



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-5 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

Office use only:
 FG Both Certified by: _____
 U Other Date: _____
 Entered into Database (Date & Initials): _____

Student Information

Name: _____ **Date of Birth:** _____ **SSN:** _____ - _____ - _____
Last First MI

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

Phone: _____ **Emergency Contact:** _____
(Home) (Cell) (Name) (Phone)

School: _____ **Grade Level** (circle one): 9 10 11 12

Age: _____ **Sex:** M F **Are you a United States Citizen?** Y N If no, Alien Registration # _____

Ethnicity (for statistical purposes only - check all that apply): **Student lives with** (check one): **Which best describes your grades** (check one):

White/Caucasian Black/African American Single Parent Both Parents A A-B
 Hispanic/Latino Asian Guardians Grandparents B B-C
 Native Hawaiian/ Pacific Islander Step Parent C C-D
 American Indian/Alaska Native Other (Please Specify): _____ D D-F

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

Needs Assessment Student

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

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

Please state in your own words why you feel you need Upward Bound services: _____

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

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

Student Contract

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 _____

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): _____

Father's Name (please print): _____

Parent (biological or adoptive) Guardian

Parent (biological or adoptive) Guardian

Phone Number: _____

Phone Number: _____

Employer: _____

Employer: _____

Education Level: High School Completion/GED or Lower

High School Completion/GED or Lower

Associate Degree (2-year)

Associate Degree (2-year)

Bachelor Degree (4-year) or Higher

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

\$30,631 - \$36,900

\$49,440 - \$55,710

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

\$18,091 - \$24,360

\$36,901 - \$43,170

\$55,711 - \$61,980

1 2 3 4

\$24,361 - \$30,630

\$43,170 - \$49,440

Over \$61,981

5 6 7 8+

OR

Not required to file.

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.

Name: _____ GPA: _____ Total Student Enrollment (9-12): _____

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:

Statement of Applicant Need for Services

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 14 th 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

Confidential Records Release

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:

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