



**UPWARD BOUND**  
Application Requirements



To be considered for selection into the Upward Bound program, the following materials **must** be submitted with this application:

- ⊖ Completed 4-page Upward Bound Application
- ⊖ Copy of prior year Income Tax Return or DHS verification of income
- ⊖ Referral/Recommendation form (e.g. school counselor, principal or teacher, civic or church leader)
- ⊖ Current copy of student's school transcript

**Please note: Applications are due no later than October 31st, 2011.**

**ALL of the above items/forms must be received  
before your application will be considered.**

Please mail or bring this application along with **all** of the required documentation listed above to:

**Upward Bound  
Cameron University  
2800 W. Gore Blvd.  
4<sup>th</sup> Floor, N. Shepler, Room 408  
Lawton, OK 73505  
580-581-5581**

**Note:**

*You may also bring this application along with **all** of the required documentation listed above to the Upward Bound Academic Counselor assigned to your High School **before October 31st, 2011.** Please check with your High School's front office for the location of this Academic Counselor.*



**UPWARD BOUND**  
**CAMERON UNIVERSITY**  
 2800 West Gore Blvd.  
 Lawton, Ok 73505  
 (580) 581-5581



**APPLICATION**

**STUDENT INFORMATION:**

Student's School ID #: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
           First          Middle          Last

Address: \_\_\_\_\_  
           Street          City          State          Zip

Telephone: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: (M)\_\_\_\_ (F) \_\_\_\_\_ Race/ Ethnic Group      African American \_\_\_\_\_  
    American Indian \_\_\_\_\_  
    Asian \_\_\_\_\_  
    Hispanic \_\_\_\_\_  
    Caucasian \_\_\_\_\_  
    Other (specify) \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_ No\_\_\_ (if no, Registration Number \_\_\_\_\_)

Name of School \_\_\_\_\_ Grade Level \_\_\_\_\_

Current Grade Point Average (GPA) \_\_\_\_\_ Do you plan to attend college? Yes \_\_\_ No \_\_\_

Where? \_\_\_\_\_ Occupational Goals? \_\_\_\_\_

This is to certify that all information given by me 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 material necessary for participation in the program. Further permission is granted to request academic and financial aid information and records from any and all postsecondary institutions in order to track college progress. I understand all of my records will be kept in confidence in accordance with the Privacy Act of 1974. If selected as a member of the UPWARD BOUND Program at Cameron University, I agree to participate in the entire program and conduct myself in a way to bring credit to my family, my community, my school, the UPWARD BOUND Program and myself. I will not use alcohol or other drugs and will abide by the rules and regulations set forth in the UPWARD BOUND policy for the entire length of time that I am a member. I agree to attend planned meetings during the academic year and the summer program.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

**PARENT INFORMATION:** (to be complied by the parent or guardian with whom applicant lives)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Occupation \_\_\_\_\_

**\*\* ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE\*\***

We are required by the United States Department Of Education to obtain income information form all students served by the Upward Bound Program. Since you or your student have already indicated an interest in receiving our free services, please complete the following information:

<p>If you filed income tax, please provide <b><u>taxable income</u></b> from the prior year. See Income Tax Forms as follows: Line 27, 1041 A; Line 49, 1040; or Line 6, 1040EZ*.</p> <p>Taxable Income: \$ _____, 20_____</p> <p>*To verify this information and meet the Department of Education requirements, we <u>must</u> have a copy of your <u>most recent</u> income tax statement.</p>	<p>If you did not file income tax, please complete the following for the most recent year. **</p> <p>Wages\$ _____ SSA. SSI\$ _____          VA/GI Bill\$ _____ Unemployment\$ _____          Pension/Retirement _____          Food Stamps\$ _____ TANF\$ _____          Other (specify) _____</p> <p>To verify this information and meet the Department of Education requirements, we need a statement from a caseworker or a copy of a document confirming this information.</p>
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Number of family members living at home: Adults \_\_\_\_\_ Children \_\_\_\_\_ Total \_\_\_\_\_

Does the student qualify for either: Free Lunches? \_\_\_\_\_ Reduced Lunches? \_\_\_\_\_

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

If yes, give name of College/University \_\_\_\_\_

One of the major goals of the UPWARD BOUND Program is to encourage parental support and participation in their student's development. ARE YOU WILLING TO BE INVOLVED IN THE UPWARD BOUND PARETNAL ACTIVITIES? Yes \_\_\_ No \_\_\_ What do you see as your responsibilities to UPWARD BOUND?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any physical or emotional conditions that your child may have which the UPWARD BOUND staff should be aware of? \_\_\_\_\_

\_\_\_\_\_

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 Cameron University to have access to any school or agency records of (student's name) \_\_\_\_\_ to determine eligibility for the program and to monitor the status and progress in secondary school. Further permission is granted to request information and records any and all postsecondary institutions in order to track college progress. I also give my permission for Upward Bound staff to communicate with my child via phone, text messaging and computerized social networks. I understand that all records will be kept in strict confidence and in accord with the Privacy Act of 1974.

