

**OHIO UNIVERSITY
UPWARD BOUND PROGRAM
ADMISSION APPLICATION**

DEAR APPLICANT:

Upward Bound is a successful, college-based program of rigorous academic instruction, tutoring and counseling. The program provides high school students with the opportunity to enhance the academic skills necessary to successfully complete high school and enter post-secondary education (4-year and/or 2-year institutions). Ohio University has sponsored an Upward Bound Program since 1967.

Upward Bound is a federally funded educational program. The guidelines for eligibility are set forth by the U.S. Department of Education. According to the guidelines, participants must be low-income and/or potential first-generation college students. A potential first-generation college student is one whose parents or legal guardians have not received a bachelor's degree. **In accordance with the U.S. Department of Education guidelines, a copy of the parent's/legal guardian's income tax form or a notarized statement of family income must accompany this application in order for the student to be considered for the program.** In addition, the Ohio University Upward Bound Program requires that students be sophomores in high school and preferably enrolled in a college preparatory curriculum.

The **Academic** year phase of the program is a nine-month program that meets on designated Saturdays during the school year. The program is designed to provide additional academic support and development for the student. Students also receive assistance in preparing applications for the ACT/SAT test, college applications, and financial aid applications. A monthly stipend (check) is issued to each student to assist with travel expenses during the academic school year.

The **Residential** phase is an intensive six-week summer program during which Upward Bound students live on campus in University residence halls. Students are enrolled in academic courses during the morning and study skills and fine arts courses in the afternoon. Cultural and recreational activities are also provided during the summer sessions. Students receive a small weekly stipend (check) during the summer for various personal expenses.

The Upward Bound Program costs the family nothing. All summer costs (except hospital fees) are paid by Upward Bound. However, students selected to participate in the Upward Bound Program must have the **drive, determination,** and **commitment** to take responsibility for their educational needs by participating fully in all program activities. The curriculum is demanding, and attendance at Saturday meetings is required.

STATEMENT OF CONFIDENTIALITY:

The personal information that you give to the Upward Bound Program Director is protected by the Privacy Act. No one may see the information unless he or she works with the Upward Bound Program or is specifically authorized by the applicant's parents/guardians. All information that parents/guardians, high counselors/teachers, and other agencies provide is necessary to determine admission to the program. If you do not give this information to the Upward Bound Program, your application will be considered incomplete and you cannot receive the benefits of participation.

Ayanna M. Jordan
Program Director

If you would like more information contact:

**Ohio University Upward Bound Program
124L McCracken Hall
Athens, Ohio 45701
(740) 593-0728 or
Toll Free 1-866-593-0728
Website: www.ohiou.edu/education/candp/ub**

PARENT/GUARDIAN CONSENT

I hereby grant permission for my son/daughter _____ to participate in the Ohio University Upward Bound Program. I am in full agreement with the mission and goals of the program and will encourage and motivate him/her to take advantage of the opportunities and benefits offered during the academic year and summer residential components of the program.

I will ensure that my son/daughter abides by the rules and regulations set forth by the program staff and accept responsibility for my son/daughter's conduct while participating in the Upward Bound Program realizing that staff is committed to the safety and welfare of my son/daughter as long as said participant is following the rules and regulations set forth by the program and that violations of provisions in the student handbook will result in suspension and immediate dismissal.

Furthermore, I understand that my son/daughter and I are responsible for transportation to all MANDATORY Saturday workshops and events held once and/or twice per month on Ohio University's campus during the academic year, and that during the summer residential component my son/daughter will be required to live in the residence hall for six weeks and will be transported to activities, events, and workshops by bus and/or van provided by the Upward Bound Program. I am also fully aware that during my son/daughter's participation in the program I will be required to participate in the following workshops:

- New Student/Parent/Guardian Orientation
- Financial Aid/Scholarship Seminars
- Parent Advisory Committee Meetings
- Summer Residential Phase Orientation/Registration

I understand that I am welcome at all times outside of scheduled meetings, orientations, and seminars to visit Ohio University's campus in order to become acclimated with the environment, inspect grounds and facilities, observe program activities, and meet with the Program Director and/or other staff members.

