



UPWARD BOUND PROGRAM

P.O. Box 9283
100 E. University
Magnolia, Arkansas 71753
(870) 235-4160

APPLICATION DEADLINE: MAY 15

High School Student Information (only 1 student per application)

Social Security #: _____ **Name:** _____

Gender: Male _____ Female _____ **Citizenship:** U.S. _____ Other _____ **Date of Birth** _____

Name of School _____ **Grade Level** _____ **Age** _____

Ethnic Group: African-American _____ Asian _____ Caucasian _____ Hispanic _____ Native American _____
Multi-Ethnic (Specify) _____

Do you plan to attend: College _____ Vo-Tech _____ Other _____ (Specify) _____

Home Address: _____
Street City State Zip

Mailing Address (if different from above) _____

Give directions from your school to your home _____

Home Phone: _____ - _____ - _____ **Work Phone** _____ - _____ - _____ **Cell Phone** _____ - _____ - _____

Emergency Contact: Name _____ **Relationship** _____ **Phone** _____ - _____ - _____

How did you learn about Upward Bound?

____ Teacher ____ sibling ____ other ____ Student ____ Newspaper ____ Counselor ____ Presentation ____ Parents

UPWARD BOUND STUDENT CONTRACT:

- *I agree to achieve and maintain a 2.0 Grade Point Average*
- *I agree to contact my Upward Bound counselor if there is a change in my class schedule, my home address or phone number, and/or if my family plans to move from the target area.*
- *I agree to seek help with academic or personal problems if needed.*
- *I agree to attend school regularly and not miss more than 8 days of school per semester.*
- *I agree to participate in tutoring sessions as needed and/or recommended by my counselor or teacher.*
- *I agree to achieve my goals that have been set up with the help of my UPWARD BOUND counselor.*
- *I agree to take advantage of special UPWARD BOUND activities, like the career fair, college visits, summer enrichment program, financial aid workshops, and other activities the staff implement.*
- *I agree to enroll in a postsecondary educational institution upon graduation from high school.*

This is to certify that the information contained in this application is true and correct to the best of my knowledge. Furthermore, I give UPWARD BOUND my permission to receive copies of my educational records and other materials, including free/reduced lunch application necessary for participation in the program. Further permission is granted to request information and records from any and all postsecondary institutions in order to track progress in college. I understand that all of my records will be kept in the strictest of confidence and in compliance with the Privacy Act of 1974.

Date _____ Student Signature _____

For Office Use Only

Date: Received _____ Acknowledged _____ Accepted _____ Rejected _____
Alternate _____ Exit _____

REQUIRED MEDICAL HISTORY & CONSENT FOR TREATMENT—ALL CAMPS

Camp student will be attending: **UPWARD BOUND** Dates: _____

Student's Name _____ Date of Birth _____

State _____ Zip _____ Parent/Guardian _____

A.M. Phone # _____ P.M. Phone# _____

IN CASE OF EMERGENCY, if parent cannot be reached, name of person to notify or to whom we can release student:

Name _____ A.M. Phone# _____ P.M. Phone# _____

UNDER NO CIRCUMSTANCES SHOULD STUDENT BE RELEASED TO: _____

CIRCLE BELOW ALL OF STUDENT'S PRESENT OR PAST ILLNESSES/CONDITIONS:

- | | | | | |
|--------------|--------------|----------------|-------------------------|-----------------|
| Constipation | Contacts | Sleepwalking | Swimmer's/Abscessed ear | Mumps |
| Convulsions | Bed wetting | Asthma | Frequent colds | Nausea |
| Tuberculosis | Homesickness | Heart trouble | Scarlet Fever | Polio |
| Diabetes | Chicken Pox | Bronchitis | Loss of appetite | Sinusitis |
| Eyeglasses | Measles | Kidney trouble | Frequent sore throat | Rheumatic fever |

Of the above, these are current or recurring: _____

ALLERGIES: Bee stings _____ drugs _____ foods (specify) _____ other (specify) _____

Recently exposed to contagious disease: Yes _____ No _____ If yes, which? _____

Menstruates? Yes _____ No _____ Is menstruation normal? Yes _____ No _____ If no, explain _____

Doesn't menstruate, but knows about it? Yes _____ No _____. Has student been hospitalized within the past 5 years? Yes _____ No _____.

Describe physical conditions requiring restrictions for participating in camp programs:

Is student currently being treated by a physician for an existing illness or condition? Yes _____ No _____ If yes, explain _____

Name of camper's physician or healthcare provider: _____

Address: _____ Phone #: _____

Is student covered by health insurance? Yes _____ No _____

Policy type: _____ Insurance Company: : _____

Policy #: _____ Exp. Date: _____

*If the student is covered by TEA, Social Security, or S.S.I., please attach a copy of the medical card to this form.