\_\_\_\_\_

Parent/Guardian's Name                      Alternate Phone Number                      Date

**Student Questionnaire**  
*(To be completed by the student)*

What do you think is the function of the UPWARD BOUND Project? \_\_\_\_\_

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How do you expect the PROGRAM to help you? \_\_\_\_\_

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What do you feel you can contribute to UPWARD BOUND? \_\_\_\_\_

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What do you think will be expected of you as an UPWARD BOUND student? \_\_\_\_\_

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Which school subjects are your strongest areas? Why? \_\_\_\_\_

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With which subjects do you have difficulties? Why? \_\_\_\_\_

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**Essay:** Write a paragraph describing your educational and career goals and how you plan to achieve those goals over the next 10 years. \_\_\_\_\_

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**Be sure to turn this page over to finish the application.**



## UPWARD BOUND STUDENT NEEDS ASSESSMENT (TO BE COMPLETED BY THE STUDENT)

**This survey contains a number of statements about your needs. Please give your honest opinion of how UPWARD BOUND can meet your needs. Your answers will be kept confidential.** Keep in mind that the purpose of this program is to generate the academic skills and motivation essential for college success. **Participants should possess the ability to pursue and achieve a four-year college degree, but may not be able to do so without the help of Upward Bound. We cannot select students who have no academic need for the program, so please answer honestly why you have a need for Upward Bound.**

<u>Academic Needs</u>	Strong Need	Some Need	No Need
1. To learn how to complete and turn in my homework on time.	1	2	3
2. To get better grades in school.	1	2	3
3. To take tests better and with less anxiety.	1	2	3
4. To organize my time, activities, and responsibilities better.	1	2	3
5. To learn more about high school requirements for college.	1	2	3
6. To listen better in class and ask more questions.	1	2	3
7. To relate to and communicate better with my teachers.	1	2	3
8. To identify, set, and evaluate goals for the future.	1	2	3

My academic goal is \_\_\_\_\_

<u>Personal Needs</u>	Strong Need	Some Need	No Need
1. To better understand my parents and other adults.	1	2	3
2. To learn to deal with conflict in a positive manner.	1	2	3
3. To be more accepting of my physical appearance.	1	2	3
4. To learn how my self-esteem affects my behavior.	1	2	3
5. To learn how to get along better with other people.	1	2	3
6. To learn to accept people who are different from me.	1	2	3
7. To learn about the use/abuse of drugs and alcohol.	1	2	3
8. To accept greater responsibility for my actions.	1	2	3

My personal goal is \_\_\_\_\_

<u>Career and Postsecondary Needs</u>	Strong Need	Some Need	No Need
1. To explore a variety of career opportunities.	1	2	3
2. To learn more about job applications, resumes and interviews.	1	2	3
3. To learn more about the postsecondary admissions process.	1	2	3
4. To prepare for exams like the PSAT, ACT or SAT.	1	2	3
5. To visit more colleges.	1	2	3
6. To learn about college costs and how to pay for college.	1	2	3

Name a college you would like to visit \_\_\_\_\_



To be completed by a teacher, counselor or professional who knows the student well.  
 Cannot be completed by family member or family friend.  
 Student Referral/Recommendation Form

Student's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_ GPA: \_\_\_\_\_

Name of Person Providing Referral: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_ Phone: Work# \_\_\_\_\_ Home# \_\_\_\_\_

How do you know this student? \_\_\_\_\_

**Please state frankly your evaluation of this student's ability to benefit from the Upward Bound program.** Keep in mind that the purpose of this program is to generate the academic skills and motivation essential for college success. **Participants should possess the ability to pursue and achieve a four-year college degree, but may not be able to do so without the help of Upward Bound. We cannot select students who have no academic need for the program, so please describe why the student has a need for Upward Bound.**

Please address reason(s) **why you think the student has a need** for the services of the program:

To improve academically (identify specific subject areas of weakness): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Please provide any additional information or comments on the student's motivational level, social, personal or family problems, or other specific areas about which we should be aware in order to better serve this student's needs:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Referent's Signature

\_\_\_\_\_  
 Date

Return To:  
 Upward Bound, Cameron University  
 2800 W. Gore Blvd.  
 N. Shepler, 4<sup>th</sup> Floor, Room 408  
 Lawton, Ok 73505  
 580/581-5581

**THIS FORM CAN ALSO BE PLACED IN THE UPWARD BOUND MAILBOX  
 IN THE TEACHER'S AREA OF LPS HIGH SCHOOLS.**