:	Name:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Occupation:	Occupation:
Place of Employment:	Place of Employment:
Work Phone:	Work Phone:
<b>Highest Education Level Achieved:</b>	<b>Highest Education Level Achieved:</b>
<input type="checkbox"/> Elementary (K-8) <input type="checkbox"/> High School (9-12) <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Unknown <input type="checkbox"/> Certification/Other  <input type="checkbox"/> Some college _____ # of years	<input type="checkbox"/> Elementary (K-8) <input type="checkbox"/> High School (9-12) <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Unknown <input type="checkbox"/> Certification/Other  <input type="checkbox"/> Some college _____ # of years

Parent's Marital Status (*circle those that apply*)

Married                      Divorced                      Living Apart                      Separated  
 Father Remarried      Father Deceased      Mother Remarried      Mother Deceased

List the names, grades and ages of any siblings (*brothers/sisters*) living in household:

Name	Grade	School	Age

Do you have any siblings that have been or are currently involved in Upward Bound or a TRIO Program?  
 (circle)      YES      NO

If Yes, \_\_\_\_\_

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**INCOME VERIFICATION FORM**

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**CONFIDENTIAL – All information will be held in strict confidence.**

Federal regulations require that verification of family income must be submitted as part of the application/admission process for Upward Bound.

**In order to verify family income, Upward Bound applicants have two options:**

**1. Attach the most recent copy of the Federal Tax Form 1040 or 1040A.  
(If you attach a copy of a signed tax form it is not necessary to complete the rest of this page).**

**OR**

**2. Complete the following family verification information.**

If a federal income tax was filed during the last calendar year please indicate your taxable income amount on the following line and **SIGN AT THE BOTTOM OF THE PAGE.**

**Family Taxable Income** Last Year \$ \_\_\_\_\_ (from Federal Tax Form 1040 or 1040A).

If you were not required to file an income tax return for the last calendar year, you must complete the rest of the form and **SIGN IT.**

**I/We declare that no federal income tax return was filed by the undersigned for the last tax period and all income received during the year was as follows:**

SOURCE	AMOUNT
___ SOCIAL SECURITY	\$ _____
___ VETERNS BENEFITS	\$ _____
___ CHILD SUPPORT	\$ _____
___ WELFARE/SOCIAL SERVICES	\$ _____
___ UNEMPLOYMENT	\$ _____
___ RETIREMENT	\$ _____
___ OTHER	\$ _____
TOTAL:	\$ _____

**My Child receives:**    **Free Lunch**                      **Reduced Lunch**                      **Not Applicable**

**Number of people living in the household (including applicant)** \_\_\_\_\_

I certify that all the above information is correct and complete to the best of my knowledge.

\_\_\_\_\_  
PARENT'S/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
Date

**PARENT(S)/GUARDIAN(S)**

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## STUDENT PROGRAM CONTRACT

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I agree that if I am accepted into the Upward Bound Program that I will:

- Abide by all rules and policies of the program while cooperating fully with faculty, staff and other UB students.
- Update and submit the following forms: release of academic records, medical form and permission to travel.
- Strive to continually improve my high school academic performance by good attendance, punctuality, class participation, homework completion, and by earning and maintaining a 2.5 cumulative grade point average (GPA) or higher.
- Attend Saturday College Days, after school academic advising, tutoring as needed, and other activities. If a student receives less than a C in a core class, he/she will be encouraged to attend weekly tutoring.
- Attend six-week Summer Residential Program.
- Make every effort to pass all high school course work, be proficient on required state school assessments, and advance to the next grade level or graduate from high school.
- Enroll in a post-secondary institution by fall term immediately following high school graduation.
- Provide follow-up information to the Upward Bound Staff concerning the completion of a post-secondary degree, including the completion of BS/BA degree in six (6) years or completing an AS/AA in three (3) years of enrollment date.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

# UPWARD BOUND MEDICAL RELEASE

## TO THE PARENT(S)/GUARDIANS

The law requires that before medical services can be performed, permission of the parent(s)/guardian(s) must be obtained. In the event of serious illness or accident, every effort will be made to contact you. However, in the event that a delay in medical or surgical treatment might be detrimental to the health of the student, authorization for consultation and treatment by physicians is requested. This form will authorize the Director of the Upward Bound Program or any staff member of Upward Bound designated by the director to carry out the following actions regarding the medical care of your son/daughter. This authorization will be in effect any time your son/daughter is participating in an Upward Bound sponsored activity.

