

NC STATE UNIVERSITY UPWARD BOUND PROGRAM APPLICATION

Please attach
Photograph
Optional

SOCIAL SECURITY _____

NAME _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH _____ AGE _____ GENDER: M _____ F _____

RACE _____ U.S. CITIZEN: YES _____ NO _____

MAILING ADDRESS _____

(CITY) (STATE) (ZIP CODE)

HOME TELEPHONE _____ STUDENT CELL NUMBER _____

PARENT CELL NUMBER _____

PARENT EMAIL ADDRESS _____ STUDENT EMAIL ADDRESS _____

HIGH SCHOOL _____ GRADE _____

FAMILY HISTORY

NAME	AGE	RELATIONSHIP

I attest to the fact that the above information is true and accurate to the best of my knowledge.

I understand the purpose of the Upward Bound Program is to prepare participants to successfully complete a program of post-secondary education. As part of my personal efforts in this preparation, I commit to Upward Bound through completion of the Bridge Program and intend to participate in all academic year and summer components of the program.

I understand that attendance is an integral part of participating. Therefore, I agree to attend and actively participate in all classes, meetings and activities sponsored by Upward Bound. I will comply with all rules and regulations of the Upward Bound Program, and I am aware that failure to comply could result in dismissal from the program.

Student Signature _____ Date _____

First Generation Eligibility Verification

<u>Father/Guardian</u>	<u>Mother/Guardian</u>
Name _____	Name _____
Occupation _____	Occupation _____
Employer's Address _____ _____	Employer's Address _____ _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Highest Education Level Reached <input type="checkbox"/> high school <input type="checkbox"/> bachelor's degree <input type="checkbox"/> some college <input type="checkbox"/> graduate degree <input type="checkbox"/> associate degree <input type="checkbox"/> unknown	Highest Education Level Reached <input type="checkbox"/> high school <input type="checkbox"/> bachelor's degree <input type="checkbox"/> some college <input type="checkbox"/> graduate degree <input type="checkbox"/> associate degree <input type="checkbox"/> unknown

Have you ever participated in a college access program similar to Upward Bound (i.e. Talent Search, GEAR UP, AVID)? Yes No
 If yes, please specify which program and the sponsoring school or organization? _____

PERSONAL STATEMENT

Explain what role you see the Upward Bound Program playing in your life and college/career plans as well as telling something about your personal background. (Please print in blue or black ink)

If additional space is needed, please attach paper.

HOBBIES	EXTRA CURRICULAR ACTIVITIES

HEALTH STATEMENT

Please list any and all physical conditions that your student may have which might effect or be affected by participation in this program and which the Upward Bound Staff should know.

Present medical problems or conditions:

Medications taken regularly:

Allergies (including allergies to medications):

MEDICAL RELEASE

for

First Middle Last

A student in the Upward Bound Program

I do ___ hereby grant permission to the Director of Upward Bound, or the Director's authorized representative, to furnish first aid as my child (named above) may require, as well as to seek medical attention through the nearest medical facilities such as those provided on campus and those medical facilities available when students are on field trips and other authorized activities.

This permission is conditioned upon the understanding that, in the event of serious illness or the need of hospitalization and/or major surgery, the Director will use all reasonable efforts to contact me. Failure in such effort, however, should not prevent the Director from providing such emergency treatment as may be necessary for the Best interest of the life of my child. A photocopy of this permission is to be considered valid as the original. I further understand that treatment for any medical problems my child may suffer is my responsibility and will be paid by me and/or covered by my insurance.

Parent / Guardian Signature

Date

IN CASE OF AN EMERGENCY, NOTIFY: NAME

ADDRESS _____

HOME PHONE _____ WORK # _____ CELL # _____

NC State University

Box 7317
Raleigh, NC 27695-7317
Phone: 919-515-3632
Toll Free: 877-877-7326
Fax: 919-515-7065

We're on the web!
<http://trio.dasa.ncsu.edu>

COMPLETED APPLICATION MUST CONTAIN

- Information Release Form
- Student Eligibility Certification Form
- A transcript of your high school course work with current GPA.
- Counselor/Teacher Recommendation Form. Ask a teacher, counselor or school administrator to state something about you on the appropriate form enclosed.
- Academic Status Certification completed by Student Services Office.
- Liability Waiver, Assumption of The Risk and Indemnification Agreement for NC State University Program.
- NC State University Upward Bound Internet/Photo Release Agreement

APPLICATIONS WILL NOT BE CONSIDERED UNLESS THE ENTIRE PACKET IS COMPLETE

RETURN APPLICATION TO YOUR GUIDANCE COUNSELOR OR MAIL TO:

NC STATE UPWARD BOUND PROGRAM

BOX 7317

RALEIGH, NC 27695-7317

**NC STATE UNIVERSITY UPWARD BOUND PROGRAM
INTERNET/PHOTO RELEASE AGREEMENT**

My signature below indicates that I am providing consent for my son/daughter to utilize the Internet for educational purposes in accordance with the Acceptable Use Policy of NC State University. Additionally, I agree and consent to allow the photographs, and/or audio/video recordings taken or created during the Upward Bound activities to be placed on the web and in public information materials. I further agree to allow the UB Program to release, for educational purposes, photographs and video recordings, with or without audio, of program activities and projects including my child and/or their likeness. I agree that the use herein may be without compensation to me or my child. I hereby waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with them now or in the future. I am expressly releasing NC State, its agents, employees, licensees and assigns from any and all claims which I may have for invasion of my child's privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

Student Participant (PRINT)

Signature Date

Parent/Guardian (PRINT)

