



**UNIVERSITY OF ARKANSAS AT PINE BLUFF
UPWARD BOUND PROGRAM**

1200 NORTH UNIVERSITY DRIVE
MAIL SLOT #4914
PINE BLUFF, ARKANSAS 71601-4914
OFFICE: (870) 575-8517
FAX: (870) 575-4656

MEMORANDUM

TO: Parent(s)/ Guardians
FROM: Verna H. Cottonham, Director
RE: Information Request for UB Applicant

Your child has applied to the Upward Bound Program. Before he/she can be considered, we must have the following information:

APPLICANT'S NAME: _____

INFORMATION NEEDED

- ___ Student's Application
- ___ Transcript information and grade/release (A 2.5 GPA is required)
- ___ Health Information and Medical Release
- ___ Birth Certificate
- ___ Social Security Card
- ___ Student Program Contract
- ___ Parent/Guardian Contract
- ___ Teacher Recommendation Form (3-Math, Science, and English)
- ___ Counselor Recommendation Form (1)
- ___ Income Verification _____ (signed 1040/1040A, Electronic Filing, DHS/AFDC Notification Letter)
- ___ Essay
- ___ Parent Interview
- ___ Student Interview

If you have any questions, please call (870)575-8517.

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APPLICATION

PLEASE PRINT

1. NAME: _____
Last First Middle

2. SOCIAL SECURITY NUMBER: _____ - _____ - _____

3. SEX: Female Male

4. DATE OF BIRTH: ____/____/____

5. AGE: _____

6. RACIAL/ETHNIC BACKGROUND:

African-American White European American Hispanic
Asian-American (Vietnamese, Japanese, Chinese, etc.) Other: (Specify) _____

7. MAILING ADDRESS:

Street: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

8. Home Phone Number: (____) _____ Message Phone Number: (____) _____

9. NAME OF PRESENT SCHOOL: _____

Grade Level: 8th 9th 10th 11th Grade Point Average: _____

Expected Graduation Date: _____ Counselor: _____

Are you presently enrolled in a TRIO Program (Talent Search Program, UBMS?) Yes ___ No ___

10. PARENT OR GUARDIAN INFORMATION:

Father's Name: _____ Employer: _____

Work Phone Number: _____ E-Mail: _____

Have you received a Bachelor's Degree: Yes ___ No ___

Father's Signature: _____

Mother's Name: _____ Employer: _____

Work Phone Number: _____ E-Mail: _____

Have you received a Bachelor's Degree: Yes ___ No ___

Mother's Signature: _____

11. WHO DO YOU LIVE WITH?

_____ Mother & Father _____ Mother _____ Father _____ Legal Guardian

12. NAME OF LEGAL GUARDIAN IF YOU DO NOT LIVE WITH PARENT(S): _____

Relation: (Example: Aunt, Grandmother, etc...) _____

13. PLEASE LIST EVERY PERSON LIVING IN YOUR HOUSEHOLD (INCLUDING YOURSELF):
(Attach Additional Page If Necessary)

	Name	Age	Relation to You
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

14. ARE YOU INVOLVED IN ANY EXTRACURRICULAR ACTIVITIES?

Yes _____ (If 'Yes' Please list) No _____

15. ARE YOU PRESENTLY EMPLOYED?

Yes _____ (Please Complete Information Below) No _____

_____ Place of Employment _____ Employment Schedule

16. DID YOUR CHILD PARTICIPATE IN THE FREE OR REDUCED LUNCH MEALS PROGRAM?

Yes _____ No _____

VERIFICATION (This section must be completed by a qualified school official)	
I verify that this individual is currently participating in the free or reduced price meals program.	
_____ Free Lunch Program	_____ Reduced Lunch Program
_____ School's Official's Signature	_____ Date

17. STUDENT PROGRAM CONTRACT

I, _____, agree to conform to the following requirements:

- A. Abide by all rules and regulations of the University of Arkansas at Pine Bluff Upward Bound (UAPB-UB) Program.
- B. Commit myself to enthusiastic, wholehearted participation in the UB Program.
- C. Attend UB sessions regularly.
- D. Attend both the Academic Year and Summer Residential Components' sessions.
- E. Perform all high school course work at a 2.50 Grade Point Average (GPA) level or above.
- F. Respect UB faculty, staff, and fellow UB'ers.
- G. Remain in the UAPB-UB Program through the summer following high school graduation.
- H. Enroll in college or other postsecondary program of study upon completion of UB.