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### MEDICAL HISTORY AND INFORMATION

Student's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Blood Type: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Allergy - food/medications \_\_\_\_\_ Medication \_\_\_\_\_ Known Illness \_\_\_\_\_

Do you wear glasses? Yes No contact lenses Yes No Both \_\_\_\_\_

Do you have any conditions that would interfere with your schoolwork, sports, or physical education?  
Explain? \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Address \_\_\_\_\_

Parent's Home Phone Number \_\_\_\_\_ Parent's workplace & phone number \_\_\_\_\_

Parent's cell phone number \_\_\_\_\_ Parent's email address \_\_\_\_\_

In case of an emergency contact \_\_\_\_\_  
*Name relation to student Telephone*

In case of an emergency contact \_\_\_\_\_  
*Name relation to student Telephone*

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### HEALTH INSURANCE INFORMATION

Health Insurance Company \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Doctor/Clinic Preferred: \_\_\_\_\_ Phone \_\_\_\_\_

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### AUTHORIZATION

I authorize the Upward Bound staff to obtain the services of a qualified physician and/or to use local hospitals and clinics for the treatment of emergency illness or accident and to sign, as a competent adult, forms permitting examination and possible treatment. Such information will be regarded as confidential and shared with medical practitioners for emergency care only. I further understand that I am responsible for all medical and hospital expenses incurred by my son/daughter and have adequate insurance or a means to cover such expenses.

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## UPWARD BOUND PARTICIPANT PERMISSION FORM

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I hereby request permission for my son/daughter to participate in the Troy University Upward Bound Program, which may include the following:

- Field Trips (may include day or overnight, in-state or out-of-state trips)
- Summer Residential Program & Physical activities
- Transportation by bus, van, private car, train or airplane

In consideration of activities provided to my son/daughter, I hereby release the Upward Bound Program, its employees, instructors, volunteer participants, and Troy University employees from any claims for injury or damages arising out of my son/daughter's participation. I accept responsibility for my son/daughter's conduct while participating in the Upward Bound Program. I hereby release the Upward Bound Program and any individuals associated with the Program for injuries or damages resulting from my son/daughter not following and adhering to the rules and regulations of Upward Bound.

I understand that participation in the Upward Bound Program involves certain risks, including but not limited to, travel to and from the site of certain activities. I further understand that some activities may be conducted at sites that are remote from available medical assistance; and nonetheless agree for my son/daughter to proceed.

I hereby give permission for my son/daughter's picture to be taken in connection with the activities of the Upward Bound Program of Troy University and its agencies to be used in newspapers, television and magazine articles, and video productions. I also give permission for my son/daughter to speak publicly regarding the Upward Bound Program.

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Signature of Student's Parent/Guardian

Date

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Student's Name

Date



**UPWARD BOUND PROGRAM**  
**(A U.S. Department of Education TRIO Program)**  
*Upward Bound is 100% funded by the U.S. Department of Education*



**Upward Bound**  
**109 Shackelford Annex**  
**Troy University, Troy, AL 36082**  
**(334) 670-3669**

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**CONSENT FOR RELEASE OF SCHOOL RECORDS**

I hereby give permission to the Troy University Upward Bound TRIO Program to obtain any/all of my records including school transcripts, test scores and records, teacher evaluations, IEP (Individualized Education Plan), 504 and any disciplinary referrals. This includes future college transcripts, admission applications, class schedules and financial aid documents (such as the FAFSA, student aid reports and scholarship award letters).

I understand that these records are confidential and will only be used internally for the program participation selection and evaluation. I also understand that compiled records on a group basis may include any/all of these records. Compiled information will be used to meet U.S. department of Education regulations and program evaluation.

None of my identified, individual records will be released to any person, corporation, organization, or present or future employer without further written consent.

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**STUDENT'S PRINTED NAME**

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**STUDENT'S SIGNATURE** **DATE**

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**STUDENT'S SOCIAL SECURITY NUMBER** **DATE OF BIRTH**

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**PARENT'S/GUARDIAN'S SIGNATURE** **DATE**



# Teacher Recommendation - Upward Bound Troy University

*Upward Bound is 100% funded by the U.S. Department of Education*

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Upward Bound is a high school academic program designed to improve the chances that eligible students will complete post-secondary education. Please answer each of the following questions. Submit your completed form directly to Upward Bound (rather than returning it to the student). This can be accomplished either through mailing the recommendation to our office or submit it to your guidance office and they will forward the recommendation to us. Thank you for your help and cooperation.

