



Upward Bound Math/Science

## APPLICATION FOR PROGRAM ADMISSION

The ECU Upward Bound Math and Science program is a federally funded educational program designed to strengthen the math and science skills of participating students. The goal of the program is to help students recognize and develop their potential to excel in math and science and encourages them to pursue postsecondary degrees in math and science and ultimately careers in the math and science profession. Upward Bound Math and Science also provides opportunities for personal, cultural and social enrichment. All Services provided are FREE!

## BEFORE YOU APPLY...

### AM I ELIGIBLE?

In order to be eligible for selection as UBM/S participants, students must meet the following criterion:

- Qualify as Low Income and/or Potential First Generation College Graduate (others may apply based on recommendation/need)
- Be a U.S. Citizen or Permanent Resident Alien
- Be at least 13 years of age and in grades 9 – 12
- Attend a target school
- Commit to participate in the program year-round
- Desire to perform well in high school
- Desire a post-secondary education
- Desire a career in a STEM related field

### IF ACCEPTED...

As an Upward Bound Math/Science student you will receive:

- ✓ Academic Instruction/Tutoring
- ✓ Academic Advising
- ✓ Assistance completing ACT, financial aid and scholarship applications
- ✓ Instruction in Postsecondary Planning
- ✓ College visits
- ✓ Career Planning/STEM careers
- ✓ Service Learning Opportunities
- ✓ Cultural Enrichment Activities
- ✓ Saturday Workshops
- ✓ 6 week summer on campus experience
- ✓ Stipends for participation



Upward Bound Math/Science

## Upward Bound Math and Science Program Application

East Central University  
1100 E. 14th Street PMB S-14 Ada, OK 74820  
Phone: 580-559-5690 Fax: 580-559-5287

Name: \_\_\_\_\_ Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_  
Street/P.O. Box Number City, State Zip Code

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Home) (Cell)

Emergency Contact: \_\_\_\_\_ School: \_\_\_\_\_  
(Name) (Phone)

School Counselor: \_\_\_\_\_ Grade Level (circle one): 9 10 11 12

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F Are you a United States Citizen?  Y  N  
If no, Alien Registration # \_\_\_\_\_

**Ethnicity/Race: (for statistical purposes only-check all that apply)**

Are you Hispanic/Latino/Latina?  Yes  No

**Check all of the following that apply to you:**

- White/Caucasian  Black/African American  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian/Alaska Native

**Student lives with (check one):**

- Single Parent  Both Parents  
 Guardians  Grandparents  
 Step Parent  
 Other (please specify): \_\_\_\_\_

What language is spoken at home?  English  Spanish  Other \_\_\_\_\_

Do you live in foster care/guardianship?  Yes  No

Do you have a disability and need any accommodations? (Physical or Learning)  Yes  No If yes, please explain \_\_\_\_\_

Are you currently enrolled in a core curriculum or college bound education: \_\_\_\_\_

Are you currently on an IEP: \_\_\_\_\_

Are you currently participating in any federally funded program (check all that apply): \_\_\_\_\_ Upward Bound \_\_\_\_\_ Talent Search  
\_\_\_\_\_ Gear Up \_\_\_\_\_ EOC \_\_\_\_\_ Other (please list): \_\_\_\_\_

List any extracurricular activities you are interested in/participate in? \_\_\_\_\_

Do you currently have a job: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where do you work and how many hours: \_\_\_\_\_

Do you plan to work this school year and/or this summer: If yes, when/where: \_\_\_\_\_

How many hours a week: \_\_\_\_\_

# Student Self-Assessment

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

Date: \_\_\_\_\_

This survey contains a number of statement about student needs. We ask students to give their honest opinion about how Upward Bound Math and Science can meet your needs.

Listed below are some possible Upward Bound activities. Check the areas that you would like information on or need help with.

- |  |  |  |   |  |
|--|--|--|---|--|
| <p><b><u>College Awareness</u></b></p> <input type="checkbox"/> Admission<br><input type="checkbox"/> Financial Aid<br><input type="checkbox"/> Campus Tours<br><input type="checkbox"/> Scholarships Info<br><input type="checkbox"/> ACT Information | <p><b><u>Career Awareness</u></b></p> <input type="checkbox"/> Career Planning<br><input type="checkbox"/> Goal Setting<br><input type="checkbox"/> Interest Inventory<br><input type="checkbox"/> Decision Making | <p><b><u>Academics</u></b></p> <input type="checkbox"/> Study Skills<br><input type="checkbox"/> Test-Taking Skills<br><input type="checkbox"/> Course Selection<br><input type="checkbox"/> Time Management | <p><b><u>Character Development</u></b></p> <input type="checkbox"/> Peer Pressure<br><input type="checkbox"/> Self-Esteem<br><input type="checkbox"/> Bullying<br><input type="checkbox"/> Cultural Experience<br><input type="checkbox"/> Listening Skills | <p><b><u>Tutoring</u></b></p> <input type="checkbox"/> Math<br><input type="checkbox"/> English<br><input type="checkbox"/> Science<br><input type="checkbox"/> Social Studies |
|--|--|--|---|--|

Please state in your own words why you feel you need Upward Bound Math/Science services: \_\_\_\_\_

