UPWARD BOUND APPLICATION

For more information please contact:
Upward Bound
1100 East 14th PMB P4
Ada, OK 74820
Phone: 580-332-5080
Fax: 580-332-1708

Upward Bound is a Federally funded TRIO program. TRIO programs are funded under Title IV of the Higher Education Act of 1965 to help students overcome class, social academic and cultural barriers to higher education.

ECU Upward Bound
Application Packet

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1. Please type or print your answers with black ink.

2. The **Student/Family Information** and **Financial Information** forms must be completed by the parent/guardian. ***All sections*** front and back must be completed. Be sure to include a copy (front and back) of your latest federal tax return. *This application cannot be considered until we receive this form.* If you did not file a return, you must sign and date the non-filer statement on the Financial Information form.

3. The **Statement of Applicant's Need for Services** form must be completed by a high school official (usually the principal or counselor). **After you and your student has completed the remaining pages of this packet, send it along with a copy of your tax return and the envelope provided to the school official.** They will mail it to the Upward Bound office with all the necessary school records.

4. The **Upward Bound Justification for Acceptance** form is for ***UPWARD BOUND USE ONLY.*** *Do not mark anywhere on this page*.

5. The **Medical Release** *(Be Prepared for an Emergency)* form must be completed by the parent/guardian and *must be signed by a witness* before the application will be accepted.

6. The **Home Visit Information** form should be completed by the parent/guardian. An Upward Bound counselor will need to make a personal contact with your student before they accepted. Please indicate days of the week and times that you will be available at home or work for this visit.

7. The **Student Questionnaire** form should be completed by the student. Please be sure to complete all areas of this form.

   If you have questions concerning this application packet, please call (580) 332-5080 and an Upward Bound counselor will assist you.

Note: ***No decision will be made as to the acceptance of a student without ALL required forms (and a copy of your federal tax form, if applicable) and signatures completed and on file in the Upward Bound office.***

STUDENT/FAMILY INFORMATION

To be completed by Parent/Guardian

STUDENT INFORMATION

DATE OF APPLICATION	/ /	HIGH SCHOOL		GRADE	❑9TH ❑10TH ❑11TH
NAME	FIRST M.I. LAST			HOME PHONE NUMBER	( ) -
SOCIAL SECURITY NUMBER	- -	DATE OF BIRTH	/ /	GENDER	
HOME MAILING ADDRESS	STREET OR PO BOX CITY ZIP				
U.S. CITIZEN	❑YES ❑NO	IF NO, WHAT IS YOUR CITIZENSHIP?			
ETHNICITY	❑WHITE ❑AFRICAN AMERICAN ❑HISPANIC ❑ASIAN ❑AMERICAN INDIAN OTHER(specify)_____				
T-SHIRTS ARE PROVIDED TO ALL STUDENTS IN THE SUMMER TO WEAR ON ALL FIELD TRIPS. PLEASE INDICATE YOUR DESIRED T-SHIRT SIZE.					❑S ❑M ❑L ❑XL ❑2XL ❑3XL

FAMILY INFORMATION

MALE HEAD OF HOUSEHOLD INFORMATION		FEMALE HEAD OF HOUSEHOLD INFORMATION	
NAME	FIRST LAST	NAME	FIRST LAST
OCCUPATION		OCCUPATION	
EMPLOYER		EMPLOYER	
RELATIONSHIP	❑Father ❑Stepfather ❑Guardian ❑Grandfather	RELATIONSHIP	❑Mother ❑Stepmother ❑Guardian ❑Grandmother
IS THIS FULL-TIME, YEAR ROUND EMPLOYMENT?	❑Yes ❑No	IS THIS FULL-TIME, YEAR ROUND EMPLOYMENT?	❑Yes ❑No

PLEASE LIST ALL CHILDREN *LIVING IN THE HOME*						PLEASE LIST ALL CHILDREN IN FAMILY *NOT LIVING IN THE HOME*				
NAME		AGE		GRADE		NAME		AGE		GRADE
NAME		AGE		GRADE		NAME		AGE		GRADE
NAME		AGE		GRADE		NAME		AGE		GRADE
NAME		AGE		GRADE		NAME		AGE		GRADE
NAME		AGE		GRADE		NAME		AGE		GRADE
# OF ADULT FAMILY MEMBERS *LIVING IN THE HOME*						# OF CHILDREN *LIVING IN THE HOME*			TOTAL	