Family's physician _____ Phone#: _____

Parent's physician _____ Phone# _____

Parent's Insurance Company _____ Member#: _____

Insurance Company's address _____ Phone#: _____

IMMUNIZATION RECORD

Month/Year required by the Department of Public Health (Healthcare provider's signature required)

(A copy of student's immunization record will be sufficient)

Hepatitis B (3, DOB after /92)	_____	_____	_____
Polio (3-4)	_____	_____	_____
Diphtheria, tetanus, pertussis (4)	_____	_____	_____
Mumps, measles, rubella (2)	_____	_____	_____
Tuberculin test	_____	_____	_____

Physician's signature (*required*) _____ Date _____

Printed name or official stamp of physician _____ Phone # _____

- Prescription medications that are controlled substances will be counted by the RN and a witness upon receipt, and counted again by the RN and a witness at the time of transfer of the medication back to the camp director.
- Medications will be stored in a secure medicine room at the University Health Services office.
- All medications dispensed by University Health Services will be document on an individual camper chart.

Person(s) to administer medication and any needed care when the University Health Services office is closed:
Residence Hall Director, Assistant Hall Director, and Residence Hall Staff.

Please complete this form in its entirety. Copies of these records are given to the University Health Services staff for the benefit of your child while he/she is on the Southern Arkansas University Campus. University Health Services *will not* administer care to students who *do not* have this information on file.

Medical Release:

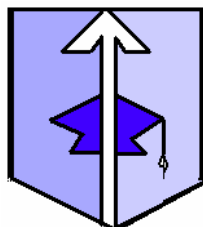
I hereby authorize the UPWARD BOUND Program to provide emergency medical and dental services for my child

_____.

I will not in any way hold Southern Arkansas University or the Upward Bound Program responsible for any treatment deemed necessary for medical or dental services.

PARENT/GUARDIAN SIGNATURE _____

Print Parent/Guardian name _____ Date _____



PARENT INFORMATION

(To be completed by parent or guardian with whom the applicant lives.)

ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE

Name _____ Relationship _____ Occupation _____ Employer _____

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Federal TRIO Programs 2007 Annual Low Income Levels (Effective February 2007 Until Further Notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$15,315	\$19,155	\$17,625
2	\$20,535	\$25,680	\$23,625
3	\$25,755	\$32,205	\$29,625
4	\$30,975	\$38,730	\$35,625
5	\$36,195	\$45,255	\$41,625
6	\$41,415	\$51,780	\$47,625
7	\$46,635	\$58,305	\$53,625
8	\$51,855	\$64,830	\$59,625

For family units with more than eight members, add the following amount for each additional family member: \$5,220 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$6,525 for Alaska; and \$6,000 for Hawaii.

We are required by the United States Department of Education to obtain income information from all students receiving Upward Bound FREE services. Since you or your student has indicated an interest in receiving our assistance, please provide the following information:

1. If you are employed and filed an income tax return, please indicate yearly wages: \$ _____
(a copy of your most recent Income Tax Return is **required**.)
2. If you are not employed and did not file a tax return, please complete the following for the most recent year:
 Social Security/SSI \$ _____ Pension/Retirement _____
 TEA \$ _____ VA/GI Bills _____
 Unemployment _____ Food Stamps \$ _____
 Other (Specify) \$ _____
 (An agency statement from the Social Security Administration or the Department of Human Services is **required**.)

Number of family members living at your home: Adults _____ Children _____

List applicant's brothers and sisters living in the home or who are dependents:

Name	Gender	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is either parent a graduate of a four-year college or university with a Bachelor's Degree? Yes ___ No ___

Is English a second language for either parent? Yes ___ No ___

PARENT INFORMATION (Continued)

I think my child needs **Upward Bound** for the following reasons: (Please check one or more)

- 1. _____ Lack of career focus
- 2. _____ Poor grades and/or test scores
- 3. _____ Problems with study skills and/or test-taking skills
- 4. _____ Absenteeism/truancy/tardiness
- 5. _____ Lack of information about college or other postsecondary choices
- 6. _____ Help with professional and social skills

UPWARD BOUND—Parent Contract

For my child to remain eligible to participate in the UPWARD BOUND PROGRAM, I will:

- 1. Immediately notify the UPWARD BOUND counselor if my child receives disciplinary action at school.
- 2. Attend UPWARD BOUND parent workshops and conferences throughout the school year.
- 3. Encourage my student to attend tutoring sessions.
- 4. Notify the UPWARD BOUND office of address and phone number changes.