Signature Date

Marsha Boyd Pharr
Executive Director

Signature Date

NC STATE UNIVERSITY

919.515.3632
515.7065 (fax)
1-(877) 877-7326 (toll free)

NC STATE UPWARD BOUND PROGRAM
INFORMATION RELEASE FORM

The information requested on this form will be utilized to assist us in providing services to you. In order to provide the most effective services, we may need to obtain information from several sources: such as high schools, colleges, testing agencies, counselors, admissions and financial aid officers and social workers, etc. **ALL INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL IN COMPLIANCE WITH THE FAMILY RIGHTS AND PRIVACY ACT.**

My signature below authorizes the NC State Upward Bound Program to:

- 1. Request a copy of my high school and/or college transcript, test scores and/or documentation of grade promotion or graduation.
- 2. Request a copy of my financial aid applications and awards from the Federal Government, state funding agencies, and post-secondary institutions.
- 3. Request a copy of my test score reports (ACT, SAT) from the American College Testing Program, College Board and Educational Testing Service.
- 4. Communicate with representatives from agencies or post secondary institutions on my behalf.

AUTHORIZATION STATEMENT

I hereby authorize the NC State University Upward Bound Program to contact and request information from, as well as, to supply information to the above mentioned parties.

Student's Signature

Student's Social Security Number

Parent's Signature (If under age 18)

Date

NC STATE UNIVERSITY

919.515.3632
515.7065 (fax)
1-(877) 877-7326 (toll free)

**LIABILITY WAIVER, ASSUMPTION OF THE RISK, AND
INDEMNIFICATION AGREEMENT
FOR NC STATE UNIVERSITY PROGRAM**

In consideration for being allowed by NC State to participate in the **Upward Bound** (hereinafter "Program") the undersigned custodial parent/guardian hereby agrees as follows:

I do hereby affirm and acknowledge that my child is participating in the Program for his/her own personal benefit, and have been fully informed of the inherent hazards and risk to them associated with this activity including property damage, falls, contact with other participants, motor vehicle accidents, sprains, and other personal injuries. I accept and assume responsibility for all risks, known and unknown, involved to my child and their property in the aforementioned activity, and I voluntarily authorize my child's participation in reliance upon my own judgment and knowledge of my child's experience and capabilities.

I understand that the determination of my child's ability to participate in the Program should be made by my child's physician if necessary. I understand that I need the approval of a physician if I am uncertain as to his/her physical fitness for the rigors of this Program. I understand that I may be required to seek approval from a physician if there is a health or safety question relative to my child's condition before being allowed to participate in the Program. In addition, I give permission to any doctor, hospital, or other medical facility to release confidentially to the treating physician(s) for my child any information they may have concerning his/her medical condition and their professional contact with him/her for treatment purposes. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as deemed necessary for my child. A photocopy of this permission is to be considered valid as the original. I further understand that treatment for any medical problems my child may suffer is my responsibility and will be paid by me and/or covered by my insurance.

I shall indemnify and hold harmless NC State, its trustees, officers, employees and agents from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys fees, arising from or proximately caused by my child's participation in this Program, including any travel. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur.

I have read the Program's rules and regulations and hereby accept the regulations of the Program described therein. I understand that the Program has the authority to establish and enforce other regulations in addition to these.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

**I HAVE READ THIS AGREEMENT, I UNDERSTAND IT AND
I AGREE TO BE BOUND BY IT.**

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Printed Name of Child: _____

School _____

NC State University Upward Bound Program
 PO Box 7317
 Raleigh, NC 27695-7317
 Counselor/Teacher Recommendation Form

TO THE APPLICANT: It is requested that you ask a person who knows you well and has knowledge of your character, talents, and abilities to complete the form. **Make sure the Student Services Office completes the bottom section of this form.**

Please complete the form below and return to the NC State Upward Bound Program Office. Your comments will be kept confidential.

Student: _____ School: _____

My assessment of the student's overall performance is (check one)

Above grade level _____ At grade level _____ Below grade level _____

Is the student enrolled in the appropriate Common Core Standard courses to enable him/her to be admitted to a college within the University of North Carolina System? Yes _____ No _____

Has the student ever been expelled, suspended (including in school suspension for any reason) Yes ___ No ___
 If yes, please give brief statement of circumstances. (Attach separate sheet if needed)

Ambition/Drive: _____

Cooperativeness: _____

Signature: _____ Print Name _____

Position/Title: _____ Phone _____

Date: _____ Email address: _____

	EOG Scores 8 th Grade	EOC Scores 9 th & 10 th Grade	Proficiency Level 1,2,3,4	Year of Testing	Year Proficiency Met
Math					
Reading/Language					

Student Services Staff Signature: _____ Print Name: _____

Phone _____ Email address _____

NC STATE UNIVERSITY

919.515.3632
515.7065 (fax)
1-(877) 877-7326 (toll free)

STUDENT ELIGIBILITY CERTIFICATION FORM

Dear Parent/Guardian:

Please answer the following questions below by checking the appropriate response and completing the statements as it applies to your household. This information is needed to certify eligibility for the Upward Bound Program. **(You do not have to submit your 1040 tax form once you complete this certification form).** If you have additional questions regarding this form, please contact the Upward Bound Office at (919)515.3632.

Did you as a parent(s) or legal guardian(s) receive a Bachelor's Degree from a (4) year college or university?

	Yes	No
Mother:	_____	_____
Father:	_____	_____
Legal Guardian:	_____	_____

Did you file Income Taxes last Year? _____

If yes, what was the taxable income? _____

Total number in Household: _____

My signature certifies that the above information is correct and accurate. I understand that this information is confidential and will only be used for income verification and eligibility purposes only.

Signature of Parent or Guardian

Date

Office Use Only

Applicant's Name	
School	