I understand that failure to abide by this contract can at any point, result in my termination from the UAPB-UB Program.

Signature of Student

Date

18. PARENT(S)/GUARDIAN PROGRAM CONTRACT

I, _____, understand that by giving my son/daughter, _____, permission to participate in the University of Arkansas at Pine Bluff Upward Bound (UAPB-UB) Program Academic Year Component and to attend the Summer Residential Component, I am agreeing to support his/her compliance with rules and regulations of the University and/or the UB Program and staff.

Specifically, I agree that:

- A. _____ will be required to attend all UB sessions during the Academic Year Component, and the six (6) week Summer Residential Component.
- B. Loss of room key will result in a charge of \$25.00 to cover the cost of a lock change. (The student will be liable for charges.)
- C. Damages/vandalism beyond normal wear and tear in dormitory rooms or public areas will be charged to the person responsible when that person is identified.
- D. The University and/or the UB Program and staff assume no responsibilities for the loss of personal property belonging to an UB student, but will assist in every way possible to prevent such a loss.
- E. Permission is granted for participation in program travel. Travel services are provided by insured drivers.
- F. The UB Program provides a limited health insurance policy for students. UB assumes no responsibility for any sickness or accident related expenses beyond that covered by this policy. This policy is secondary to family health insurance.
- G. My signature will certify that I am aware that UB will dismiss at 5:30 p.m. or after dinner each Friday of the Summer Residential Component, except for the weekends when activities are scheduled.

I, understand that my son/daughter, at any point, can be terminated from the UAPB-UB Program for failure to comply with the rules and regulations established in the UB handbook.

I relieve the University and/or the UB Program and staff of any and all responsibility for my son/daughter between 5:30 p.m. on Friday and 6:00 p.m. on Sunday. If I cannot pick up my son/daughter on Friday afternoon, then he/she has my permission to leave campus with. List only, immediate family.

- A. _____
Name Relationship
- B. _____, or
Name Relationship
- C. _____
Name Relationship

Parent/Guardian Signature **Date**

19.

FIELD TRIPS CONSENT FORM

The Upward Bound Program at the University of Arkansas at Pine Bluff sponsors various trips for its participants during both Academic Year and Summer Residential Components.

By signing this form, you are granting permission for your child to participate on the field trips scheduled through the Upward Bound Program, including the major field trip at the end of the Summer Residential Component.

If you feel that your child will not be able to participate on any field trip scheduled, we ask that you notify the Upward Bound office at least one week in advance.

Child's Name

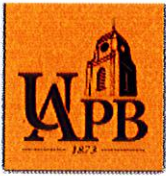
Parent's Signature

Date

Director's Signature

Date

20. **ON A SEPARATE SHEET OF PAPER PLEASE WRITE A BRIEF ESSAY DESCRIBING YOURSELF, YOUR BACKGROUND, CAREER GOALS AND WHY YOU WANT TO BE IN THE UPWARD BOUND PROGRAM.**



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21. TRANSCRIPT AND GRADE RELEASE

The University of Arkansas at Pine Bluff Upward Bound Program has my permission to receive copies of my transcript, grades or other academic records as requested. In addition, I give my consent for the Upward Bound Program to use this information in any federal reports required by the U.S. Department of Education. The Upward Bound Program may also release any academic information from the program to my high school or other agency that may have a need for this information.

