

LETTER TO PARENTS

TRIO

2021 APPLICATION DEADLINE NOVEMBER 6, 2021

Dear Parent/Guardian:

In our contract with the U.S. Department of Education, we agree to work with parents in educating them about our Upward Bound program and about how they can involve themselves in their child's education. As you and your son/daughter consider his/her application to Upward Bound, we provide you with this information about Upward Bound and post-secondary opportunities.

1. Upward Bound is a federally funded program and the only cost to each member is that of commitment, time and entering and completing post-secondary training.
2. During the academic school year, my child will attend Saturday morning meetings for academic enrichment and tutoring. UNT Upward Bound will have on average 18 Saturday meetings in an academic school year.
3. My child will be participating yearly in a six-week supervised summer academic residential program at UNT (cost free).
4. When involved with UNT Upward Bound, my child is encouraged to take college prep courses throughout high school.
5. My child must pass 5 EOC tests before being able to graduate from high school.
6. The ACT and SAT are college entrance exams, and my child will need to take one at the end of his/her junior year.
7. By participating in the University of North Texas Upward Bound Program, my child will learn about college opportunities everywhere -- not just UNT!
8. My child will have help applying for financial aid and scholarships through the UNT Upward Bound project. UB staff will help my child apply but cannot promise that my child will be eligible for financial aid or scholarships.
9. I understand that through UNT Upward Bound my child will explore careers that might best suit his/her interests.
10. The UNT Upward Bound Program may request a Student/Parent conference at any time and that I will attend those conferences as needed.
11. Member's parents are required to attend an annual Parent Day meeting in April each year.

If you have further questions, please contact one of our central staff members. Thank you for your interest in Upward Bound.

Sincerely,



Tori Nelson
Director,
Upward Bound

For further information contact:

Tori Nelson 940.565.4182
tori.nelson@unt.edu

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silvia.lozano@unt.edu

Martika Jacobs 940.565.4186
martika.jacobs@unt.edu

UB Email: untupwardbound@unt.edu

Application Date _____ Current Grade _____ School _____

STUDENT INFORMATION:

Last Name _____ First _____ Middle _____ Gender: Male Female

Street _____ City _____ St _____ Zip _____

Home phone # _____ Cell phone # _____

Student School ID # _____ Student Email: _____

Date of Birth _____ Place of Birth _____ Age _____

Are you Hispanic/Latino? Yes No

Race: Black/African American Asian White Native American Other _____

Are you a U.S. citizen? Yes No Permanent Resident If not, Alien Registration # _____

What language is usually spoken at home? _____ T-Shirt Size _____

FAMILY INFORMATION:

Student lives with

Both parents Mother only Father only Mother/Stepfather Father/Stepmother Other _____

Student's legal guardian(s)

Both parents Mother only Father only Mother/Stepfather Father/Stepmother Other _____

Primary Parent or Guardian (in household) _____

Street _____ City _____ St _____ Zip _____

Phone #: Home _____ Work _____ Cell _____

Email Address _____

Occupation _____ Place of Employment _____

Other Parent or Guardian (in household) _____

Phone #: Home _____ Work _____ Cell _____

Email Address _____

Occupation _____ Place of Employment _____

Do not write below this line

Income _____

FG _____

Allowable _____

LI _____

Taxable _____

Both _____

Number of persons living in your household _____ (including applying student)

<u>NAME - RELATIONSHIP</u>	<u>AGE</u>	<u>GRADE</u>	<u>CURRENT SCHOOL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOUSEHOLD EDUCATIONAL BACKGROUND

Does your father have a four-year college degree? Yes No

If yes, name of college _____ Major _____

Highest grade/degree completed by your father: less than high school GED high school
some college associate four-year college graduate/professional

Does your mother have a four-year college degree? Yes No

If yes, name of college _____ Major _____

Highest grade/degree completed by your mother: less than high school GED high school
some college associate four-year college graduate/professional

STUDENT INVOLVEMENT

Are you presently employed? Yes No (If yes, how many hours per week do you work:) _____

In what clubs, activities, or school and community organizations have you participated during high school? music, drama, sports, UIL

PROGRAM COMMITMENT

I understand that my involvement includes:

- ◆ **my participation** in a half day Saturday program 18 times during the academic year for the remainder of my high school experience
- ◆ **my fulfillment** of all requirements of Upward Bound – attendance, cooperation, grades, tutoring, goals – while a member
- ◆ **my participation** in a six-week summer program for the remainder of my high school experience
- ◆ **my enrollment** in college preparatory classes at my high school
- ◆ **my enrollment** in and **my commitment** to complete a course of study in post-secondary education.