Parent/Guardian Please Note: *All transportation carriers' drivers – independent contractors or Ohio University transportation services – contracted for field trips/activities with the Upward Bound Program are certified/licensed to operate motor vehicles.*

Parent(s)/Guardian(s) signature

Date

TRANSCRIPT RELEASE

I _____ (name of parent, guardian) hereby consent to the release of my son/daughter, _____ high school records (transcripts, report cards, test scores, progress reports, recommendations, disciplinary records, and all other documents related to his/her academic progress/performance) to the Ohio University Upward Bound Program. This release is effective throughout his/her high school career and includes the final transcript upon graduation.

Parent(s)/Guardian(s) signature

Date

INCOME VERIFICATION

The Ohio University Upward Bound Program is federally funded through the U.S. Department of Education. In order to determine your son/daughter's eligibility for admission we must verify your taxable income. Please complete the section below and **attach last year's copy of your completed 1040 federal income tax return form.**

If you do not have a copy of your 1040 federal income tax return form, please submit a notarized official document that shows annual income. DO NOT SEND W-2 STATEMENTS.

PLEASE NOTE: All personal information submitted will be held in the strictest confidence and viewed by Upward Bound staff only as it is protected under the Privacy Act. If the information is not submitted, the application will be considered incomplete and not be processed.

Parent(s)/Guardian(s) Name(s)	Annual Family Income	Number of Persons in Household

Does your family receive financial assistance? (Social Security, Child Support, or any other state or federally funded subsidy)

Yes No (If yes, please complete the following information)

Type of Subsidy (Monthly Amount) _____

PLEASE READ CAREFULLY AND SIGN – I certify that the above statements are correct. I understand that any false information regarding my annual income or supporting documents will be cause for refusal of admittance or dismissal from the Ohio University Upward Bound Program.

Parent(s)/Guardian(s)

Date

Please do not write in the gray section below. Thank you.

FOR OFFICE USE ONLY:	
Does the student exhibit academic need? Y N	
Is he/she a potential first generation college student? Y N	
Taxable Income _____	
Number of persons in family? _____	
Federal Income Guidelines _____	
Does he/she meet income eligibility requirements? Y N	
App. Complete: Y N Date _____ Accepted _____ Denied _____ Date _____	
Added to Waiting List ___Date _____ Placed on active status _____Date _____	
_____ Program Administrative Staff signature and Title	_____ Date
_____ Program Director signature	_____ Date

NOTICE OF NONDISCRIMINATION: It is the policy of Ohio University that there shall be no discrimination against any individual in educational or employment opportunities because of race, color, religion, national origin, sex, veteran status, sexual orientation or disability. Also, there shall be no discrimination because of age except in compliance with requirements of retirement plans or state and federal laws and guidelines. Furthermore, the University maintains a vigorous affirmative action program in order to promote equal employment opportunities and to ensure non-discrimination in all educational programs and activities. Any person having inquiries concerning the Ohio University's compliances with these regulations is directed to contact the Office of Institutional Equity, Crewson House, Athens, OH.

HIGH SCHOOL FACULTY/STAFF RECOMMENDATION

Greetings, Guidance Counselors/Teachers:

The Ohio University Upward Bound Program would like to thank you for taking time to complete the high school recommendation form for a potential participant in our program. As you know we are looking for students who have academic potential, commitment to educational success, and desire to pursue postsecondary education after graduation. These students may not have access to the academic resources and advising services to assist them in their pursuit for higher education but are looking to gain access through participation in the TRIO Upward Bound Program.

We ask that you answer the following questions to the best of your knowledge as completing this form will assist us in identifying the student's eligibility for participation. Upon completion please attach the student's transcripts and test scores, and send all sections of the Upward Bound admission application to our office for review. Thank you for your support and assistance.

GUIDANCE COUNSELOR/TEACHER PLEASE NOTE:

All students applying to the program MUST have a cumulative GPA of 2.0 or higher.

Student Information:

Student's Name

School

Grade

Student Number

Counselor/Teacher:

Name

Title

Phone Number/Email

All information submitted will be used for Upward Bound purposes only and will be kept strictly confidential.