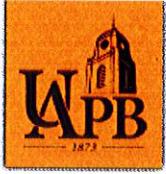
 Student Name (Print)

 Student Signature

 Date

 Parent/Guardian Signature

 Date



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22. HEALTH INFORMATION AND MEDICAL RELEASE

Friend or Relative to contact in case of an emergency if parent cannot be reached:

Name: _____ Phone #: _____

Relationship to Student: _____

Family Physician: _____ Phone #: _____

Please note any allergies or health problems the Upward Bound staff should be aware of:

Does your child have medical insurance: Yes No

Name of Insurance Company: _____ Policy #: _____

I do hereby authorize the Director of the Upward Bound Program, or designee, to secure appropriate medical treatment due to accident or illness for my child while he/she is a participant in the Upward Bound Program. I agree to pay all medical expenses incurred in the course of this treatment. I understand that the Upward Bound Program at the University of Arkansas at Pine Bluff is not responsible beyond the limits of the insurance provided by the program insurance policy.

_____ Parent/Guardian Signature

_____ Date

CERTIFICATION OF STIPENDS FORM

TO BE SIGNED BY STUDENT AND PARENT*

I do certify that I am a participant in a UAPB Program entitled Upward Bound and I am not drawing a salary from this or another Arkansas state agency. I understand that stipends are for "Program Participation" which are supported by this Grant, not hours worked.

Print Student/Participant's name _____ / _____ (date)

Sign Student Participant's name _____ / _____ (date)

Signature of parent or guardian _____ / _____ (date)

(Parent signature required only if student is under the age of eighteen (18) years)

Any alterations or deletions from the language in this document will be returned unprocessed.

Note:

- 1) SALARY CAP :19-11-709 (2:D,1) Former employee-If you worked at an Arkansas State Agency in the last twelve (12) calendar months and made less than \$10,500 you will not be affected by the salary concern above. However, it may require Payroll verification from the agency in which you worked.

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
UPWARD BOUND PROGRAM**

HIGH SCHOOL TEACHER RECOMMENDATION - (ENGLISH)

STUDENT'S NAME: _____

NOTE: The Upward Bound program is designed to provide eligible students with the additional skills and motivation necessary for them to enter and succeed in postsecondary education, particularly at the college level. In addition to meeting federal income guidelines and first generation status, students must also demonstrate the academic ability for postsecondary education as well as need for services provided by Upward Bound. With these criteria in mind, please give your frank appraisal of this student using the following rating scale.

5 = Exceptional 4 = Good 3 = Average 2 = Below Average 1 = Poor

<u>CRITERIA</u>	<u>RATING</u>				
Attitude toward school work	5	4	3	2	1
Quality of school work	5	4	3	2	1
Intellectual Ability	5	4	3	2	1
Motivation to do well in school	5	4	3	2	1
Influence and leadership ability	5	4	3	2	1
Concern for others	5	4	3	2	1
Responsibility	5	4	3	2	1
Emotional Stability	5	4	3	2	1
Personal Appearance	5	4	3	2	1
Class Attendance	5	4	3	2	1

In your opinion, is this student capable of entering and completing postsecondary education? If yes, at what level:

College Business Vocational

Please comment on this student's need for Upward Bound: _____

Teacher's Signature

Date

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
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HIGH SCHOOL TEACHER RECOMMENDATION - (MATH)

STUDENT'S NAME: _____

NOTE: The Upward Bound program is designed to provide eligible students with the additional skills and motivation necessary for them to enter and succeed in postsecondary education, particularly at the college level. In addition to meeting federal income guidelines and first generation status, students must also demonstrate the academic ability for postsecondary education as well as need for services provided by Upward Bound. With these criteria in mind, please give your frank appraisal of this student using the following rating scale.