I hereby apply for admission to the Upward Bound Program at the University of North Texas and agree to abide by the rules and regulations set forth by the program. I understand that should I be accepted, I will remain in the program throughout my high school years and will continue and complete a course of studies beyond high school. By signing below I certify this is accurate information.

Student's signature

Date

Parent's signature

Date

ATTACHMENTS FOR APPLICATION

▪ **STUDENT ESSAY:**

In a typed essay, state why you wish to join Upward Bound, what Upward Bound can do for you, and what contributions you can make to this program. Use correct spelling, grammar, and punctuation. Organize your thoughts. Your response is used for admission into the program. Attach your typed essay to your completed application. Essay should be New Times Roman or Calibri 12 font.

▪ **INCOME VERIFICATION**

PLEASE INCLUDE A COPY OF LAST YEAR'S (2020) INCOME TAX RETURN (form 1040, line 15). WE NEED THE **FIRST AND SECOND PAGES TO DETERMINE THE NUMBER IN YOUR FAMILY AND TAXABLE INCOME.** THIS INFORMATION IS REQUIRED BY FEDERAL REGULATIONS IN ORDER TO DETERMINE STUDENT'S ELIGIBILITY. ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE.

▪ **CURRENT GRADE REPORT (REPORT CARD)**

Depending on your school's grading period, request your first nine weeks or your first six weeks.

▪ **3 UPWARD BOUND RECOMMENDATION FORMS (may be emailed or included in application envelope in a sealed and signed envelope)**

Choose three people (not your parents or relatives) to provide a personal recommendation for you. At least two recommendations must be from a teacher/coach/sponsor. One of these recommendations may be from a former teacher/coach/sponsor. Give each person the recommendation form and the envelope. Ask them to return the recommendation by November 3, 2021.

Email: UNTUpwardBound@unt.edu

▪ **COPY OF ALIEN REGISTRATION CARD** (If you are a legal resident)

We will be able to make copies if the student brings them with them



UPWARD BOUND

The following consent shall be valid for the duration of my son/daughter’s membership in Upward Bound or completion of high school, and until completion of a bachelor’s degree or for 6 years following graduation from high school. As per the US Department of Education, academic records regarding grades, test scores, and progression of Upward Bound students are collected, maintained and monitored by Upward Bound programs throughout high school and college.

I hereby grant permission for my son/daughter, _____ to participate in the University of North Texas Upward Bound Program, including its residential summer program and academic year program. I also give my consent for the following:

- ◆ For the high school where my son/daughter is enrolled to make available to the Director of the Upward Bound Program (or to any staff member that may so be designated) any and all information pertaining to my child’s academic progress in school.
◆ For my son/daughter to be visited in the schools by Upward Bound Staff.
◆ For my son/daughter to receive individual and group counseling from the Upward Bound Staff or interns affiliated with the Upward Bound Program.
◆ For the use of my child’s name and picture by the media. I release the University of North Texas from any liability related to the publicity involving my child.
◆ For the Upward Bound program to monitor my son/daughter’s academic progress after high school until completion of a bachelor’s degree or for a period of 6 years through the availability of any and all information pertaining to my child’s academic progress in post-secondary education provided by the institutions of post-secondary education.

I will support my son/daughter’s interest in being a member of Upward Bound by encouraging regular attendance and active involvement in all activities. As a parent I will fully support the goals of the program, participate in program activities, and help my son/daughter to attain these goals.

Father’s/Male Guardian’s Signature _____ Date _____

Parent Email Address _____

Mother’s/Female Guardian’s Signature _____ Date _____

Parent Email Address _____

Personal Guidance & Social/Cultural/Recreational Desired:

The Upward Bound staff will conduct group experiences during the Academic Year and the Summer Program to assist you with issues important to you and your future. They will also be available to assist you with personal concerns whenever needed. Additionally, Upward Bound sponsors activities for all students to attend. Activities include social (dinners, movies, sporting events, etc.), recreation (alumni day, volleyball, soccer, basketball, etc.) and cultural events (plays, museums, etc.). Check below as many of the following areas in which you have an interest. I would like to:

I would like to:

- _____ get along better with my siblings or parents
_____ learn to control my temper
_____ learn to solve problems and conflicts with teachers
_____ learn to stop fighting when I am angry
_____ learn how to accomplish goals
_____ learn what my strengths and weaknesses are
_____ learn to speak in front of groups of people
_____ learn to trust others
_____ learn how to express my feelings
_____ learn to be less shy
_____ learn how to handle stress
_____ learn about making career decisions
_____ improve my self-image
_____ learn how to make good decisions
_____ learn how to be a group leader
_____ learn how to make friends
_____ learn to improve my study skills
_____ learn about time management
_____ other (please describe) _____

Please check all the areas of need that you believe apply to you. There are no “wrong” answers here—answer honestly.