\_\_\_\_\_

What are your favorite school subjects: \_\_\_\_\_

Which best describes your grades:  A  A-B  B  B-C  C  C-D  D  D-F

Which subjects in school give you the most difficulty and why: \_\_\_\_\_

\_\_\_\_\_

After completing high school, do you plan to enroll in a:  4-Year College/University  Community College (2 year)  
 Career-Training Program  Military Program  Undecided

What college or university do you plan to attend: \_\_\_\_\_

What college major(s) are you interested in: \_\_\_\_\_

What are your career interests:  Health/Medical  Education  Science/Engineering  Business  Human Services  Arts  
 Other \_\_\_\_\_

**Please answer each question:**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I need to get better grades in school.....1	2	3	4	5	5
2. I need to learn how to take better notes.....1	2	3	4	5	5
3. I need to learn test taking strategies.....1	2	3	4	5	5
4. I need to develop strong study skills and habits.....1	2	3	4	5	5
5. I need to develop time management skills.....1	2	3	4	5	5
6. I need help increasing my educational goals.....1	2	3	4	5	5
7. I need more support and guidance to take college prep courses.....1	2	3	4	5	5
8. I need to learn which HS courses are necessary for college.....1	2	3	4	5	5
9. I need information on careers.....1	2	3	4	5	5
10. I need help developing career goals.....1	2	3	4	5	5
11. I need to build my self-confidence, self-esteem, &/or social skills.....1	2	3	4	5	5
12. I need to learn how to get involved in clubs/organizations.....1	2	3	4	5	5
13. I need help visiting college campuses.....1	2	3	4	5	5
14. I need more cultural activities.....1	2	3	4	5	5
15. I need to learn more about the ACT testing.....1	2	3	4	5	5
16. I need help with applying to colleges.....1	2	3	4	5	5
17. I currently live in a rural community.....1	2	3	4	5	5
18. I currently live in a low income community.....1	2	3	4	5	5
19. I need help with financial aid information.....1	2	3	4	5	5
20. I am interested in Math or Science.....1	2	3	4	5	5



# Medical Consent/Liability Release

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

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Date of Birth

Name of Custodian: East Central University, 1100 E. 14<sup>th</sup> PMB S-14, Ada, OK 74820 PH. 580-559-5690

Name of Parent(s)/Legal guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Medical Conditions and/or known allergies: \_\_\_\_\_  
\_\_\_\_\_

List all medications the student is currently taking: \_\_\_\_\_  
\_\_\_\_\_

If necessary, the following over-the-counter medications may be given: \_\_\_\_\_  
\_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the student covered by medical insurance:  Yes  No Insurance Company: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I agree that this medical/liability release form will be valid for the above mentioned student to participate in Upward Bound Math/Science activities and field trips.

The undersigned parent or guardian has legal custody of the above mentioned student, and does hereby authorize the person named above into whose care the child has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the child, under general or special supervision and upon the advice of any physician and surgeon licensed under the laws of Oklahoma and to consent to any x-ray examination, anesthetic, dental or surgical diagnose or treatment and hospital care for the child by a dentist licensed under the laws of the State of Oklahoma.

This consent form is legal authorization for emergency medical treatment, and insures that your child will receive treatment without delay. This consent is given in advance of the occurrence of any specific event and is intended to encourage the person with temporary custody of the child to obtain medical or dental treatment for the child in the event of injury and unavailability of parent or guardian. This consent shall be effective until it is withdrawn in writing.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**TO BE SIGNED BY THE STUDENT AND PARENT OR LEGAL GUARDIAN**

**In order to participate in Upward Bound Math/Science I agree to:**

- Strive to maintain a 2.5 or better GPA to remain in the program
- Attend and participate in all scheduled meetings, workshops, tutoring, or mentoring sessions
- Have a desire to go to college
- Desire a career in a STEM related field
- Refrain from having discipline/behavioral problems
- Have respect for self and others
- Successfully be promoted to next grade
- Attend school regularly and participate in assessments (pre-ACT, ACT, Engage, Plan, etc.)
- Seek help with academic or personal problems, if needed
- Enroll in post-secondary program after graduation

The Upward Bound Math/Science program administration at East Central University is hereby granted permission to request and receive student educational records. These will be limited to the following:

- official school transcript with test scores
- test results, if available (PSAT, SAT, ACT, PLAN, Mastery Prep, etc.)
- grade reports/progress reports
- attendance records
- discipline reports
- basic skills test results
- student history file/academic report with test scores

Permission is also given to post-secondary institutions (universities, colleges, proprietary schools, technical schools) and/or educational or other agencies to release to the Upward Bound Math/Science program at East Central University any information or documentation related to the student's:

- admissions
- attendance records
- financial aid
- academics (i.e. transcripts)

Permission is granted to East Central University and Upward Bound Math/Science to use information and/or photographs about the student for use in media releases, publications, brochures, newsletters, advertisements and other promotional uses without notifying the parent. East Central University is held harmless of any liability.

Once signed and dated this release will be valid throughout the student's educational career and as long as the Upward Bound Math/Science program has need for the information. It is understood that this information will be handled in a confidential manner and will only be available to UBM/S program staff and representatives of Federal and State Departments of Education.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**East Central University**