5 = Exceptional 4 = Good 3 = Average 2 = Below Average 1 = Poor

<u>CRITERIA</u>	<u>RATING</u>				
Attitude toward school work	5	4	3	2	1
Quality of school work	5	4	3	2	1
Intellectual Ability	5	4	3	2	1
Motivation to do well in school	5	4	3	2	1
Influence and leadership ability	5	4	3	2	1
Concern for others	5	4	3	2	1
Responsibility	5	4	3	2	1
Emotional Stability	5	4	3	2	1
Personal Appearance	5	4	3	2	1
Class Attendance	5	4	3	2	1

In your opinion, is this student capable of entering and completing postsecondary education? If yes, at what level:

_____ College _____ Business _____ Vocational

Please comment on this student's need for Upward Bound: _____

Teacher's Signature

Date

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
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HIGH SCHOOL TEACHER RECOMMENDATION - (SCIENCE)

STUDENT'S NAME: _____

NOTE: The Upward Bound program is designed to provide eligible students with the additional skills and motivation necessary for them to enter and succeed in postsecondary education, particularly at the college level. In addition to meeting federal income guidelines and first generation status, students must also demonstrate the academic ability for postsecondary education as well as need for services provided by Upward Bound. With these criteria in mind, please give your frank appraisal of this student using the following rating scale.

5 = Exceptional 4 = Good 3 = Average 2 = Below Average 1 = Poor

<u>CRITERIA</u>						<u>RATING</u>
Attitude toward school work	5	4	3	2	1	
Quality of school work	5	4	3	2	1	
Intellectual Ability	5	4	3	2	1	
Motivation to do well in school	5	4	3	2	1	
Influence and leadership ability	5	4	3	2	1	
Concern for others	5	4	3	2	1	
Responsibility	5	4	3	2	1	
Emotional Stability	5	4	3	2	1	
Personal Appearance	5	4	3	2	1	
Class Attendance	5	4	3	2	1	

In your opinion, is this student capable of entering and completing postsecondary education? If yes, at what level:

_____ College _____ Business _____ Vocational

Please comment on this student's need for Upward Bound: _____

Teacher's Signature

Date

UNIVERSITY OF ARKANSAS AT PINE BLUFF
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HIGH SCHOOL COUNSELOR RECOMMENDATION

STUDENT NAME: _____ GRADE: _____ GPA: _____

Period of Attendance at your school: From: _____ To: _____

School: _____

School Address: _____

Your Name: _____

PART I

You are the vital link between the Upward Bound Program at UAPB and the students in your school. Your input is important to the Upward Bound staff in the identification of eligible students who could benefit from the Upward Bound experience. Please take a few moments to assist the student who brought this application to you by providing the information requested below. These documents may be mailed under separate cover if you desire.

- ___ Copy of student transcript
- ___ National test score report(s) (i.e., SAT, SRA, ACT, SAT, etc.)
- ___ Copy of most recent grades earned in classes this semester
- ___ High School teacher recommendation forms (1 - math teacher, 1 - science teacher and 1 -English teacher)

PART II

NOTE: The Upward Bound program is designed to provide eligible students with the additional skills and motivation necessary for them to enter and succeed in postsecondary education, particularly at the college level. In addition to meeting federal income guidelines and first generation status, students must also demonstrate the academic ability for postsecondary education as well as need for services provided by Upward Bound. With these criteria in mind, please give your frank appraisal of this student.

School Attendance (circle one) Excellent Good Fair Poor

How do you rate this student's academic potential?

LOW 1 2 3 4 5 HIGH

How do you rate this student's academic performance?

LOW 1 2 3 4 5 HIGH

How do you rate this student's educational motivation?

LOW 1 2 3 4 5 HIGH

Based on your knowledge of this student, how would you rate his/her social/emotional stability?

LOW 1 2 3 4 5 HIGH

HIGH SCHOOL COUNSELOR RECOMMENDATION (CONTINUED)

What indication do you have that this student has college potential? _____

List any situation which should be considered in making a decision in regard to this student's admission into the Upward Bound Program: _____

What is your overall recommendation of this applicant?

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

Counselor's Signature

Date