- _____ Low high school GPA
_____ Low scores on state tests
_____ Low educational aspirations
_____ Limited proficiency in English
_____ At the beginning of 10th grade, had not successfully completed pre-algebra or algebra course
_____ Lack of opportunity, support, and/or guidance to take challenging college prep courses
_____ Lack of career goals and/or need for accurate information on careers
_____ Lack of confidence, self- esteem, and/or social skills
_____ Rural isolation
_____ Interest in careers in math and science
_____ Predominately low-income community
_____ Other _____

Program for Minors
Medical Information Form



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

CAMP PARTICIPANT INFORMATION:

NAME OF YOUTH CAMP: UPWARD BOUND

NAME OF CAMP PARTICIPANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

PARENT (or guardian) NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: () _____ EMERGENCY PHONE: () _____

EMERGENCY CONTACT NAME: _____ RELATION: _____

CELL PHONE: () _____ EMERGENCY PHONE: () _____

PRIMARY CARE PHYSICIAN: _____ PHONE: () _____

DO YOU HAVE HEALTH INSURANCE? YES: _____ NO: _____

NAME OF CARRIER POLICY NUMBER Name of Primary Insured

A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD MUST BE ATTACHED.

Does the Camp Participant have any chronic or acute medical problems? YES: ___ NO: ___

Please explain: _____

List any allergies to food, pollen, or medicine: _____

List any medications being taken at present time: _____

List any other conditions we should be aware of: _____

List any dietary restrictions we should be aware of: _____

My child has permission to attend a youth camp on the University of North Texas campus. I fully realize that injury or illness to my child may result from or during participation in the youth camp. In case of injury or illness, I give permission for my child to be given medical treatment as deemed appropriate. I further give permission for the information provided on this form to be shared with appropriate medical personnel. I further give permission for and grant authority to the camp representatives to sign on my behalf the Notice of Privacy Practice that patients are required to receive in accordance with federal law. I understand and acknowledge that I will be responsible for any medical bills incurred by my child at the University of North Texas Student Health and Wellness Center, at a local hospital or elsewhere.

1. In consideration for my child, _____, participating in the University of North Texas Upward Bound Program, I hereby RELEASE, WAIVE, DISCHARGE, and HOLD HARMLESS the University of North Texas, the Board of Regents, the State of Texas, his officers, servants, agents, employees and volunteers, the Upward Bound Program and its directors, (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by my child, or to any property belonging to my child, while participating in the Upward Bound Program, or while in, on, upon, or traveling to and from any program activity where the program is being conducted.
2. I am fully aware of the risks and hazards connected with allowing my child to participate in the Upward Bound program, including the risk of physical injury or disability as the result of such injury, and I hereby allow my child to voluntarily participate in said activity, and to enter the above named premises and engage in such activity. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY that may be sustained by my child, or any loss or damage to property owned by my child, as a result of being engaged in such an activity.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs that may incur due to my child's participation in said programs.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assignees and personal representative, if I am not alive, and shall be deemed as a RELEASE, WAIVER, AND DISCHARGE of the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.
5. I understand that the Releasees will not be responsible for any medical costs associated with any injury that my child may sustain, and I agree to execute a Medical Authorization Permission/Release to obtain reasonable medical care for my child while participating in the program.
6. I further agree to become familiar with and inform my child of the rules and regulations of the Upward Bound Program. I will further assume for my child the complete risk of any activity done in violation of any rule, directive, or instruction.
7. I also understand that I should and am urged by RELEASEES to obtain adequate health and accident insurance to cover any personal injury to my child which may be sustained during the program or the transportation to and from said program and its activities.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by same.

WITNESS:

Parent or Legal Guardian of Participant

This form does not need to be notarized; however, the signature needs to be witnessed by another adult.

Parent's signature

Date