APPLICATION FOR PROGRAM ADMISSION

ECU’s Upward Bound program is a federally funded educational program designed to assist high school students who have the ability and desire to go on to college. Upward Bound gives students opportunities to learn first-hand what college life is all about and helps the student to develop those skills necessary to graduate from college. The program emphasizes reading, writing, math, science, foreign language, and study skills. Upward Bound 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 UB participants, students must meet the following criterion:

* Qualify as Low Income and/or Potential First Generation College Graduate (others may apply based on recommendation or 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
* Desire a post-secondary education

IF I GET ACCEPTED HOW DOES UB WORK?

As an Upward Bound student you will receive:

✓ Academic instruction
✓ Academic counseling
✓ Assistance completing ACT, financial aid and scholarship applications
✓ Assistance completing college admissions applications and waiver of fees
✓ Instruction in college and personal planning
✓ Service learning opportunities
✓ Cultural enrichment activities
✓ 6 week summer on campus experience
✓ Stipends for participation

HOW DO I APPLY?

Please submit your completed application to your school counselor OR mail to:

Upward Bound
1100 E. 14th Street PMB Y-S Ada, OK 74820

For more information or if you have questions regarding the program or application process, please contact our office at 580-559-5693.

The Upward Bound program is funded under TRIO Grants from the U.S. Department of Education.
# Upward Bound Application

**East Central University**
1100 E. 14th Street PMB Y-5 Ada, OK 74820
Phone: 580-559-5693 Fax: 580-559-5957

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### Student Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
<th>SSN:</th>
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<tbody>
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**Mailing Address:**
Street/P.O. Box Number:
City, State:
Zip Code:

**Phone:**
(Home):
(Cell):

**Emergency Contact:**
(Name):
(Phone):

**School:**
Grade Level (circle one):

<table>
<thead>
<tr>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
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</table>

**Age:** _____  **Sex:** ☐ M  ☐ F  **Are you a United States Citizen?** ☐ Y  ☐ N

**Ethnicity** (for statistical purposes only - check all that apply):
☐ White/Caucasian  ☐ Black/African American  ☐ Hispanic/Latino  ☐ Asian
☐ Native Hawaiian/Pacific Islander  ☐ American Indian/Alaska Native

**Student lives with** (check one):
☐ Single Parent  ☐ Both Parents  ☐ Guardians  ☐ Grandparents
☐ Step Parent  ☐ Other (Specify): ____________________________

**Which best describes your grades** (check one):
☐ A  ☐ A-B  ☐ B  ☐ B-C  ☐ C  ☐ C-D  ☐ D  ☐ D-F

**Are you enrolled in**:
☐ Talent Search  ☐ Upward Bound Math/Science  ☐ Gear Up  ☐ None

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

<table>
<thead>
<tr>
<th>College Awareness</th>
<th>Career Awareness</th>
<th>Academics</th>
<th>Character Development</th>
<th>Tutoring</th>
<th>Other (please list)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission</td>
<td>Career Planning</td>
<td>Study Skills</td>
<td>Peer Pressure</td>
<td>Math</td>
<td>______</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>Goal Setting</td>
<td>Test-Taking Skills</td>
<td>Self-Esteem</td>
<td>English</td>
<td>______</td>
</tr>
<tr>
<td>Campus Tours</td>
<td>Interest Inventory</td>
<td>Time Management</td>
<td>Bullying</td>
<td>Science</td>
<td>______</td>
</tr>
<tr>
<td>Scholarships Info</td>
<td>Guest Speakers</td>
<td>Course Selection</td>
<td>Cultural Experience</td>
<td>Social Studies</td>
<td>______</td>
</tr>
<tr>
<td>ACT Information</td>
<td>Decision Making</td>
<td></td>
<td>Listening Skills</td>
<td></td>
<td>______</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Please state in your own words why you feel you need Upward Bound services:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________________________________________________</td>
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</tbody>
</table>

**Do you have a disability?** (Physical or Learning)  ☐ Yes  ☐ No  If yes, please explain:

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**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 are your career interests?**
☐ Health/Medical  ☐ Education  ☐ Science/Engineering  ☐ Business
☐ Human Services  ☐ Arts  ☐ Other ____________________________

**What language is spoken at home?**
☐ English  ☐ Spanish  ☐ Other ____________________________

**Do you live in foster care/guardianship?**  ☐ Yes  ☐ No

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**In order to participate in Upward Bound I agree to:**

