

**Application for  
Participation**

**Upward Bound Mission**

**“To empower eligible students each year with the academic skills and motivation necessary for persistence and success in high school, college and beyond”**

Dear Applicant:

Thank you for taking the time to complete this application. The information requested is necessary for us to determine eligibility under Federal Guidelines. Please fill out the attached application completely and have signed by you and your parent or legal guardian with copies of all supporting documentation attached.

**INSTRUCTIONS FOR COMPLETION:**

1. Please complete all pages through and including the Release Statement on Page 13 and Page 14. Make sure that you and your parent or legal guardian have signed all pages that require a signature.
2. Attach all of the following documentation to the application. You **must** include:
  - A Xerox copy of your Social Security Card, Resident Alien Card or other papers from the INS that prove you are a U. S. citizen or in the process of becoming one.
  - A **signed** copy of your parent’s or legal guardian’s most recent IRS Tax Return. This is usually a form 1040 or 1040A (**NOT a W2 Form**) and would have been mailed last spring in order to get an income tax refund. Copies of forms filed electronically are acceptable but must be signed by the tax filer. If the filer does not have a copy but paid a business (such as H &R Block) for tax preparation, the business should have a copy of the filed form. If no tax return was filed in 2014 documentation must be attached (i.e. letter from caseworker if income is from a social service agency).
  - A copy of your current high school transcript, recent grade report, and copies of any standardized tests such as the FCAT that you have taken. If you are a first semester freshman you will not have a transcript and must instead submit copies of any high school grade reports received this school year.
3. Fill in your name and student I. D. number on pages 15 through 19 and distribute these Recommendation forms to your guidance counselor and to your appropriate teachers. Ask your teachers to return them to your guidance counselor when completed. Ask your guidance counselor to return all recommendation forms to the Upward Bound liaison at your school listed at the bottom of the counselor form.
4. Take your completed application to the Upward Bound liaison in your school listed on page 2 of the application. The Upward Bound liaison will submit your application and recommendation forms to the Upward Bound office or email completed application to Sarah.Liekweg@fsw.edu.
5. Call the Upward Bound office at 489-9003 to inform us that you have submitted your application. Leave your name, the name of your school and your phone number when you call. This will assist us in tracking your application.
6. You will be notified as to your eligibility after the Upward Bound staff members have had an opportunity to review your entire application packet.

## FLORIDA SOUTHWESTERN STATE COLLEGE UPWARD BOUND PROGRAM

Established in 1999, the Upward Bound Program at Florida SouthWestern State College is designed to generate skills and motivation necessary for the successful completion of a four-year baccalaureate degree. Ideal for students who have potential for college, but need to strengthen their academic skills, Upward Bound provides instruction in science, math, composition and literature, and foreign language. Students are provided a variety of academic support services during the regular academic year:

- |                     |                     |
|---------------------|---------------------|
| * Tutoring Sessions | * Community Service |
| * Saturday Session  | * School Visits     |
| * College Visits    | * Cultural Events   |

During the summer months, participants attend a six-week summer nonresidential program. This experience seeks to improve students' academic and social skills through classroom instruction as well as cultural and extra-curricular activities. The summer after graduation, students participate in a Bridge Program, and can enroll (at no cost to the student) up to two Florida SouthWestern courses for college credit if they have met all the graduation requirements for Upward Bound.

Being accepted into the Upward Bound Program requires a strong commitment from students and their families. Students accepted into the Upward Bound Program are expected to participate in all Upward Bound activities:

- Attend scheduled Saturday Sessions
- Attend scheduled meetings at their high schools with UB staff members
- Attend all tutoring sessions
- Any student who has 4 unexcused absences may be dismissed from the Upward Bound Program
- Students are also required to attend the Upward Bound Summer Program
- Students may be excused for a short portion of the summer program for some activities
- Any student choosing not to attend the summer program may be dismissed
- Work is not considered an excused absence
- Students will have advance notice of meeting times and should schedule work around UB activities
- There are also family emergencies that require students to be away on occasion
- Students may not be excused for the entire UB Summer program

**Students and parents must be willing to make the commitment to participate in all UB activities from the time of acceptance into UB until completion of the Bridge Program which is the summer after high school graduation.**

**The Upward Bound High Schools and current contacts and liaisons at each school are:**

- |                               |   |
|-------------------------------|---|
| U East Lee County High School | Mrs. Linda White, Reading Specialist                          |
| U Lehigh Senior High School   | Ms. Claire Forester, 10 <sup>th</sup> Grade Academy Counselor |
| U Riverdale High School       | Mrs. Michelle Freeman, Liaison                                |
|                               | Ms. Ginger Ribinski, e2020/Credit Retrieval                   |

The Upward Bound Program at Florida SouthWestern State College is funded through a grant from the U.S. Department of Education. Services provided by the Upward Bound Program are contingent on the continuation of funding.

