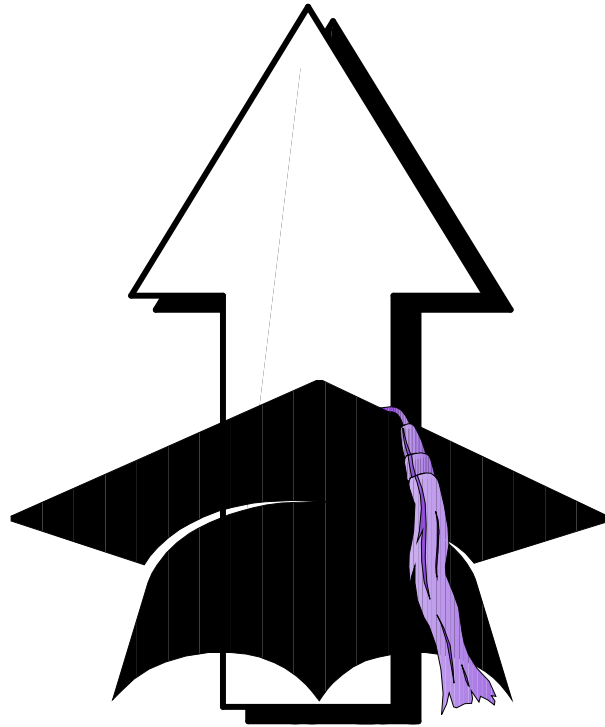


LINCOLN UNIVERSITY
Of the Commonwealth of Pennsylvania



UPWARD BOUND
“STRIVING FOR EXCELLENCE”

**Upward Bound Program Application
Section I**

**NOMINATION FORM
(To be completed by Guidance Counselor)**

This form is for the use of schools referring students to the Lincoln University Upward Bound Program. Please answer **all** questions below, giving special attention to those on page 2. Please forward completed application to:

Upward Bound Program - M.S.C. #49
P.O. Box 179
Lincoln University
Lincoln University, PA 19352-0999

1. Applicant: _____
 Last Name First Name Middle Name

2. High School: _____ Grade: _____
Address: _____
City: _____ State: _____ Zip Code + 4: _____

3. If your position is other than a guidance counselor, please indicate your position and relationship/general involvement with this student.

4. Is the applicant's home in an urban or rural area?

- 5) One of the most important requirements for this program is that each student have significant potential for academic/personal growth. It is desirable that the student feel that one of the conditions of his future development is a post-secondary education, whether or not his/her talents and interests center ultimately in academic pursuits. Any data which will help us estimate this potential in prospective students is relevant. In answering the following questions, please feel free to add any such information.

- a) **Please list and/or attach all available standardized test scores for the student, including 8th grade PSSA results. Indicate raw scores as well as percentiles (include I.Q. data, if available). Also indicate the complete name of the test instrument for which scores are being reported.**

_____	_____
_____	_____
_____	_____

- b) **Please attach a copy of the student's most recent report card and a transcript for courses completed.** In what areas has the student shown special interest or aptitude?

- c) Do you feel that the above information represents a valid reflection of this student's abilities?

- d) What is the student's current G.P.A. (if available)? _____ Class Rank? _____ out of _____

- 6) Are you in a position to discuss this student's self-image? ____ Yes ____ No
If yes, please do so below.

- 7) What factors in this student's psychological make-up or environment have helped or hindered his/her development, academic and otherwise?

- 8) Please indicate and discuss student's present grade level in reading. Is the student in need of remedial help in reading or writing?

- 9) Discuss student's potential to perform on the college level.

- 10) Please indicate the racial composition (%) of your school.
_____ African American _____ Caucasian _____ Native American
_____ Asian _____ Hispanic _____ Other

- 11) Is this student a member of your school's ethnic "**Majority Group**"?

Yes _____ No _____

- 12) How might you characterize this student's general school performance?
- 13) Is this student a participant in any extra-curricular activities at your school?
Yes _____ No _____ If answer is yes, describe activities and list names of school personnel supervising the specific activities.
- 14) Additional information for the Upward Bound Staff, such as unusual strengths and weaknesses, learning disabilities, physical handicaps, etc., should be attached to this form by way of a summary statement.
- 15) Do you recommend this student for Upward Bound? (Please check:)
- Strongly Recommend Recommend with Reservations
 Recommend Do Not Recommend

Additional Comments: _____

Signature: _____

Name: _____ Title: _____
(Please Print)

School: _____

Address: _____

_____ City State Zip Code + 4
Counselor's Phone #: () Ext. Fax # ()

**Upward Bound Program Application
Section II**

STUDENT EVALUATION FORM
(To be completed by an Academic Subject Teacher)

Student: _____

Teacher: _____ **Course:** _____

Directions: Please write a sentence or two in response to the items listed.

