Dear Applicant:

On behalf of the students and staff of Project Upward Bound and Southern Illinois University Carbondale, I want to thank you for your interest in our program. We are very proud of Project Upward Bound, and we invite your application to join us and help make it an even better experience. Since 1978, our program has been helping students graduate from high school while preparing them for college.

By completing this application, you are taking a vital step that will put you in control of your future. Because Project Bound is small, there are only a few openings each year. Therefore, it is very important that you do your best when you complete this application.

Instructions for completing the application follow. Please read them carefully. In addition, we also need a copy of your parents’ income tax return as well as recent grades from your school. Any incomplete items will result in delays for the review of your application and ultimately may have an impact on your acceptance into the program.

If you have any questions, please feel free to contact the Project Upward Bound office at (618) 453-3354.

Sincerely,

Antyne Lester
Director
Project Upward Bound
STUDENT ADMISSIONS GUIDE

➢ First, please read the Project Upward Bound brochure or talk with either your school counselor or the Project Upward Bound Director or Field Representative. Make certain you understand what the program is and that you really want to become a part of Project Upward Bound.

➢ THEN, please READ the ENTIRE application BEFORE answering any questions.

➢ Please use INK and PRINT all information (except signatures, of course). Please print neatly.

➢ Answer each question THOROUGHLY and CAREFULLY. DO YOUR BEST!

➢ Make certain that YOUR PARENT(S) complete and sign the Student Medical Information sheet on page 2 and the Family Financial Information form on Page 3.

➢ Make certain that YOU and YOUR PARENT(S)/GUARDIAN(S) sign the Student Contract and the School Records Release form on the last page.

➢ As soon as you and your parent(s)/guardian(s) have completed the application, turn it in to your high school counselor and obtain the following three (3) evaluation forms from him/her: Counselor Evaluation; Math or Science Teacher Evaluation; and English Teacher Evaluation. There is also one General Evaluation form which you may give to any adult (not a relative) who knows you well. Be sure to give all forms to the correct people. NOTE: Your school counselor will not give you any evaluation forms until after you turn in your application.

➢ When all your forms have been received by Project Upward Bound, we will contact you to arrange for an interview.

➢ Please make sure YOU and YOUR PARENTS have signed the application in all the appropriate places.
NOTE: This form needs to be filled out completely to ensure your application will be processed as quickly as possible.

Student Name: ___________________________ Social Security #: ___________________________

(Last)  (First)  (Middle)

Address: ___________________________ Home Telephone #: ( ) - ___________________________

(Number)  (Street)  (Apt/Box#)

(City)  (State)  (Zip Code)  Today's Date: ___________________________

Alternate Phone #: ___________________________ Student E-mail Address: ___________________________

<table>
<thead>
<tr>
<th>Sex</th>
<th>Birth Date</th>
<th>Current Year in School</th>
<th>Current High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Male</td>
<td>/ /</td>
<td>08 09 10</td>
<td></td>
</tr>
<tr>
<td>O Female</td>
<td>/ /</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

With whom do you live? [please check all that apply and give their name(s)].

- O Natural Mother Name ___________________________
- O Natural Father Name ___________________________
- O Stepmother Name ___________________________
- O Stepfather Name ___________________________ Relation to you: ___________________________
- O Female Guardian Name ___________________________
- O Male Guardian Name ___________________________ Relation to you: ___________________________
- O Other Name ___________________________ Relation to you: ___________________________

What is your ethnic group? (optional - this is used for federal reports)

- O Black ___________________________
- O American Indian/Alaskan Native ___________________________
- O Caucasian ___________________________
- O Hispanic ___________________________
- O Asian/Pacific Islander ___________________________
- O Other ___________________________

Has either parent/guardian completed a Bachelor's Degree? O Yes O No

Are you apart of another TRiO Program? O Yes O No If Yes, which one ___________________________

Eligibility Requirements

Applicant is (please check one):

- O A citizen or national of the United States
- O A permanent resident of the United States
- O In the United States for other than a temporary purpose (attach a copy of evidence from the Immigration & Naturalization Service of intent to become a permanent resident)

Parent(s) or Guardian(s) Declaration: I/We declare that the information provided in this application is true to the best of our knowledge.

(YOU MUST SIGN BELOW EVEN IF ABOVE SECTION IS BLANK)

(Signature of Mother, Stepmother, or Guardian) ___________________________ (Signature of Father/Stepfather/Guardian) ___________________________

(Date) ___________________________ Date ___________________________
The following information is necessary to provide appropriate medical services, if required.

