

UPWARD BOUND



TRiO

2024 APPLICATION DEADLINE OCTOBER 26, 2024

Application Date _____ Current Grade _____ School _____

STUDENT INFORMATION:

Last Name _____ First _____ Middle _____ Gender: _____

Street _____ City _____ St _____ Zip _____

Home phone # _____ Cell phone # _____

Student School ID # _____ Student Email: _____

Date of Birth _____ Age _____ T-Shirt Size _____

Race:

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

Are you Hispanic/Latino?

____ Yes
____ No

What language is usually spoken at home?

____ English
____ Spanish
____ Vietnamese
____ French
____ Other: _____

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 _____

Parent/Guardian 1 (in household) _____

Street _____ City _____ St _____ Zip _____

Phone #: Home _____ Work _____ Cell _____

Email Address _____

Parent/Guardian 2 (in household) _____

Phone #: Home _____ Work _____ Cell _____

Email Address _____

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

NAME - RELATIONSHIP

AGE

GRADE

CURRENT SCHOOL

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

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

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:

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

Eligibility Verification
TRIO Upward Bound

Students in Upward Bound come from families where neither parent has earned a college degree or who will need financial assistance to pay for college. Approximately 70% of all Upward Bound participants must be members of traditionally underserved student groups (neither parent has earned a college degree and the student is moderate-income) while the remaining students must be one of those two or a student who is at high risk of academic failure).

PROGRAM ELIGIBILITY CRITERIA – CITIZENSHIP

- My child is a United States citizen.
- My child is a Permanent Resident. (Alien Registration #: _____)
- My child is neither.

Parent/Guardian’s Signature: _____ **Date:** _____

PROGRAM ELIGIBILITY CRITERIA – FIRST-GENERATION QUALIFICATION

My **Parent/Guardian 1** highest education is...

- Less than high school
- High school diploma
- GED
- Associate degree (2-year)
Name of College: _____
Degree: _____
- Bachelor’s degree (4-year)
Name of College: _____
Degree: _____
- Graduate/Profession degree
Name of College: _____
Degree: _____

My **Parent/Guardian 2** highest education is...

- Less than high school
- High school diploma
- GED
- Associate degree (2-year)
Name of College: _____
Degree: _____
- Bachelor’s degree (4-year)
Name of College: _____
Degree: _____
- Graduate/Profession degree
Name of College: _____
Degree: _____

Parent/Guardian’s Signature: _____ **Date:** _____

PROGRAM ELIGIBILITY CRITERIA – INCOME QUALIFICATION

The guideline to determine income status is set by the Federal Government. They define the term "moderate-income individual" as an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount. This information and the number of people in the household will determine if a student is income eligible.

Taxable Income is shown on parent(s)/guardian(s)' **most recent Income Tax Return – Form 1040** (example shown below). The purple square shows the number of dependents in the household. This number plus parents is the number that should be written for persons in the household. The red square is where Taxable Income is located. (**Taxable income is not salary.**)

The number of persons in the household: _____

Taxable Income (line 15 on Form 1040): _____

By signing below I certify the information provided on this document is accurate and true.

Parent/Guardian's Signature: _____ Date: _____

Program for Minors
Medical Information Form



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: () _____

NON-PARENT 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 is a vegan or vegetarian. Vegan: ___ Vegetarian: ___ Neither: ___

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.

Parent's signature

Date

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

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.

Print Name of Parent or Legal Guardian of Participant

Signature of Parent or Legal Guardian of Participant

Date



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.

Parent/ Guardian 1 Signature

Date

Parent/Guardian 1 Email Address _____

Parent/Guardian 2 Signature

Date

Parent/Guardian 2 Email Address _____