Title VI of the Civil Rights Act of 1964 states:

"No person in the United States shall, on grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination under any program activity receiving financial assistance from the U.S. Department of Education."

Florida SouthWestern State College is an Equal Access, Equal Opportunity institution. Programs, activities, and activities of the College are available to all on a non-discriminatory basis, without regard to race, color, religion, sex, age, disability, marital status and national origin. Questions pertaining to educational equity, equal opportunity or equal access should be addressed to the Director of Human Resources.

## **ELIGIBILITY CRITERIA**

Eligibility for the Upward Bound Program is determined through criteria set forth by the federal government which requires that at the time of initial selection a student must:

- Qualify as low income and/or as a potential first generation college student as established by federal guidelines. At least 2/3 of participants must qualify as both.
- Have a documented need for academic support in order to successfully pursue a program of post-secondary education.
- Be a citizen or national of the United States and its territories, who is also a permanent resident of the U.S.
- Have completed the eighth grade but not entered the eleventh grade and is 13 through 19 years of age.
- Be enrolled in one of the identified target schools.
- Have the ability to succeed in a program of post-secondary education.

Once a student is determined to be eligible for the Upward Bound Program the selection of the 63 student participants will be based on additional selection criteria to include:

- Recommendation by high school personnel, civic and community leaders and/or social service agency representation.
- Documented need for academic support including:
  - Low GPA and/or standardized test scores.
  - Need to develop or improve study and time management skills.
  - Need for mentoring and career exploration opportunities.
  - Need to participate in cultural/educational activities.
  - Other cultural/social/educational disadvantages.

## **CONFIDENTIALITY**

The information that is requested on this application is required for consideration. All information will be kept in strict confidence and will only be used by the Upward Bound administrative staff and necessary target school personnel. Some information on this application must be reported to the U.S. Department of Education for report purposes and may be used for statistical analysis. All personal information such as social security number and family income will be kept confidential.

**Florida SouthWestern State College  
Upward Bound Program**

**APPLICATION FOR PARTICIPATION**

**APPLICANT INFORMATION**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last Name First Name MI Month / Day / Year

**Address:** \_\_\_\_\_ **Phone Numbers:**  
Street Address **Home #** \_\_\_\_\_  
**Parent/Guardian Work #** \_\_\_\_\_  
\_\_\_\_\_  
**Student Cell #** \_\_\_\_\_  
**Parent Cell #** \_\_\_\_\_  
City State Zip Code

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_ **Sex:**  Male  Female  
Month/Day/Year

**Social Security Number:** \_\_\_\_\_ **Student E-mail Address:** \_\_\_\_\_

(Applicant must supply a copy of Social Security Card or Resident Alien Card)

**Racial/Ethnic Origin:** (please check all that apply)  
 American Indian/Alaskan Native  Asian  Black or African American  Hispanic or Latino  
 Native Hawaiian or Pacific Islander  White

**Current Grade** (or highest grade completed):  8th  9th  10th  11th

**Current School:** \_\_\_\_\_ **School Counselor:** \_\_\_\_\_

**FAMILY INFORMATION:**

**Is student a**  Foster care youth  Homeless child youth  Other – Involved in the juvenile justice system or those who are neither employed nor enrolled in an education institution

**List all dependents as reported on your most recent tax return:**

Name	Age	Relationship to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total number of people living in household that the income listed supports** \_\_\_\_\_

**Legal guardian (if not listed above):**  
**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_

**Person with whom you live, if not parent or legal guardian:**  
**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_

**INCOME INFORMATION: To be filled out by parent or legal guardian**

The total income for this family comes from the following sources:

**(Report only the income of the people in student household)**

Mother/Stepmother/Guardian (circle one)

Wages (please indicate if per week or per month)

\$ \_\_\_\_\_ per \_\_\_\_\_      Employer      Employed Since      Phone # at Work

\$ \_\_\_\_\_ per \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Father/Stepfather/Guardian (circle one)

Wages (please indicate if per week or per month)

\$ \_\_\_\_\_ per \_\_\_\_\_      Employer      Employed Since      Phone # at Work

\$ \_\_\_\_\_ per \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

I (we) \_\_\_\_\_ did \_\_\_\_\_ did not file a Federal Income Tax return last year.