**Student Information**

<table>
<thead>
<tr>
<th>Name (Last, First, Middle):</th>
<th>SS#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Gender (circle one) Male Female</td>
</tr>
<tr>
<td>Address:</td>
<td>Phone #: ( )</td>
</tr>
</tbody>
</table>

**Personal Medical History**

- Allergies (see below)
- Hay Fever
- Migraine headaches
- Asthma
- Headaches
- Pneumonia
- Thyroid Problems
- Bronchitis
- Heart Disease
- Rheumatic Fever
- Ulcers
- Diabetes
- Hepatitis
- Seizures
- Other (list)
- Eating Disorders
- High Blood Pressure
- Severe Cramps
- Emotional Problems
- Kidney Problems
- Tuberculosis

- Surgery: Please list any surgeries you have had:

- Tetanus shot: List the month and year of your last Tetanus shot:

List any bone dislocations & any other pertinent medical information:

**Disabilities/Impairments**

Please check any of the following issues that you might have:

- Vision. Is it corrected? Yes No
- Hearing impairment
- Speech or voice impairment
- Learning disability (specify):
- Other impairments/disabilities (specify):

**Allergies**

Are you allergic to any serum, drug, or medication (Penicillin, antitoxin, etc.)? Yes No

If "Yes," specify:

Do you have any other allergies? Yes No

If yes, specify:

**Medications**

Are you taking any prescribed medications or currently receiving other medical treatment? Yes No

If yes, specify:

**ICE Mother's or Guardian's Information**

Name: __________________________ Name: __________________________

Home/Cell Telephone: __________________________ Home/Cell Telephone: __________________________

Place of Work: __________________________ Place of Work: __________________________

Relative or family friend who can be reached in the event your parent(s)/guardian(s) are not available:

Name: __________________________ Telephone: __________________________

**Family Physician**

Doctor's Name: __________________________ Telephone: __________________________

Address: __________________________

**Health Ins. Info.**

Name of Insurance company or county providing medical assistance: __________________________

Policy Number: __________________________ Expiration Date (if any): __________________________

I hereby give my permission for my child, __________________________, to participate in all Upward Bound activities, trips and events. I further give my permission for my child to receive all necessary medical attention if the need arises. Such shall be at the discretion of the medical provider on duty and/or the Upward Bound employee supervising the activity, event or trip.

(Signature of Parent/Guardian) __________________________ (Date) __________________________
Project Upward Bound is designed for students from low-income and/or first generation college families. The information you provide on this form is necessary to make certain that the student is eligible for the program. Of course, this information will be held in the strictest confidence. If you have any questions, please feel free to call the Project Upward Bound Office.

A. Please circle the appropriate pay period for EACH type of income: W = Weekly amount; BW = bi-weekly amount (every two weeks); M = monthly.

<table>
<thead>
<tr>
<th>Income Description</th>
<th>Mother or Guardian</th>
<th>Father or Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Job: Salary BEFORE taxes</td>
<td>$ W BW M</td>
<td>$ W BW M</td>
</tr>
<tr>
<td>2nd Job: Salary BEFORE taxes</td>
<td>$ W BW M</td>
<td>$ W BW M</td>
</tr>
<tr>
<td>Public Welfare Income</td>
<td>$ W BW M</td>
<td>$ W BW M</td>
</tr>
<tr>
<td>A.D.C. or A.F.D.C. Income</td>
<td>$ W BW M</td>
<td>$ W BW M</td>
</tr>
<tr>
<td>Social Security Income</td>
<td>$ W BW M</td>
<td>$ W BW M</td>
</tr>
<tr>
<td>Pension or Retirement Income</td>
<td>$ W BW M</td>
<td>$ W BW M</td>
</tr>
<tr>
<td>Disability Income</td>
<td>$ W BW M</td>
<td>$ W BW M</td>
</tr>
<tr>
<td>Unemployment Income</td>
<td>$ W BW M</td>
<td>$ W BW M</td>
</tr>
<tr>
<td>Veterans Benefit</td>
<td>$ W BW M</td>
<td>$ W BW M</td>
</tr>
<tr>
<td>Child Support</td>
<td>$ W BW M</td>
<td>$ W BW M</td>
</tr>
<tr>
<td>Any OTHER Income</td>
<td>$ W BW M</td>
<td>$ W BW M</td>
</tr>
</tbody>
</table>

B. Family Size (include parents, dependent children and other individuals you support):

C. The U.S. Department of Education requires that we document the family income for each student who is admitted to the program. It is therefore requested that you **Submit a copy of your most recent tax return (Form 1040 or 1040-A)** with this form. If you do not file a tax return or one is not available, please submit a copy of other documentation such as the following examples:

1. W2 forms for the most recent year **(for each job held)**
2. Check stubs from your most recent welfare, A.D.C., or A.F.D.C. check
3. Check stubs from your most recent social security check, pension check, etc.

