



**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: Tenita Gragg, Program/Project 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 GP A 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

NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____ - _____ - _____

SEX: Female Male

DATE OF BIRTH: ____/____/____

AGE: _____

RACIAL/ETHNIC BACKGROUND:

African-American _____ White- European American _____ Hispanic _____

Asian-American (Vietnamese, Japanese, Chinese, etc.) Other: (Specify) _____

MAILING ADDRESS:

Street: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____ **Message Phone Number:** (____) _____

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 _____

PARENT/GUARDIAN FORM
First Generation Eligibility Verification

Father's Name: _____
Mailing Address: _____
Occupation: _____ Place of Employment: _____ Work Phone: _____
Home Phone or Message Number: _____ Cell Phone: _____ E-mail: _____

Please circle the highest grade completed: 8 9 10 11 High School Graduate
Indicate the highest level of post-secondary education completed:

- ___ Attended or currently enrolled in college for ___ years
- ___ Associate Degree
- ___ Bachelor's Degree. Name of college/university & location: _____
- ___ Master's Degree or Higher
- ___ Technical School
- ___ Other _____

Mother's Name: _____
Mailing Address: _____
Occupation: _____ Place of Employment: _____ Work Phone: _____
Home Phone or Message Number: _____ Cell Phone: _____ E-mail: _____

Please circle the highest grade completed: 8 9 10 11
Indicate the highest level of post-secondary education completed:

- ___ Attended or currently enrolled in college for ___ years
- ___ Associate Degree
- ___ Bachelor's Degree. Name of college/university & location: _____
- ___ Master's Degree or Higher
- ___ Technical School
- ___ Other _____

Guardian/Stepparent's Name: _____
Mailing Address: _____
Occupation: _____ Place of Employment: _____ Work Phone: _____
Home Phone or Message Number: _____ Cell Phone: _____ E-mail: _____

Please circle the highest grade completed: 8 9 10 11
Indicate the highest level of post-secondary education completed:

- ___ Attended or currently enrolled in college for ___ years
- ___ Associate Degree
- ___ Bachelor's Degree. Name of college/university & location: _____
- ___ Master's Degree or Higher
- ___ Technical School
- ___ Other _____

Guardian/Stepparent's Name: _____
Mailing Address: _____
Occupation: _____ Place of Employment: _____ Work Phone: _____
Home Phone or Message Number: _____ Cell Phone: _____ E-mail: _____

Please circle the highest grade completed: 8 9 10
Indicate the highest level of post-secondary education completed:

- ___ Attended or currently enrolled in college for ___ years
- ___ Associate Degree
- ___ Bachelor's Degree. Name of college/university & location: _____
- ___ Master's Degree or Higher
- ___ Technical School
- ___ Other _____

I understand the purpose of the University of Arkansas at Pine Bluff Upward Bound program is to prepare participants to successfully complete a program of post-secondary education and would like to have my student participate, if eligible. All the information I have submitted is true and correct. I understand that a false statement or misrepresentation will make the applicant ineligible for the University of Arkansas at Pine Bluff Upward Bound program.

Parent/Guardian Signature _____ **Date** _____

Family Information

Please check all of the statements that apply:

- | | |
|---|---|
| My parents are: | I live with: |
| <input type="checkbox"/> Married | <input type="checkbox"/> Both my father & my Mother |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Father Only |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Father & Stepmother |
| <input type="checkbox"/> Father Remarried | <input type="checkbox"/> Mother Only |
| <input type="checkbox"/> Mother Remarried | <input type="checkbox"/> Mother & Stepfather |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Other Relatives/Guardians |
| <input type="checkbox"/> Mother deceased | |
| <input type="checkbox"/> Father deceased | |

If you do not live with a parent(s), with whom do you live? _____

What is their relationship to you? _____

Please list the names of those who live in your home, including yourself, and their relationship to you.

Name	Relationship	Age(s) of Brothers & Sisters

Parent/Guardian Form Income Eligibility Information

Did you file a Federal Income Tax Return? Yes No Year _____

If yes, please submit a signed copy of your Federal Income Tax Form (pages 1 & 2) with your student's application and/or answer the following questions.

How did you file your tax return?

Single Married filing jointly Married filing single Head of household Qualifying widow

What was your Taxable Income (number of people living in your household)? _____

What is your family size (number of people living in your household)? _____

If no, please write in the space provided why a tax was not filed:

If return is unavailable, please provide a statement regarding your family income including taxable income and family size:

Does your family receive:

- | | |
|--|---|
| Aid to Families with Dependent Children (AFDC)? Yes <input type="checkbox"/> No <input type="checkbox"/> | Medicaid Benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Supplemental Nutrition Assistance Program (SNAP)? Yes <input type="checkbox"/> No <input type="checkbox"/> | Disability Benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Aid from HUD? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

PLEASE SIGN AND DATE: _____

UNIVERSITY OF ARKANSAS AT PINE BLUFF
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PINE BLUFF, ARKANSAS 71601-4914

Project Director

OFFICE: (870) 575-8517
FAX: (870) 575-4656

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'd 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

Information Release Form

Please print your first name, middle initial, and last name where indicated in the following release statement. Afterwards, both student and parent(s) or guardian(s) must sign and date this request.

I (First Name) _____ (Middle Initial) _____ (Last Name) _____
authorize University of Arkansas at Pine Bluff Upward Bound Program and High Schools to release and/or receive copies of my son's/daughter's/ward's academic records, including, but not limited to transcripts, grade reports, test scores, evaluations, attendance and medical records, disciplinary actions, and other records necessary to for participation in the program. This information may be used for any federal reports of the Upward Bound program. These records will remain confidential and will only be used by the Upward Bound staff. This release is to be effective throughout my high school and college career, and will end upon college graduation or termination from the Upward Bound program.

Student Signature _____ Date: ____ / ____ / ____

Parent/Guardian Signature _____ Date: ____ / ____ / ____

Parent/Guardian Signature _____ Date: ____ / ____ / ____

Parental Release for Student Travel and Photo Release

I authorize the Upward Bound Program to provide transportation for my child -----to program activities. I hereby release the Upward Bound Program and the University of Arkansas at Pine Bluff from any responsibility for any criminal act of malice, vandalism, theft, or any other unlawful behavior during trips sponsored by the Upward Bound Program.

The University of Arkansas at Pine Bluff Upward Bound has my permission to use my or my child's photograph publically to promote the University of Arkansas at Pine Bluff Upward Bound. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/GuardianSignature _____ Date. _____

University of Arkansas at Pine Bluff Upward Bound

**PRIVACY ACT AND CONFIDENTIALITY
STATEMENT FOR STUDENT
APPLICATION**

The Privacy Act protects the information you have shared with the Upward Bound staff. No one may see the information unless they work with or for the Upward Bound program or are specifically authorized to see the information. Great care is taken to ensure that the personal information collected on Upward Bound students is kept confidential. The information is necessary to determine if you (parent/guardian) are eligible to participate in the program and helps the United States Department of Education to measure your student's success and the effectiveness of the UAPB Upward Bound Program (20USC1231a). If you do not provide the required information in the Student Application to the Upward Bound office and the U.S Department of Education, your student automatically becomes ineligible to participate in or receive any benefits from this program.

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

Are you involved in extra-curricular activities? Yes _____ No _____
Are you presently employed? Yes _____ No _____ Employer _____

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

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) Fonner 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 CRITERIA	<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
UPWARD BOUND PROGRAM

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
CRITERIA	<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
UPWARD BOUND PROGRAM

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
CRITERIA	RATING				
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
UPWARD BOUND PROGRAM

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