If you filed taxes, did you file:    single return \_\_\_\_\_    joint return \_\_\_\_\_    (check one)

Eligibility for Upward Bound is based on **Taxable income**. This is less than gross income or adjusted gross income and is found on the **second page of form 1040 Line #43, 1040A Line #27 or 1040EZ Line #6.**

**Taxable income from the most recent tax return \$ \_\_\_\_\_.**

**Parents or guardians who filed a Federal Income Tax return must submit a signed copy of the most recently filed tax return. This is the tax return form that you mailed last spring to receive your income tax refund – NOT YOUR W2 FORM.**

Has there been a significant change in income for your family since filing taxes?

\_\_\_ Yes    \_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Other sources of income that support this household:

Unemployment Benefits      \$ \_\_\_\_\_ per month

Social Security      \$ \_\_\_\_\_ per month

Public Welfare      \$ \_\_\_\_\_ per month

Other      \$ \_\_\_\_\_ per month

Food Stamps      \_\_\_\_\_ case number

**Parents or guardians who are not employed or did not file income tax returns last year must attach a written statement from the company/agency from which their income was derived. The statement must be signed and on company/agency stationary or form.**

**Signature of Parent or Legal Guardian** \_\_\_\_\_

**FIRST GENERATION INFORMATION**

Educational level of parents in household:

<b>Mother/Stepmother</b>	<b>Father/Stepfather</b>	<b>Legal Guardian</b>
<input type="checkbox"/> Less than High School	<input type="checkbox"/> Less than High School	<input type="checkbox"/> Less than High School
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> High School Diploma
<input type="checkbox"/> Some College/VoTec	<input type="checkbox"/> Some College/VoTec	<input type="checkbox"/> Some College/VoTec
<input type="checkbox"/> AS/AA Degree	<input type="checkbox"/> AS/AA Degree	<input type="checkbox"/> AS/AA Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Bachelor's Degree
_____		
(Name of College or University granting BA/BS degree)		
<input type="checkbox"/> Master's or higher	<input type="checkbox"/> Master's or higher	<input type="checkbox"/> Master's or higher

**CITIZENSHIP INFORMATION**

Is Applicant a Citizen of the United States of America? Yes \_\_\_\_\_ No \_\_\_\_\_

Place of birth of Applicant: \_\_\_\_\_

If not a citizen Resident Alien Number of Applicant: \_\_\_\_\_

(Applicant must supply a copy of Social Security or Resident Alien Card)

If applicant is not a Citizen or Resident Alien of the USA do you plan to become one?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you do plan to become a Citizen or Resident Alien, what have you done to start the process? Please supply information about your plan and a copy of any supporting documentation (copy of petition, etc.)

**I HEREBY CERTIFY, BY MY SIGNATURE, THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

**Florida SouthWestern State College  
Upward Bound Program**

**MEDICAL INFORMATION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M\_\_ F\_\_

Address: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address: \_\_\_\_\_

List all allergies the student has (medicines, insect bites, foods, etc.):

\_\_\_\_\_

List any medications the student is currently taking: \_\_\_\_\_

\_\_\_\_\_

List student history of serious illnesses: \_\_\_\_\_

List family history of serious illnesses: \_\_\_\_\_

Date of student's last tetanus vaccination: \_\_\_\_\_

Is Student allergic to penicillin? Yes\_\_\_ No\_\_\_

Is Student capable of participating in physical education activities? Yes\_\_\_ No\_\_\_

List any physical restrictions that student has: \_\_\_\_\_

Is the student covered by Health/Hospitalization Insurance? Yes\_\_\_ No\_\_\_

If Yes, please provide the name of the company and the policy number:

**COMPANY:** \_\_\_\_\_ **POLICY NUMBER:** \_\_\_\_\_

Does student have a Medical Assistance Card? Yes \_\_\_ No \_\_\_

If yes, please provide card number: **MEDICAL CARD NUMBER** \_\_\_\_\_

**Additional Medical/Health Information** (anything that we should know in case of an emergency):

**List any over counter medications that should not be given to my child:**

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_





**Florida SouthWestern State College  
Upward Bound Program**

**PERMISSION TO PARTICIPATE  
And  
INFORMATION SHEET**

To be read and acknowledged by applicant and parent

**INFORMATION:**

The Florida SouthWestern State College Upward Bound Program is a *federal assistance program* designed to promote post-secondary educational opportunities for selected individuals in Lehigh Senior High School, East Lee County High School and Riverdale High School.