ACADEMIC/LEADERSHIP ABILITIES

Please check mark in the space provided for each category.

Rating Scale: 4=Superior; 3=Exceeds expectations; 2=Meets expectations; 1=Needs improvement; 0=Unacceptable

ACADEMIC EVALUATION	4	3	2	1	0
Attendance Record					
Academic Skills					
Leadership Skills					
Motivation/Attitude					
Discipline/Behavior					
Goal-Oriented					
Talents/Interests					

Please use the space provided below to explain any low ratings you have given to the applicant.

Please check mark in the category that applies.

High School Curriculum: College Prep, Business, General, Vocational, Other (Please Explain) _____

Rank in High School: Top Quartile, 2nd Quartile, 3rd Quartile, Bottom Quartile

Academic Performance: above ability, slightly above ability, as expected, below ability, far below ability

HIGH SCHOOL FACULTY/STAFF RECOMMENDATION (continued)

Please check mark in the category that applies.

Does this student have the academic potential for postsecondary education? Yes No

Would this student apply to college without the assistance of Upward Bound? Yes No

Is this student in need of tutoring, counseling, and/or support services? Yes No

TEST PROFICIENCY

Each potential participant must demonstrate a need for academic support. Ohio University Upward Bound can determine this by the student's standardized test scores and proficiency level.

Ohio 9th grade Proficiency

(Passed? Y=Yes; N=No; E=Exempt)

Not Applicable _____ Math _____ Writing _____ Reading _____ Citizenship _____ Science _____

ACT/PLAN

Not Applicable _____ Math _____ English _____ Reading _____ Science _____ Composite _____

SAT/PLAN

Not Applicable _____ Math _____ Verbal _____ Composite _____

Other *(Please Indicate)* _____

GRADE POINT AVERAGE

Cumulative GPA: _____ Current GPA: _____

In what subjects does the applicant/student excel? _____

In what subjects does the applicant/student need improvement? _____

RECOMMENDATION

_____ Yes, I recommend this student for the Ohio University Upward Bound Program.
Please explain in the space provide below.

_____ No, I do not recommend this student for the Ohio University Upward Bound Program.
Please explain in the space provide below.

Guidance Counselor/Teacher Signature

____/____/____
Date

STUDENT BACKGROUND INFORMATION

Non-Athletic Extracurricular Activities		
<input type="checkbox"/> Academic Honor Grps	<input type="checkbox"/> Band	<input type="checkbox"/> Boys/Girls Scout
<input type="checkbox"/> Drama Club	<input type="checkbox"/> Drill Team	<input type="checkbox"/> Math Club
<input type="checkbox"/> Student Government	<input type="checkbox"/> Other (<i>Please specify</i>) _____	
Athletic Activities		
Church/Community Involvement		
Hobbies/Interests	Do you swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you sing or play a musical instrument? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If you play an instrument, which one?	
Do you have access to a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What computer applications do you use (i.e. Microsoft Word, Netscape, etc.)?	
What are your favorite subjects in school?		
What has been your greatest accomplishment?		
What goals do you have for higher education or training after high school? <input type="checkbox"/> 4 yr. College/University <input type="checkbox"/> Community College <input type="checkbox"/> Vocational School <input type="checkbox"/> Military <input type="checkbox"/> Undecided		
If you would like to attend a college/university after high school, which one would you like to attend?		
Possible College Major(s)	Career Aspirations	
Life Aspirations		
What type of transportation will you use to come to Upward Bound activities? <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Bus <input type="checkbox"/> Cab <input type="checkbox"/> Walk <input type="checkbox"/> Other (<i>Please Specify</i>)		
Do you have a part-time job? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If YES, please complete the following information.</i>		
Employer	Supervisor Name	Supervisor Phone #
Which days do you work? (<i>Please check as many as apply</i>)		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Generally how many hours per week do you work?		
How did you learn about the Upward Bound program? <input type="checkbox"/> Class Assembly <input type="checkbox"/> Counselor <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Media <input type="checkbox"/> Teacher <input type="checkbox"/> Other (<i>Please Specify</i>)		

