

PROJECT UPWARD BOUND
Southern Illinois University Carbondale
Student Application

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,

A handwritten signature in black ink that reads "Antyne Lester". The signature is written in a cursive, flowing style.

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.

PROJECT UPWARD BOUND STUDENT APPLICATION

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: _____

Sex	Birth Date	Current Year in School	Current High School
	Month / Day / Year	(please indicate)	
<input type="radio"/> Male <input type="radio"/> Female	/ /	<input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10	

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

- Natural Mother Name _____ Type text here
- Natural Father Name _____
- Stepmother Name _____
- Stepfather Name _____ Relation to you: _____
- Female Guardian Name _____ Relation to you: _____
- Male Guardian Name _____ Relation to you: _____
- Other Name _____

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

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

Has either parent/guardian completed a Bachelor's Degree? Yes No
Are you apart of another TRiO Program? Yes No If Yes, which one _____

Eligibility Requirements

Applicant is (please check one):

- A citizen or national of the United States
- A permanent resident of the United States
- 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

PROJECT UPWARD BOUND PARTICIPANT ACTIVITY AND MEDICAL RELEASE

(To be completed by the parent[s] or legal guardian[s] of the student applicant.)

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

Student Information	Name (Last, First, Middle): _____ SS#: _____	
	Date of Birth: _____	Gender (circle one) Male Female
	Address: _____	
	(Street) City State Zip	Phone #: () _____
Personal Medical History	Please check any of the following medical conditions that you currently have (or have had).	
	<input type="checkbox"/> Allergies (see below) <input type="checkbox"/> Hay Fever <input type="checkbox"/> Migraine headaches <input type="checkbox"/> Asthma <input type="checkbox"/> Headaches <input type="checkbox"/> Pneumonia <input type="checkbox"/> Thyroid Problems <input type="checkbox"/> Bronchitis <input type="checkbox"/> Heart Disease <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Ulcers <input type="checkbox"/> Diabetes <input type="checkbox"/> Hepatitis <input type="checkbox"/> Seizures <input type="checkbox"/> Other (list) _____ <input type="checkbox"/> Eating Disorders <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Severe Cramps _____ <input type="checkbox"/> Emotional Problems <input type="checkbox"/> Kidney Problems <input type="checkbox"/> Tuberculosis _____	
	<input type="checkbox"/> 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:	
	<input type="checkbox"/> Vision. Is it corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Speech or voice impairment <input type="checkbox"/> Learning disability (specify): _____ <input type="checkbox"/> Other impairments/disabilities (specify): _____	
Allergies	Are you allergic to any serum, drug, or medication (Penicillin, antitoxin, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes," specify: _____	
	Do you have any other allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____	
Medications	Are you taking any prescribed medications or currently receiving other medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, specify: _____	
ICE (In case of emergency)	Mother's or Guardian's Information	Father or Guardian's Information
	Name: _____	Name: _____
	Home/Cell Telephone: _____	Home/Cell Telephone: _____
	Work Telephone: _____	Work 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: _____	Relation to you: _____
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)

FAMILY FINANCIAL STATEMENT

(To be completed by the parent[s] or legal guardian[s] of the student applicant.)

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.

	Mother or Guardian			Income Description		Father or Guardian		
\$	W	BW	M	1st Job: Salary BEFORE taxes	\$	W	BW	M
\$	W	BW	M	2nd Job: Salary BEFORE taxes	\$	W	BW	M
\$	W	BW	M	Public Welfare Income	\$	W	BW	M
\$	W	BW	M	A.D.C. or A.F.D.C. Income	\$	W	BW	M
\$	W	BW	M	Social Security Income	\$	W	BW	M
\$	W	BW	M	Pension or Retirement Income	\$	W	BW	M
\$	W	BW	M	Disability Income	\$	W	BW	M
\$	W	BW	M	Unemployment Income	\$	W	BW	M
\$	W	BW	M	Veterans Benefit	\$	W	BW	M
\$	W	BW	M	Child Support	\$	W	BW	M
\$	W	BW	M	Any OTHER Income	\$	W	BW	M

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)

STUDENT CONTRACT OF COMMITMENT TO PROJECT UPWARD BOUND

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)

SCHOOL RECORDS RELEASE FORM

I, _____, hereby consent to the release of my school
(print your full legal name here)
reports (including transcripts, report cards, test scores, evaluations, and recommendations, and other information regarding my school performance) to Southern Illinois University Project Upward Bound.

I, _____, as the parent or legal guardian of the above
student, do hereby consent to the release of the records as noted.

(Student Signature)

(Parent/Guardian Signature)

(Student Date of Birth)

(Date)

SCHOOL BUS REGULATIONS/CONTRACT

FOR

PROJECT UPWARD BOUND PARTICIPANTS

Southern Illinois University Carbondale

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.
13. Girls should sit in the back of the bus and boys sit in the front of the bus.

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.

PROJECT UPWARD BOUND
Southern Illinois University Carbondale
Mail Code 4706
Carbondale IL 62901-4706
(618) 453-3354

PERMISSION FOR USE OF PROJECT UPWARD BOUND PARTICIPANT PHOTOGRAPHS

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.

Project Upward Bound Newsletter	_____ Yes	_____ No
Project Upward Bound Brochure	_____ Yes	_____ No
Project Upward Bound Website	_____ Yes	_____ No

(Child's Name)

(Signature, Parent/Guardian)

(Date)