As an educational program, Upward Bound is required to determine the eligibility of all participants and maintain students' records. Under rules established by the Family Educational Rights and Privacy Act, you are hereby notified that the program's student records and the information contained therein are kept confidential and that you (and your parents, if you are younger than age 18) have the right to inspect the contents of your record. However, directory information concerning your participation in the program may be released to the public as a matter of course. This information is limited to name, grade level, schools attended, home address, date of birth, parent's name and address, phone number, and participation dates. Unless notified in writing to withhold any or all of such directory information, the Florida SouthWestern State College Upward Bound Program may release it.

Should the applicant/participant feel that his/her application was inappropriately reviewed, or that equal treatment and/or services were not provided, he/she is encouraged to file a complaint with the Florida SouthWestern State College Upward Bound Program director, who will review the complaint and render a resolution. However, if the determination is not to your satisfaction, you may contact the Associate Dean of Students at Florida SouthWestern State College for an appeal. Also, in matters concerning failure to comply with requirements of law, you have the right to file your complaint with the U.S. Department of Education.

In addition, individuals served by the Upward Bound Program must comply with laws pertaining to the receipt of Federal Assistance. As an example, a participant who is convicted of a drug-related activity must notify the program after such conviction. Male participants who reach the age of 18 while participating in the program must register with Selective Service.

**PERMISSION TO PARTICIPATE:**

Permission is hereby granted for the student whose signature appears below as follows:

- (1) To participate in all activities sponsored or attended by the Florida SouthWestern State College Upward Bound Program during the academic year and during the Summer Session
- (2) To be transported to and from activities, and to and from other places deemed necessary by the Upward Bound director (emergency room, etc.).
- (3) To receive counseling services as necessary or to be referred to other agencies for counseling when deemed appropriate by the Upward Bound Director
- (4) To be provided over the counter medications (acetaminophen, Pepto-Bismol, ibuprofen, decongestants, antihistamines, etc.) for minor physical complaints. EXCEPTION: Please be sure any medications which should NOT be given to the student/applicant are listed on the Medical Information form found on a previous page of this application. These medications will be given only by the Upward Bound staff (Director, Project Specialist, Staff Assistant, **Teachers, Teaching Assistants**)

Upward Bound is permitted:

- (5) To release confidential information for the student to appropriate secondary & post-secondary educational institutions for the purpose of educational planning

- (6) To release photographs and/or videotapes of parents, students and family members participating in Upward Bound activities in the form of news releases and/or Upward Bound publications as described in the following release statement:

This release represents the production or promotional material for the Florida SouthWestern State College Upward Bound Program. Regarding the production of this material, I hereby grant permission to the Upward Bound Program at Florida SouthWestern State College to reproduce, distribute, and present in video, motion picture, slide films, still photos, sound recordings or other audiovisual means, the voice, property, and likeness of every kind of the below named student who is a participant in the Upward Bound Program as well as any family member participating in Upward Bound activities, for the purposes of education, training, program promotion, program recruitment, and demonstration. I also affirm that all materials, pictures, slides, writings, and/or other depictions of the below named child have been released by me for use by the Upward Bound Program, and furthermore, I assign these releases to the Florida SouthWestern State College Upward Bound Program for use as indicated and to include use in recruitment campaign for new applications. I understand and agree that these materials may be used in such materials as Upward Bound Yearbooks, magazine and newspaper articles, and television news reports. As students will have access to the Internet in the Upward Bound computer lab, I understand that the Program cannot always fully restrict access to material which may be controversial in nature acquired online. I further agree that these permissions are granted during the time that the below named student is a participant of the Florida SouthWestern State College Upward Bound Program as well as at any time after the student has discontinued participation in the program.