My goal is to assist my child in succeeding in his/her education.

(Step) Mother/Female Guardian Signature

(Step) Father/Male Guardian Signature

Parental Release for Student Travel

I authorize the Upward Bound Program to provide transportation for my child _____ to program activities. I hereby release the Upward Bound Program and Southern Arkansas University from any responsibility for any criminal act of malice, vandalism, theft, or any other unlawful behavior during trips sponsored by the Upward Bound Program.

Parent/Guardian Signature _____

Date _____

Certification Statement

This is to certify that all information provided is true and accurate to the best of my knowledge. I hereby give my permission for the UPWARD BOUND PROGRAM at Southern Arkansas University to have access to any school or agency records of _____ (student's name) to determine eligibility for the program and to monitor his/her status and progress in secondary school. Further permission is granted to request information and records from any and all postsecondary institutions in order to track college progress. I understand that all records will be kept in strict confidence and in accord with the Privacy Act of 1974.

Parent/Guardian Signature _____

Date _____





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**STUDENT RATING SCALE
(To be completed by Counselor)**

Student's Name _____ Grade _____ School _____

I. ACADEMIC DATA

Current GPA _____ Cumulative GPA _____ Total Number of units _____

II. TEST DATA:

Please provide copies of: ACTAAP and Benchmark test scores or any other current test data that would assist the Upward Bound staff in developing an appropriate individual instruction plan.

III. COUNSELOR OBSERVATIONS:

Keeping in mind the Upward Bound goal, which is to generate the skills and motivations essential to achieving success in postsecondary education, please respond to the following:

A. Please assess this student's ability to follow rules and regulations (please identify significant disciplinary problems Encountered) _____

B. Would you classify this student as:
At risk _____ Yes _____ No _____ If yes, please explain _____

Gifted and talented _____ Yes _____ No _____ Please identify areas _____

Learning Disabled _____ Yes _____ No _____ If yes, please define disability/disabilities and indicate the extent _____

C. In what way can Upward Bound best address the need of this student? _____

D. Relate this student's potential for success in secondary education _____

Counselor's Signature

Date

NOTE: PLEASE ATTACH A COPY OF CURRENT TRANSCRIPT.



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STUDENT RATING SCALE
 (To be completed by a Classroom Instructor)

Student's Name _____ Grade _____ School _____

Note: The purpose of this evaluation form is to provide an objective and systematic way by which you may acknowledge your appraisal of this student. Please check the most appropriate performance rating.

Performance Factors	Performance Rating					
	Excellent	Above Average	Average	Below Average	Poor	Inferior
Quality of Work Accuracy, completeness, thoroughness, neatness						
Quantity of Work Completes required amount of work						
Dependability Follows instructions, attendance, punctuality						
Cooperativeness Initiative, constructive attitude, helpfulness						
Creativity Imagination, originality						
Adjustability Security, stability, adaptability						
Discipline Follows rules and regulations						
Sociability Self esteem, peer relations, group acceptance						
Postsecondary Education Potential for success						

Evaluator's Comments: Keeping in mind the Upward Bound goal, which is to generate the skills and motivation essential to achieving success in postsecondary education please respond to the following:

- Strengths: _____
- Weaknesses: _____
- Would you classify this student as:
 At risk? Yes No If yes, explain: _____
 Gifted and talented: Yes No If yes, please identify areas _____
 Learning disabled? Yes No If yes, please define the disability/disabilities and indicate the extent _____

Note: This form is a part of an application packet which cannot be submitted until all documents have been gathered. Please Complete and submit immediately to your counselor.

 Evaluator's Signature

 Date

Upward Bound Transcript and Grade Release

APPLICANT'S NAME _____ CURRENT GRADE _____

TO THE APPLICANT: Please type or print your personal information on each Transcript and Grade Release form. Give one form to your school counselor, and attach the other one to your Upward Bound application.

TO THE PARENT/GUARDIAN

Please read and sign the release statement below so that we will receive an official copy of his/her school transcript. Your son's/daughter's application is not complete without a signed transcript and grade release form, It is your responsibility to check to be sure the school has sent us these records, including information for the current school year.

For the student named above, I hereby authorize the UPWARD BOUND PROGRAM at Southern Arkansas University to have access to any school or agency records, including an official transcript of all grades as well as the results of academic testing. This information will be used to determine eligibility for the program and to monitor his/her academic progress.

Signature of Parent or Guardian

TO THE SCHOOL

The student named above is applying for admission to the Upward Bound Program at Southern Arkansas University. Please send us an official copy of the following information:

- Transcript
- ACTAAP and Benchmark test scores.
-

Cut on perforated line

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