Upward Bound
Fort Valley State University

STUDENT APPLICATION PACKET

Upward Bound is a program funded by the U.S. Department of Education. The purpose of Upward Bound is to identify, recruit, and select high school students with academic potential who meet federal eligibility guidelines. The Upward Bound Program will enhance academic achievement in high school and prepare participants to enter post-secondary education (Universities, Colleges, Vocational/Technical Schools).

Upward Bound participants attend academic enrichment workshops, educational field trips, cultural activities, tour various colleges and universities, and receive academic support through tutors, faculty and staff.

Upward Bound students must successfully complete one six-week summer residential session on the FVSU campus to be eligible for continuation in the program. The summer program simulates a college environment at no cost to the student. The summer includes hands-on interactive enrichment classes that include math, science, English, foreign language, and other exciting elective courses. Students also participate in social and cultural enrichment activities, field trips, wellness and fitness activities, and a host of other exciting activities.

What may a student expect to gain from being in the Upward Bound Program?

- Preparation for college, including information on how to obtain financial aid, how to be admitted to college, tips on test taking, and preparation for standardized and college entrance tests
- Improvement in grades
- The opportunity to make friends with others from area high schools
- Academic and career counseling
- Cultural and social enrichment activities
- Guidance in making decisions on educational goals

All Upward Bound Services are FREE to participants.

For questions or additional information, please contact us at:

Upward Bound Program
Fort Valley State University
1005 State University Drive
Fort Valley, GA 31030
Phone: (478) 825-6963
Fax: (478) 825-6131
Website: http://www.fvsu.edu/admissions/upward_bound

Applicants will be selected for program participation in compliance with the provisions of Section 427 of the U.S. Department of Education’s General Education Provisions act (GEPA). Accordingly, access and participation will not be denied to applicants based on gender, race, national origin, color, or disability.
HOW DO STUDENTS APPLY?

Complete this application and submit the following documents:

- The most recent school transcript and achievement test scores.
- ONE school counselor recommendation
- ONE math or science teacher recommendation
- Parent/Guardian(s)’ most recent federal tax form, (1040, 1040A, 1040EZ, and/or verification from governmental source if applicable (food stamps, Social Security benefits, unemployment, etc.).
- Household Income Verification Statement
- Medical History Form
- Signed Consent for Release of Academic Records

These forms must be completed and submitted before a student is considered for admission.

Please submit this completed application to your high school counselor or Upward Bound staff member. It can be mailed directly to the Upward Bound Office at FVSU Upward Bound Office, 111 Bywaters Building, Fort Valley, GA 31030.

Once all forms are received, including a copy of the income documentation, the Upward Bound Office will contact the applicant to advise him/her of admission status. It is the applicant’s responsibility to ensure that the application package is completed.

CONFIDENTIALITY OF INFORMATION

The personal information you give Upward Bound is required by the United States Department of Education. The information is protected by the Federal Education Right to Privacy Act (FERPA). No one may see the information unless she/he is employed by the Upward Bound Program or is specifically authorized to determine your eligibility to participate in the program. The information required by the U.S. Department of Education is used for evaluation purposes and to verify student eligibility.

Information or records relating to individual Upward Bound students or group(s) of students, who are participating or have participated in Upward Bound projects, will not be disclosed to any person, group, agency, or organization without further written permission from each student, parent or legal guardian.

In order to ensure compliance with the confidentiality guidelines previously explained, please sign and date in all the appropriate places on the Authorization of Information and Release forms.

********************************************************************************************

OFFICE USE ONLY

*********************************************************************************************

DATE OF ACCEPTANCE ________________ RE-ENTRY DATE ______________________

PROGRAM ENTRY DATE ________________ DATE OF GRADUATION ________________

Eligibility Status: L/I ___ F/G ___ FG & LI ___ At Risk ___ L/I & At Risk ___
FG & At Risk _____ FG + LI + At Risk _____ DATE OF TERMINATION ________________

Verified by: ________________________/________________

Approved by: ________________________/________________

Please submit this completed application to your high school counselor or Upward Bound staff member. It can be mailed directly to the Upward Bound Office at FVSU Upward Bound Office, 111 Bywaters Building, Fort Valley, GA 31030.