PLEASE RESPOND TO THE FOLLOWING WHICH APPLY TO THE # OF FAMILY MEMBERS LIVING IN THE HOME CURRENTLY OR IN THE PAST			
# WHO HAVE DROPPED OUT OF HIGH SCHOOL		IS THE HIGH SCHOOL DROPOUT HEAD OF HOUSEHOLD	❑Yes ❑No
# WHO ARE CURRENTLY ENROLLED IN COLLEGE		IS THE CURRENT COLLEGE STUDENT HEAD OF HOUSEHOLD	❑Yes ❑No
# WHO HAVE GRADUATED FROM 4-YEAR COLLEGE		IS 4-YR COLLEGE GRADUATE A NATURAL/ADOPTIVE PARENT?	❑Yes ❑No
IF YES WHICH PARENT(S) GRADUATED?	❑ Mother ❑ Father	NAME OF 4-YEAR COLLEGE(S)	
# WHO HAVE DROPPED OUT OF COLLEGE		IS THE COLLEGE DROPOUT THE HEAD OF HOUSEHOLD?	❑Yes ❑No
# WHO HAVE BEEN IN UPWARD BOUND		WHOM?	

FINANCIAL INFORMATION

To be completed and signed by Parent/Guardian

FAMILY'S TAXABLE INCOME - This is *NOT* your adjusted gross income.

You must attach a COMPLETE copy of your last IRS tax form 1040, 1040A, or 1040EZ to this application BEFORE it can be processed further unless the Non-Filer statement below is completed and signed.

$

FAMILY'S NON-TAXABLE INCOME - Report here any income the family receives which is considered to be non-taxable for example, child support alimony, AFDC VA Benefits social security, etc....

AFDC	$	SOCIAL SECURITY	$	VA	$	OTHER	SPECIFY TYPE	$

All of the income stated above will be used to calculate my/our annual income for eligibility purposes. All of the information on this form is true and correct to the best of my/our knowledge.

_____ Date

_____ Father/Guardian Signature

_____ Date

_____ Mother/Guardian Signature

NON-FILER STATEMENT

This section is to be completed ONLY if either parent/legal guardian did not file a tax return for the previous year.

NON-FILER FATHER	FIRST LAST	SOCIAL SECURITY NUMBER	- -
NON-FILER MOTHER	FIRST LAST	SOCIAL SECURITY NUMBER	- -

I/we certify that I/we did not and will not file a U.S. Income Tax Return (1040/1040A/1040EZ) for the year 20____because of the family's nontaxable income listed above.

_____ Date

_____ Father/Guardian Signature

_____ Date

_____ Mother/Guardian Signature

PARENTAL CONSENT

I have read the letter informing me of the East Central University Upward Bound Program and give my permission for my child to participate in the activities of the Program, both social and educational, and to include individual and group counseling sessions as required by the Upward Bound Summer Program. I release Upward Bound from any liabilities which might incur concerning my child's participation in the Program and in his/her leaving campus during the Upward Bound Summer Program.

My permission is given for the release of any grades and achievement test scores from high school and college to the ECU Upward Bound staff. My permission is also given for the release of Upward Bound records to the high school. I certify that all of the information given in this application packet is true and correct to the best of my knowledge.

_____ Date

_____ Parent/Guardian Signature

STATEMENT OF APPLICANT'S NEED FOR SERVICES

To be completed by High School Official

STUDENT'S NAME		GPA		TOTAL STUDENT ENROLLMENT (GRADES 9-12)	

ATTENTION HIGH SCHOOL OFFICIAL: PLEASE attach an up-to date copy of high school transcript AND all EXPLORE, PLAN, ACT, CRT, and any other achievement test scores for this student. These items must be on file before a student can be accepted. **NOTE: Parent/Guardian release signed on preceding page.)**

PLEASE state frankly your evaluation of this student's ability to profit from the Upward Bound Program. Please keep in mind that the purpose of this program is TO GENERATE THE ACADEMIC SKILLS AND MOTIVATION ESSENTIAL FOR SUCCESS IN POSTSECONDARY EDUCATION. Participants should possess the ability to pursue some kind of post high school education, but may not do so without the incentive and support provided by the Upward Bound Program.

PLEASE CHECK BELOW THE REASON(S) WHY YOU FEEL THIS STUDENT HAS A NEED FOR UPWARD BOUND PROGRAM SERVICES:

❑	**TO IMPROVE ACADEMICALLY (MUST IDENTIFY SPECIFIC SUBJECT AREA(S) OF WEAKNESS)**

❑	**TO IMPROVE MOTIVATIONAL LEVEL AND EDUCATIONAL ASPIRATIONS (PLEASE EXPLAIN)**

❑	**SOCIAL/PERSONAL PROBLEMS (IDENTIFY SPECIFIC AREA(S), SUCH AS LOW SELF-ESTEEM, SOCIAL SKILLS, HOME LIFE, ETC.)**

PLEASE PROVIDE ANY ADDITIONAL COMMENTS TO HELP US BETTER ASSESS STUDENT'S NEEDS

Date	School Official Signature	Title

JUSTIFICATION FOR ACCEPTANCE

To be completed by Upward Bound Staff

ELIGIBLE	❑ Yes ❑ No	**IF NO, STATE REASON**	
ELIGIBILITY CRITERIA	❑LI-FG ❑ LI ❑ FG	**INCOME VERIFICATION - Taxable Income 1040/1040A/1040EZ**	$
DATE OF ACCEPTANCE	/ /	**NAME OF COUNSELOR ACCEPTING**	