If the family receives public welfare payments, please provide the following:

Case No.: _______________________  Case Worker: _______________________
Telephone Number: _______________________

PARENT(S) OR GUARDIAN(S) DECLARATION: I/We declare that the information provided on this form is true and correct to the best of my/our knowledge.

(Signature: Mother/Stepmother/Guardian)  (Signature: Father/Stepfather/Guardian)
(Date)  (Date)
Having read all literature pertaining to the Upward Bound program to be administered by Southern Illinois University Carbondale, and having carefully considered information made available to me through oral presentations, counseling and interviews, I understand the responsibilities involved in participation in the program.

Further, I understand that I must take part in all aspects and activities of the program both during the regular academic year and the summer since failure to do so will result in my removal from the program. I am thoroughly aware of the commitment it will demand of me. This commitment stresses my continuing participation in the program until or including the summer following my graduation from high school or my receiving my GED, the terminal period to be determined by the program administration or funding.

I agree to abide by all program rules and regulations. I also promise not to interfere with the rights of other Upward Bound students, and I pledge my respect to all program participants.

My parent(s) or guardian(s) have been made aware of the aims and goals of the Upward Bound Program and understand them. They are also aware of the importance of me keeping my commitment with the program.

I am accepting the invitation to participate in the Southern Illinois University Carbondale Upward Bound Program.

______________________________  ________________________________
(Student's Signature)            (Parent/Guardian's Signature)

______________________________  ________________________________
(Date)                        (Date)

______________________________
(Student's Signature)

______________________________
(Student Date of Birth)

______________________________
(Parent/Guardian Signature)

______________________________
(Date)
1. Driver is in charge of the pupils and the bus. Pupils must obey driver promptly and respectfully.

2. Pupils must be on time. The bus cannot wait beyond its regular schedule for those who are tardy.

3. Pupils should never stand in roadway while waiting for the bus.

4. No smoking or eating on bus at any time.

5. Unnecessary conversation with the driver is prohibited.

6. Classroom conduct is to be observed by pupils while riding in the bus, except for ordinary conversation. No “horseplay” will be permitted.

7. Pupils must not at any time extend arms or heads out of bus windows.

8. Pupils must not try to get on or off bus, or move about within the bus, while it is in motion.

9. Pupils must observe instructions from driver when leaving bus.

10. Any damage to a bus by a student must be paid for by the student responsible for the damage.

11. The driver will not discharge riders at places other than the regular bus stop near the home, or at school, unless by proper authorization from parent, the superintendent, or principal of the school.

12. Any matter not covered in the above may be handled by the driver, owner of the buses, and/or school officials.

NOTE: THESE RULES ARE NECESSARY IN ORDER TO ENSURE THE SAFETY OF STUDENTS. FAILURE TO FOLLOW THESE BASIC RULES MAY RESULT IN SUSPENSION FROM SCHOOL.

__________________________  ______________________________
(Student's Name)            (Address)

__________________________  ______________________________
(Student's Signature)        (Parent/Guardian's Signature)

__________________________  ______________________________
(Telephone Number)           (Date)

I understand these rules, and will encourage my child to abide by them. If my child misbehaves, contact me.
Upward Bound requests permission to use your child’s photograph(s) in the promotion of the Upward Bound Program.

Your child’s photograph(s) (taken either during the Summer Program or during the Academic Year activities) may be used in the Upward Bound Newsletter, the Upward Bound brochure, or on the website.

You may choose to allow us to use the photographs or not use them. Choices are listed below. Please indicate either Yes or No beside each use. All choices will be honored. If at any time you should change your mind and do not want us to use your child’s photograph(s), all you need to do is call the Upward Bound office (618) 453-3354, and let us know. We will honor your requested change in authorization from that point on.

I hereby give Upward Bound permission to use my child’s photograph(s) in the following way(s) for promotion of the Upward Bound program. I understand that at any time, I have the option to rescind this permission for any future use.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Project Upward Bound Newsletter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Upward Bound Brochure</td>
<td></td>
<td></td>
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<tr>
<td>Project Upward Bound Website</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

__________________________
(Child’s Name)

__________________________
(Signature, Parent/Guardian)

__________________________
(Date)