- Strive to maintain a 2.0 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
- Refrain from having discipline/behavioral problems
- Have respect for self and others
- Successfully be promoted to next grade
- Attend school regularly
- Seek help with academic or personal problems, if needed
- Enroll in post-secondary program after graduation

**Student Initials**: ______

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Continue Application on Next Page →
Note: Federal regulations require that Upward Bound applications have a signed statement from parents/guardians indicating amount of yearly taxable income. Taxable income is gross income minus all exemptions and deductions. THE FOLLOWING INFORMATION MUST BE COMPLETED BY PARENT/GUARDIAN in order for your child to be considered eligible to receive Upward Bound services. You must attach a COMPLETE copy of your last IRS tax form. Absence of any required information will delay consideration of your child’s application.

Mother’s Name (please print): ____________________________
□ Parent (biological or adoptive)  □ Guardian

Phone Number: ____________________________

Employer: ____________________________

Education Level: □ High School Completion/GED or Lower
□ Associate Degree (2-year)
□ Bachelor Degree (4-year) or Higher

□ High School Completion/GED or Lower
□ Associate Degree (2-year)
□ Bachelor Degree (4-year) or Higher

Check any services your family receives:
□ Free/Reduced School Lunch  □ TANF, AFDC, Food Stamps, etc.

Please check the box for last year’s TAXABLE FAMILY INCOME after deductions. This is NOT your Adjusted Gross Income. (This can be found on Form 1040- line 43; Form 1040A- line 27; Form 1040EZ- line 6.)

□ 0 - $18,090
□ $18,091 - $24,360
□ $24,361 - $30,630

□ $30,631 - $36,900
□ $36,901 - $43,170
□ $43,171 - $49,440

□ $49,441 - $55,710
□ $55,711 - $61,980
□ Over $61,981

OR
□ Not required to file.

Total number of family members living at home (including applicant).

□ 1  □ 2  □ 3  □ 4
□ 5  □ 6  □ 7  □ 8+

I understand that Upward Bound is a federal program authorized by the U.S. Department of Education. I also understand that the information I have provided will be used to document my eligibility for the Upward Bound Program. I understand that the information provided on this application will be held confidential by the UB staff.

I certify that all the information I have provided is true and accurate.

______________________________________________________________________________
Parent/Guardian Signature  Date  Student Signature  Date

AFFIRMATIVE ACTION COMPLIANCE STATEMENT
Upward Bound in compliance with Title VI of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, and other federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, or status as veteran in any of its policies, practices, or procedures. This includes, but is not limited to admissions, employment, financial aid, and educational service.
ATTENTION HIGH SCHOOL OFFICIAL: Please attach an up to date copy of high school transcript and all achievement test scores for this student.

Please state frankly your evaluation of this student’s ability to profit from the Upward Bound program. Please keep in mind 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 postsecondary education, but may not do so without the motivation and support provided by the Upward Bound program.

Please check below the reason(s) you feel this student has a need for Upward Bound services:

- To Improve Academically (Must Identify Specific Subject Area(s) of Weakness)

- To Improve Motivational Level and Educational Aspirations (Please Explain)

- Social/Personal Issues (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 Need:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

______

School Official Signature

Date
AUTHORIZATION FOR EMERGENCY CARE FOR MINOR

Name of Student

S.S.N

Date of Birth / / 

Name of Custodian
East Central University Upward Bound Program, 1100 East 14th PMB Y5, Ada, OK 74820 Ph. 580-559-5693

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 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.

__________________________
Date

__________________________
Parent/Legal Guardian Signature

__________________________
Witness Signature
TO BE SIGNED BY THE STUDENT AND PARENT OR LEGAL GUARDIAN

The Upward Bound 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, etc.)
- grade reports/progress reports
- attendance records
- discipline reports
- basic skills test results
- student history file/academic report with test scores

Once signed and dated this release will be valid throughout the student’s educational career and as long as the Upward Bound 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 UB program staff and representatives of Federal and State Departments of Education.

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 program at East Central University any information or documentation related to the student’s

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

Permission is granted to East Central University and Upward Bound 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

Parent/Guardian Signature  Date  Student Signature  Date

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED TO BE CONSIDERED FOR THE UB PROGRAM.

Please submit your completed application to your school counselor OR mail to:

Upward Bound
1100 E. 14th Street PMB Y-5 Ada, OK 74820
Phone: 580-559-5693 Fax: 580-559-5957

Thank you for applying to the East Central University Upward Bound Program!