



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
_____ Student Self Profile	_____	Signed Tax Return from Previous Year
_____ Student Program Contract	_____	Medical Release Form
_____ Participant Release Form	_____	Consent Release of Academic Records
_____ Teacher Recommendation	_____	School Counselor Recommendation
_____ Student Personal Essay	_____	Copy of Social Security Card



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: _____



APPLICATION FOR UPWARD BOUND

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

Personal Student Information

STUDENT'S LEGAL NAME _____
Last First Middle

DATE OF BIRTH

mm/dd/yy
/ /

 GENDER female male

SOCIAL SECURITY

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ADDRESS _____
Street Address or PO Box City State Zip Code

_____ home phone

_____ student's cell phone number

_____ student's email address

CURRENT (TARGET) 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

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:
Highest Education Level Achieved:	Highest Education Level Achieved:
<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, _____

INCOME VERIFICATION FORM

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	\$ _____
___ VETERANS 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)

Upward Bound Needs Survey *(must be completed by student)*

Name _____ School _____ Date _____

Directions: This survey contains a number of statements about the student needs. Your answers will be helpful in determining future services offered through the Upward Bound Program. Please give your honest opinion in responding to the statements. Put an “X” in the appropriate box preceding each statement below to indicate whether you consider the statement to be one of your educational or personal needs.

Have Need	Not Sure	No Need	Statement of Need
			1. I need to complete and hand in homework on a more consistent basis.
			2. I need to learn the importance of good grades and improve mine.
			3. I need to learn how to take better notes.
			4. I need to develop stronger study habits.
			5. I need to learn test taking strategies and how to reduce my text anxiety.
			6. I need to develop time management skills so I can balance all of my activities.
			7. I need to learn how to read a textbook more effectively.
			8. I need to develop a better attitude toward learning.
			9. I need to receive guidance in selecting academic courses.
			10. I need to understand how courses I am taking relate to my career plans.
			11. I need to be enrolled in more college prep courses.
			12. I need to know more about high school graduation requirements.
			13. I need to listen more effectively in class.
			14. I need to learn how to ask questions that are clear and produce the answers I desire.
			15. I need to communicate more effectively with teachers.
			16. I need to learn to interact with teachers more effectively.
			17. I need to have better relationships with teachers.
			18. I need to better understand teachers.
			19. I need to know more about my strengths and weaknesses.
			20. I need to understand my interest, abilities, and understand what I can really achieve.
			21. I need to explore and learn how to prepare for careers related to my interests.
			22. I need to talk to people employed in my interest areas.
			23. I need to learn how to apply and interview for jobs.
			24. I need to be aware of the employment outlook in my high interest areas.
			25. I need to talk to a counselor about career plans.
			26. I need to have my parents involved in my career plans.
			27. I need to develop a flexible career plan.
			28. I need to learn more about financial aid for college.
			29. I need to become more aware of educational opportunities after high school.
			30. I need to learn more about college admissions requirements & process.
			31. I need to decided which type of postsecondary institution to attend.

Have Need	Not Sure	No Need	Statement of Need
			32. I need to experience more cultural activities.
			33. I need to become more familiar with people of other cultures.
			34. I need to talk to a counselor about personal concerns.
			35. I need to develop confidence in myself.
			36. I need to understand who I am and where I am headed.
			37. I need to understand how my feelings affect my behavior.
			38. I need to be more accepting of my personal appearance.
			39. I need to learn to tell others how I feel.
			40. I need to be a better listener and respond better to others.
			41. I need to better understand adults.
			42. I need to become more accepting of others.
			43. I need to build trusting relationships with others.
			44. I need to know how to get along with members of the opposite sex.
			45. I need to develop friendships with both sexes.
			46. I need to become more tolerant with people whose views differ from mine.
			47. I need to get along better with members of my family.
			48. I need to set, assess, and evaluate goals in my life.
			49. I need to understand more about sex and love.
			50. I need to learn more about the use/abuse of drugs and alcohol.
			51. I need to understand the changing roles and expectations of men and women.
			52. I need to accept greater responsibility for my actions.
			53. I need to learn better problem solving techniques.

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.

STUDENT SELF-PROFILE/WRITTEN STATEMENT

Please answer the following questions completely. Considerable thought and effort should be given to your responses, as they **will** affect your selection.

Name student preferred to be called _____

Circle the appropriate Diploma status: Regular Advanced

1. Do you plan to attend a post-secondary institution (college) after graduating from high school?

Yes No

2. What do you want to do after you graduate from high school?

3. Do you plan to enter a branch of the military? Yes No

If so, please list. _____

4. Please list 3 colleges or universities you are interested in attending?

5. What is your chosen career interest? (list at least 3 occupations)

6. Careers change frequently. What skills do you feel are important to develop to allow you to be successful in any career choice?

7. ACT Composite Score _____ Date Taken _____
ACT Aspire Score _____ Date Taken _____
ACT Explore Score _____ Date Taken _____
ACT Plan Score _____ Date Taken _____

8. Describe the best ways that you learn.

9. What do you do for enjoyment and what do you gain from it?

10. Describe your attitude towards learning. What purpose does it have for you?

11. Who is your mentor/role-model and what have you learned from him/her?

12. What are some challenges that you will/are facing as a high school student and how do you make them less stressful?

13. Please list all your extracurricular school activities. (clubs, sports, etc)

Parent (s) please write yes or no if student suffers from any of the following health conditions:

Anemia _____

Asthma _____

Back Problems _____

Bronchitis _____

Diabetes _____

Eating disorders _____

Epilepsy _____

Heart disease _____

Hives _____

Allergies _____

HIV infection _____

Kidney disease _____

Mental disorder _____

Sinus _____

Ulcer (stomach) _____

Vertigo (dizziness) or

fainting spells _____

Student Signature

Parent Signature

Date

STUDENT PROGRAM CONTRACT

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.

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

HEALTH INSURANCE INFORMATION

Health Insurance Company _____

Policy Number: _____ Group Number: _____

Doctor/Clinic Preferred: _____ Phone _____

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 _____

UPWARD BOUND PARTICIPANT PERMISSION FORM

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.

Signature of Student's Parent/Guardian

Date

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

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, 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.

STUDENT'S PRINTED NAME

STUDENT'S SIGNATURE **DATE**

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

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

Teacher Recommendation - Upward Bound Troy University

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

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 _____

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*).
- Submit a neatly written or typed essay from student.
- Submit a copy of student's most recent report card and a copy of his/her Social Security Card.
- Tear off the recommendation form on **page 14** and give it to a teacher or school official of your choice.
- Tear off the second recommendation form on **page 15** 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 334-670-3865**