***This recommendation form is required as a part of the student application process. Your cooperation in completing this form is greatly appreciated.***

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Name of class \_\_\_\_\_

1. How long have you known the student? \_\_\_\_\_ What grade level did you teach this student? \_\_\_\_\_

2. Were class assignments generally turned in on time? \_\_\_\_ Yes \_\_\_\_ No

3. In what areas does this student need academic help? \_\_\_\_\_

4. Does student currently have an IEP (Individualized Education Plan) or 504? If yes, provide details

5. Is the student strongly motivated in any certain direction? \_\_\_\_\_

6. Please comment on student's rapport with peers and adults? \_\_\_\_\_

7. In your opinion, is this student working to his/her full academic potential? \_\_\_\_ Yes \_\_\_\_ No  
Please explain. \_\_\_\_\_

8. In your opinion, does this student lack motivation or interest in his/her academic work? \_\_\_\_ Yes \_\_\_\_ No  
Please explain. \_\_\_\_\_

9. Are you aware of any major factors that would enhance or inhibit this student's chances in completing a college education (family support or lack of, financial problems, peer pressure, etc.)

Please check all the services or activities that would assist the student to complete their high school education and prepare them for post-secondary education.

\_\_\_ Tutoring \_\_\_\_\_ ACT Preparation  
\_\_\_ Academic Counseling/Advising

\_\_\_ Study Skills Assistance  
\_\_\_ Peer Mentoring

\_\_\_ College Entrance Exam Preparation

\_\_\_ Self-esteem Activities

\_\_\_ Career Exploration

\_\_\_ Social Development

\_\_\_ Cultural Enrichment Experiences

\_\_\_ College Information & Scholarships

Teacher's Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Counselor Recommendation - Upward Bound Troy University

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*Upward Bound is 100% funded by the U.S. Department of Education. The program is designed for low-income, first generation college students who have the academic potential to succeed in postsecondary education, but may lack the motivation, resources, or other information that would enable them to pursue college.*

***This recommendation form is required as a part of the student application process. Your cooperation in completing this form is greatly appreciated.***

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Year in School : \_\_\_\_ 8<sup>th</sup> \_\_\_\_ 9<sup>th</sup> \_\_\_\_ 10<sup>th</sup> \_\_\_\_ 11<sup>th</sup>

**We request that you complete this form and supply copies of the following:**

- ◆ **Most recent achievement scores      Updated transcript**

1. Is this student proficient on state school assessments for his/her grade level? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, please list area(s) \_\_\_\_\_  
\_\_\_\_\_

2. Does student currently have an IEP (Individualized Education Plan) or 504? If yes, provide details  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you think this student is presently planning to attend college? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Do you think this student will graduate from college without additional academic assistance? \_\_\_\_ Yes \_\_\_\_ No

5. As a school counselor, are you willing to work with the Upward Bound staff in providing required student documentation? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. What is your subjective evaluation of this student's potential for success in postsecondary education relative to his/her determination and motivation?  
\_\_\_\_\_  
\_\_\_\_\_

7. Are you aware of any major factors that would enhance or inhibit this student's chances in completing a college education (family support or lack of it, financial problems, peer pressure, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Counselor's Signature

Date

**UB Fax 334-670-3837 (Thank You)**

## Attention Student & Parent(s)



In order to be interviewed and considered for participation you must adhere to the following:

Submit a completed application (*all pages signed and dated*).

**Student:** Please attach a written or typed essay answering the question “Why do you want to be in the Upward Bound Program?” *Please include any tutorial services or counseling needed.*

Submit a copy of student’s most recent report card.

- Tear off the recommendation form on **page 9** and give it to a teacher or school official of your choice.
- Tear off the second recommendation form on **page 10** and give to your school counselor.

Do not forget to write your name on the recommendation forms.

**All recommendation forms need to be return to  
Upward Bound Office  
109 Shackelford Annex  
Troy University  
Troy, AL 36082**

**Or faxed to 334-670-3837**