- 1) Attitude toward school and study habits:

- 2) Academic strengths:

- 3) Academic weaknesses:

- 4) Potential to perform on college level:

- 5) Based on your experience and observations, discuss problem areas, other than those indicated above, that may hinder this student's performance in school.

- 6) Would you be willing to assist the Upward Bound Project in monitoring this student's performance on a periodic basis while school is in session?
Yes _____ No _____ If yes contact number: _____

Thank you.

Teachers: Please return completed form to Guidance Office.

Upward Bound Program Application
Section III
(To be completed by Student and Parent(s)/Guardian(s))

NOTE TO PARENT(S)/GUARDIAN(S) AND STUDENTS:

The personal information given to the Upward Bound Project is protected by the Privacy Act. No one may access the information unless they work with or for the Upward Bound Project or are specifically authorized to review the information. The information is necessary to determine if applicants meet the U.S. Department of Education guidelines for eligibility to participate in the program. The project is required to submit information to the U.S. Department of Education in order to maintain compliance with the Code of Federal Regulations. Failure to provide complete and accurate information will delay the processing of the application.

In accordance with Title VI of the Civil Rights Act of 1964 (P.L. 88-3521), no person in the United States shall, on the grounds of race, color, religion, age (within the statutory limits), disability, national origin, or sex be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in relation to any activities sponsored and/or supported by the Upward Bound Program.

Upward Bound Program Application

All of the following questions are to be **answered by the student** with the assistance of the parent(s)/guardian(s) and/or person referring the student to the program.

(PLEASE PRINT)

Name: _____

Last Name

First Name

Middle Name

Home Address _____

Street

City

State

Zip Code + 4

Date of Birth: ____/____/____ Age ____ SS# ____ - ____ - ____

Race/Ethnicity(check all that apply) Hispanic/Latino American Indian/Alaskan Native
Asian Black/African American White Native Hawaiian or Other Pacific Islander

Gender Male Female **T-Shirt Size** S M L XL 2XL 3XL
Circle One Size

Home Telephone #:(____) _____ Cell No#:(____) _____

E-mail Address: _____

School: _____ Current Grade _____

School Guidance Counselor: _____ Telephone #:(____) _____

1) Father's Name: _____ Living Deceased

Place of Employment: _____ Work #:(____) _____

E-mail Address: _____

Check highest level of school completed:

____ K-8 ____ 9-12 ____ Associate Degree
____ Technical Degree ____ Bachelor's Degree ____ Master's Degree
or higher

2) Mother's Name: _____ Living Deceased

Place of Employment: _____ Work#:(____) _____

E-mail Address: _____

Check highest level of school completed:

____ K-8 ____ 9-12 ____ Associate Degree
____ Technical Degree ____ Bachelor's Degree ____ Master's Degree
or higher

3) Does either parent with whom you reside have a 4-year college degree (Bachelor's Degree)? Yes No

4) Check if parents are: Married Separated Divorced Never Married

5) List any brothers and sisters living in household, giving their age, grade or occupation:

<u>Name</u>	<u>Age</u>	<u>School Grade or Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6) List any other persons living in your household:

<u>Full Name</u>	<u>Age</u>	<u>Relationship</u>	<u>School Grade or Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7) With whom do you make your home now? (Please check **one** of the following):

- Both Parents
- Mother Alone
- Father Alone
- Mother and Stepfather
- Father and Stepmother
- Other Relative(s): indicate relationship and Name _____
- Foster Parents: (Name) _____
- Other: please specify _____

Please give total number of persons in household: _____

8) What do you do to relax in your free time?

9) What area of study or activity at school or outside school has been most important to you and why?

10) How did you spend last summer?

11) What social networks do you use (circle all that apply)?

Facebook Twitter Instagram Myspace

12) How have the schools and teachers you have experienced either helped or hindered your personal growth?

13) What area(s) have you considered for your future career?

14) **In three well-developed paragraphs write an autobiographical essay of your life. This must be completed before application is considered. Use back of page or attach separate sheet.**

15) Please list high school/community/athletic activities in which you are a participant. Include place of employment and scheduled days and hours, if applicable.

_____	_____
_____	_____
_____	_____

16) a. In what type curriculum are you presently enrolled?
(Please check one of the following).

_____ Business	_____ College Preparatory (Honors/Advanced Placement)
_____ General/Basic	_____ Vocational
_____ Other: _____	
Please Specify	

b. Are you willing to enroll or continue in a demanding college preparatory program?
_____ Yes _____ No

c. If answer is no, please give reason: _____

17) Citizenship Status: (Please check)

U.S. Citizen _____ Yes _____ No

Please submit a copy of birth certificate with application regardless of status.