PART I. HIGH RISK ENVIRONMENTAL FACTORS

❑	1. Family income is below poverty line.	❑	6. Lives with grandparent (s) who are responsible for their support.
❑	2. Parent (s) do not have full-time, year-round employment	❑	7. Household head is a high-school dropout.
❑	3. Family income is non-salary (AFDC social security, etc.)	❑	8. Siblings who are high school dropout (s).
❑	4. Student lives in a single-parent home.	❑	9. No sibling(s) to enroll in college or college dropout(s) in the family.
❑	5. Student does not live with either natural (biological) parent	❑	10. Student is a minority

PART II. ACADEMIC SKILLS EVALUATION

❑	1. Achievement test scores indicate a weakness in	❑ English ❑ Math ❑ Reading ❑ Science ❑ Social Studies ❑ Writing
❑	2. High school transcript indicates a weakness in	❑ English ❑ Math ❑ Reading ❑ Science ❑ Social Studies ❑ Writing ❑Other
❑	3. High school official or student indicates a need for improvement in the basic academic skills.	
❑	4. High school official or student indicates a need for improvement in the motivational/attitudinal area.	

PART III. ACADEMIC NEED FACTORS

CHECK ONE OR MORE WHICH APPLY. THEN IDENTIFY THE CODE SELECTION THAT INDICATE'S THE STUDENT'S GREATEST NEED: /

❑	01. - Low high school GPA.	❑	08. - Lack of career goals &/or need for accurate career information
❑	02.. - Low achievement test scores.	❑	09. - Lacks confidence, self-esteem, &/or social skills
❑	03. - Low educational aspirations	❑	10. - Predominately low-income community.
❑	04. - Low high school GPA & low educational aspirations	❑	11. - Rural isolation
❑	05. - Low high school GPA & low achievement test scores	❑	12. - Interest in careers in math & science
❑	06. - Low achievement test scores & low educational aspirations	❑	13.- Other
❑	07. - Lack of opportunity, support, &/or guidance to take challenging college preparatory courses.		

COMMENTS	

AUTHORIZATION FOR EMERGENCY CARE FOR MINOR

Name of Student		**S.S.#**		**Date of Birth**	/ /
Name of Custodian	**East Central University Upward Bound Program, 1100 East 14th PMB P4, Ada, OK 74820 Ph. 580-332-5080**				
Name of Parent(s)/Legal Guardian(s)				**S.S.#**	
Home Address			**Phone**		
Father's Cell Number		**Mother's Cell Number**			

Name of Emergency Contact		**Phone**	
Does your child have a physical condition that requires medical treatment or other special consideration?			Yes -or- No
If yes, please explain:			
List all medical allergies			
List all medical conditions			
List all medications the student is currently taking:			
In the event of emergencies, the following over-the-counter medications may be given			

PHYSICIAN & INSURANCE INFORMATION

Name of Child's Physician		**Phone Number**	
Name of Family Dentist		**Phone Number**	
Is Student Covered by Medical Insurance	Yes -or- No	**Insurance Company**	
Insurance Company Phone Number		**Policy Number**	
Parent/Guardian's Employer			

PARENTAL AUTHORIZATION AND RELEASE

I agree that this medical/liability release form will be valid for the above mentioned student to participate in Upward Bound 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 surgerical diagnosis or treatment and hospital care for the child, under general or special supervision and upon the advise 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.

_____	_____	_____
Date	Parent/Legal Guardian Signature	Witness Signature

HOME VISIT INFORMATION

To be completed by Parent/Guardian

STUDENT'S NAME	FIRST LAST	DATE	
HOME ADDRESS	STREET OR PO BOX CITY ZIP		
HOME TELEPHONE	( ) -	HIGH SCHOOL	
IF NO HOME TELEPHONE, IS THERE A PHONE NUMBER TO LEAVE A MESSAGE?	( ) -		
STUDENT E-MAIL ADDRESS		Is This Email Home or School?	
PARENT E-MAIL ADDRESS		Is This Email Home or Work?	