Neither Florida SouthWestern State College, nor The Upward Bound Program, nor any individual staff member will be held responsible for any injuries or obligations resulting from these activities.

**ACKNOWLEDGEMENT AND CONSENT:**

**TO BE SIGNED BY PARENT/GUARDIAN**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ hereby acknowledge an understanding of the information provided above and give permission for my son/daughter to receive program services and participate in all Upward Bound activities. I also agree to participate with my son/daughter in the Upward Bound Program and assist him/her in achieving the goal of a post-secondary education.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

**TO BE SIGNED BY STUDENT/APPLICANT**

I, \_\_\_\_\_ hereby acknowledge an understanding of the information provided above and agree to receive program services and participate in all Upward Bound activities. I further agree to adhere to the rules and regulations established by the state, Florida SouthWestern State College and the Upward Bound Program, and that any failure to do so may result in my dismissal from the program.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

## APPLICANT QUESTIONNAIRE

(To be completed by applicant)

1. What do you plan to do after graduation from high school?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. List your school activities (such as music group, clubs, student government organizations, sports, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What do you like to do in your spare time?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Who has influenced you the most and why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you currently have a job?  yes  no (If yes, what hours) \_\_\_\_\_  
\_\_\_\_\_
6. List your hobbies and talents:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Which are your best subjects in school, and why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Which subjects in school give you the most difficulty and why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you plan to attend college?  yes  no If yes, where \_\_\_\_\_  
If no, what are your plans? \_\_\_\_\_  
\_\_\_\_\_
10. What are your career plans?  
\_\_\_\_\_  
\_\_\_\_\_



**RECORDS RELEASE FORM**

**Applicant: This form must be completed and signed by you and your parent or guardian.**

**As indicated below:**

- ❖ I hereby give my permission for the release of any records from my son's/daughter's file to the **Florida SouthWestern State College Upward Bound Program**. I also give permission for the Upward Bound Program to release confidential information to appropriate secondary and post-secondary institutions for the purpose of educational planning. [Parent or Legal Guardian]
- ❖ I hereby give permission for you to release any of my school records to the **Florida SouthWestern State College Upward Bound Program**. [Program Participant]

I authorize the release of school records from my son's/daughter's file that may be requested by the Florida SouthWestern State College Upward Bound Program. I understand that the U.S. Department of Education funds the Florida SouthWestern State College Upward Bound Program and will use these records to provide academic advisement for my son/daughter. I also understand that these records will be handled in a confidential manner and that they will be made available only to program staff and representatives from Federal and State Departments of Education.

This authorization is limited to the following records:

- Official High School Transcript
- Test Results (PSAT, SAT, ACT, FCAT and EOC if available).
- Basic Skills Test Results
- Attendance Record for 8<sup>th</sup>-12<sup>th</sup> grades
- Student grades/progress reports
- Information concerning disciplinary actions
- Information from teacher and counselors regarding academic performance

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

**Student's School I.D. Number:** \_\_\_\_\_

**Student's Social Security Number:** \_\_\_\_\_

**Parent or Guardian's Name:** \_\_\_\_\_

**Note: A photocopy of this record release form should be accepted as an original and the date indicated below has no bearing when the information is requested by the Florida SouthWestern State College Upward Bound Program.**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian (Required if student is under 18)** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Student (Required if student is over 18)** \_\_\_\_\_  
**Date**



## Information Release (Upward Bound)

I, the undersigned parent or legal guardian of \_\_\_\_\_  
(*name of minor child*), hereby authorize Upward Bound (Lead Agency) or their designees, including volunteers, teachers, and mentors, to have access to the scholastic records of the minor child named above. This information includes, but is not limited to: current and past grades, test scores, disciplinary history, extracurricular activities, free and reduced lunch status, and psychological test reports of minor and access to the Parent Link News online so that mentors can easily monitor the grades of their mentees.

I hereby release, discharge, and agree to hold harmless Upward Bound and any mentor, representative, or employee from any liability by virtue of any use whatsoever, of said information contained in the scholastic records. I understand that this release is valid for the length of time that my child remains in Upward Bound.

_____	_____
Date	Name of Child
_____	_____
Student District I.D. Number	Parent or Legal Guardian's Signature
_____	_____
Student Date of Birth	Print Name of Parent or Legal Guardian
_____	_____
Name of School	Address
_____	_____
	City
_____	_____
State	Zip