If no, indicate country of citizenship and status below:

Country of Citizenship: _____
_____ Permanent Resident
_____ Green Card # _____ (please submit copy)
_____ Other (specify Visa type) _____

Applicant's Signature: _____

AUTHORIZATION FORM

For student's participation and care while enrolled in Lincoln University's Upward Bound Program:

1. I hereby authorize the Director/Staff of the Lincoln University Upward Bound Program to provide any necessary preventative, corrective, routine and/or emergency medical or dental services required by my daughter/son or ward _____ while enrolled as a student in the program.
Print Student's Name

2. I give permission for my daughter/son to participate in all activities of the Upward Bound Program.

3. I agree to confer with the Upward Bound Staff regarding the placement of my daughter/son in the high school academic courses required of students participating in the program. I also understand that an unwillingness to follow the required academic curriculum may result in program dismissal.

Any exceptions may be noted below:

Signature: _____
(Parent/Guardian)

Print Name: _____
(Parent/Guardian)

Address: _____
Street

City: _____

State: _____ Zip Code + 4 _____

Telephone #: (____) _____

MEDICAL/DENTAL INFORMATION FORM

I. Medical Information: Does student have a family doctor? Yes _____ No _____

A. If yes, enter name of family doctor: _____

1. Doctor's address: _____

City State Zip Code + 4

2) Doctor's telephone #: (____) _____

B. Date of last physical examination: _____

C. Is student presently receiving treatment from a doctor for any reason?

Yes _____ No _____

D. Is student presently taking any medication(s) which must be taken or administered on a regular basis? Yes _____ No _____

If yes, please explain and provide name of medication: _____

II. Dental Information: Does student have a dentist? Yes _____ No _____

A. If yes, enter name of dentist: _____

1) Dentist's address: _____

City State Zip Code + 4

2) Dentist's telephone #: (____) _____

B. Date of last dental examination: _____

C. Is student presently receiving treatment from a dentist for any reason? Yes _____

No _____ If yes, please explain: _____

III. Insurance Information:

A. Is student covered by a health insurance policy? Yes _____ No _____

If yes, complete the following and please attach a copy of the card to this page.

1) Insurance Company Name: _____

2) Identification #: _____ Group #: _____

3) Policy is from employer of: Mother _____ Father _____

B. 1) Does student have a Medical Assistance Card? Yes _____ No _____

2) Does student have an HMO card? Yes _____ No _____

If the answer to B1 or B2 is yes, please attach a copy of card to this page.

RELEASE OF SCHOOL RECORDS

(PLEASE PRINT)

Re: Student: _____

Date of Birth: _____ / _____ / _____ Last Name First Name Middle Name
S.S. #: _____ - _____ - _____

I hereby authorize the _____ School District to release all school records, or copies thereof, of the above named student including grade transcripts, health records and psychological and social reports of a pertinent nature. Information received shall remain in strict confidence and be used by professional staff only.

This release form shall remain in effect throughout the above named student's length of participation in the Lincoln University Upward Bound Program.

A photostat copy of this release form shall be considered valid.

Signature: _____
Student

Signature: _____
Parent/Guardian

Print Name: _____
Parent/Guardian

Mail all records to: Upward Bound Program - M.S.C. # 49
P.O. Box 179
The Lincoln University
Lincoln University, PA 19352-0999

Guidance Staff: Please submit this original form with the application and keep a copy for the student's school file.

Thank you.

Lincoln University Upward Bound Program

STATEMENT OF INCOME

I hereby certify that the following figure is a true and correct statement of **total family income** for the calendar year January _____ through December _____, 20____.

Total Income (all sources) \$ _____

Source of Income (check those that apply):

- | | |
|-------------------------------------|---|
| _____ 1) Employment \$ _____ | _____ 4) Workman's Compensation \$ _____ |
| _____ 2) Public Assistance \$ _____ | _____ 5) Other Retirement or Pension \$ _____ |
| _____ 3) Social Security \$ _____ | _____ 6) Other sources of income \$ _____ |

I authorize Upward Bound to verify the above with the appropriate federal or state government agency, if necessary.

Signature: _____

Parent/Guardian

Name: _____

(PLEASE PRINT)

Address: _____

Street

_____ City

_____ State

_____ Zip Code + 4

Parent or guardian's **signature must** be on this form if daughter/son is to be considered for Upward Bound. Please attach appropriate forms or letters showing present family income.

Parents or guardians of applicants must submit one of the following forms as verification of income eligibility:

- 1) Copy of most recent Federal Income Tax Form (1040; 1040A)
- 2) Written letter from courts, social agencies, etc. stating source of support.
On agency letterhead only (ex: D.P.A.; S. S. Benefits; Veteran's Benefits; etc.)

My signature below indicates that I understand that the omission or misrepresentation of facts or failure to provide information will be cause for denial of admission consideration or cancellation of admission if discovered subsequently.

Applicant's Signature: _____

Parent(s)/Guardian(s) Signature: _____