DO YOU, THE PARENT/GUARDIAN, REQUEST A HOME VISIT WITH AN UPWARD BOUND COUNSELOR?	❑ Yes ❑ No
ARE YOU AT HOME DURING THE DAY TO VISIT WITH AN UPWARD BOUND COUNSELOR?	❑ Yes ❑ No
IF YES, WHAT IS THE BEST TIME OF THE DAY OR WEEK FOR YOU?	
IF NOT, PLEASE LIST BELOW YOUR PLACES OF EMPLOYMENT WHERE YOU MAY BE CONTACTED BETWEEN 8 AM - 5 PM, M - F	

PARENT/GUARDIAN EMPLOYMENT INFORMATION

MALE HEAD OF HOUSEHOLD		FEMALE HEAD OF HOUSEHOLD	
NAME		NAME	
PLACE OF EMPLOYMENT		PLACE OF EMPLOYMENT	
OCCUPATION		OCCUPATION	
CITY OR TOWN		CITY OR TOWN	
WORK PHONE		WORK PHONE	
RELATIONSHIP	❑ Father ❑ Stepfather ❑ Guardian ❑ Grandfather	RELATIONSHIP	❑Mother ❑ Stepmother ❑Guardian ❑Grandmother
ARE YOU ALLOWED PHONE CALLS AT WORK?	❑ Yes ❑ No	ARE YOU ALLOWED PHONE CALLS AT WORK?	❑ Yes ❑ No

PLEASE GIVE SPECIFIC DIRECTIONS TO YOUR HOME	

STUDENT QUESTIONNAIRE

To be completed by Student

STUDENT'S NAME	FIRST LAST	DATE	
HIGH SCHOOL		GRADE LEVEL	❑ 9TH ❑10TH ❑ 11TH
HOW DID YOU HEAR ABOUT UPWARD BOUND?			

FUTURE EDUCATIONAL AND CAREER PLANS

❑ **Yes, I *DO* plan to continue my education after graduation from high school.**

If yes, please check the type of school you plan to attend:

❑ Four-year college or university ❑ Two- year college ❑ Accredited technical institute

❑ Area Vocational School ❑ Private technical school ❑ Other_____

❑ **No, I *DO NOT* plan to continue my education after graduation from high school.**

If no please state your future plans:			
Indicate your career choice at this time:		Do you feel you have a need for accurate information on careers?	
I have submitted an application for the Oklahoma's Promise Program? (OHLAP)	❑ Yes ❑ No		

STUDENT'S STATED NEEDS

PLEASE indicate below those specific areas in which you feel that you need special assistance or program services, to be adequately prepared for and to succeed at the post secondary educational level. PLEASE check one or more areas that apply to you at this time and please explain your responses to each.

❑	Academic enrichment (identify specific subject areas)	
❑	Improved motivational/educational aspirations (explain)	
❑	Personal enhancement (improved self-esteem social skills, etc.)	
❑	Other (be specific)	

SUBJECTS ENROLLED IN CURRENT SCHOOL YEAR

1ST	5TH
2ND	6TH
3RD	7TH
4TH	8TH

INFORMATION SHEET AND PERMISSION FORM

(To be completed by student and parent/guardian)

The East Central University Upward Bound Program is a *federal assistance program* designed to promote post-secondary educational opportunities for selected individuals in selected counties. Thus, the work scope of Upward Bound is educational in nature.

As an educational program, Upward Bound is required to determine the eligibility of all participants and maintain student's records. Under rules established by the Family Educational Rights and Privacy Act, you are hereby notified that the program's student records and in the information contained therein are kept confidential and that you (and your parents) have the right to inspect the contents of your record. However, directory information concerning your participation in the program will be released to the public as a matter of course. (For example: newsletter, brochures, yearbook, etc..) Unless notified in writing to withhold any or all of such directory information, the East Central University Upward Bound Program will release it.

I **do / do not** (circle one) give the East Central University Upward Bound Program permission to publish in print, electronic, or video format, the likeness or image of my child. I release all claims against the University, with respect to copyright ownership and publication, including any claim for compensation related to use of the materials.

Concerning the availability of services through the Upward Bound Program, should the applicant/participant feel that his/her application was inappropriately reviewed, or equal treatment in services was not provided, he/she is encouraged to file a complaint with the East Central University Upward Bound Program director, who will review the complaint and render a resolution. However, if the determination is not to your satisfaction, you may contact the Vice President of Student Development, at East Central University for an appeal. Also, in matters concerning failure to comply with requirements of law, you have the right to file your complaint with the U.S. Department of Education.

ACKNOWLEDGMENT:

By signing this form, the student agrees to, and his/her parent or guardian permits, the receipt of program services.

_____ _____

Student's Signature **Parent or Legal Guardian's Signature**

Date_____

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C.§1232g; is a federal law providing for the review and disclosure of student educational records. The University will not permit access to or the release of personally identifiable information contained in student educational records to any party without the written consent of the student, except as authorized by FERPA.