Once all forms are received, including a copy of the income documentation, the Upward Bound Office will contact the applicant to advise him/her of admission status. It is the applicant’s responsibility to ensure that the application package is completed.
Applicant Name: ___________________
High School: ___________________
Current Grade Level: ______________

STUDENT INFORMATION

Please print all information

Today’s Date: ___________________________

Name ______________________________________ (Last) ___________________ (First) ___________________ (Middle Initial)

Address ___________________________________________ (Number/Street/Apt/Box #) ___________________ (City) ___________________ (zip Code)

Phone # ________________________________ E-Mail ________________________________

Date of Birth ____________________ Social Security # ____________________ ☐ Male ☐ Female

☐ Hispanic ☐ Native American ☐ Other (specify) ____________________

Are you a U. S. Citizen? ☐ Yes ☐ No If no, list your alien card Number ______________

What is your primary language spoken? ☐ English ☐ Other, ________________________________

Current School __________________________ Current grade level: 8 9 10 11 12

Do you have a part-time job? ☐ Yes ☐ No

If yes, will it prevent your participation on some Saturdays? ☐ Yes ☐ No

You live with: ☐ Both Natural Parents ☐ Mother ☐ Father ☐ Stepparent
☐ Guardian(s) ☐ Other ________________________________

Does either of your parents have a 4-year degree from a college or university? ☐ Yes ☐ No

FAMILY INFORMATION

You live with: ☐ Mother ☐ Father ☐ Stepparent ☐ Guardian(s) ☐ Other ________________________________

Mother’s Name/Female Guardian: __________________________ Home Phone: __________________________

Address: __________________________ City: __________ State: ______ Zip: __________

Employer: __________________________ Work Phone: __________________________
Cell Phone: ________________________________   E-mail: ____________________________________

Highest Level of Education Earned: □ Less than HS  □ HS Diploma/GED  □ 2-year Degree (AA/AS)
□ 4-year Degree (BA/BS)  □ Graduate Degree (MA/MS)  □ Doctoral Degree (EdD/Phd)

Father’s Name/Male Guardian: ________________________________   Home Phone: ___________________

Address: ______________________________      City:______________  State: ______  Zip: ____________

Employer: ________________________________   Work Phone: __________________________

Cell Phone: ________________________________   E-mail: ____________________________________

Highest Level of Education Earned: □ Less than HS  □ HS Diploma/GED  □ 2-year Degree (AA/AS)
□ 4-year Degree (BA/BS)  □ Graduate Degree (MA/MS)  □ Doctoral Degree (EdD/Phd)

Name & cell number of a relative/friend not in your household ______________________________

-------

S T U D E N T  A S S E S S M E N T

-------

After graduation from high school, what do you plan to do?  □ Attend a 4-year college/university
□ 2-year College       □ Vocational School       □ Technical College       □ Enlist in the military
□ Become employed     □ Other (specify) ______________________________

What is your future career goal? ________________________________________________

In which areas do you need help from the FVSU Upward Bound Program? (Check all that apply)
□ Improve my grades       □ Prepare for tests       □ Time management       □ Choose a career
□ Build self-esteem       □ Explore ways to pay for college       □ Learn about college options
□ Develop new interests    □ Learn about other cultures       □ Other: ______________________________

Are you currently having difficulties in any academic subject(s)?        □ Yes     □ No
If yes, specify ______________________________________________

Do you need after-school tutorial provided by the FVSU Upward Bound Program?    □ Yes     □ No
If yes, specify subject(s) ______________________________________________
MEDICAL HISTORY

Student's Name: __________________________________      M     F       Birth Date: ____/____/____    Age: _____

Last                             First                             MI

Parent's/Guardian's Name: _____________________________________        Home Phone: (478) ____________

Address: ____________________________________________________        Work Phone: (     ) _____________

Street                          City                             Zip

Person to notify in case of emergency if different from above: ____________________________________________

Relationship to Student: _______________________________        Phone Number: (            ) _______________

Rate your child’s general health (circle one): Excellent Good Fair Poor

Are there any conditions that would interfere with your child’s schoolwork, his/her participation in sports or physical education activities?         Yes            No

If yes, explain: ______________________________________

________________________________________________________________________

Does the student have any medical problems the staff needs to be aware of?           Yes            No     If yes, please list: ____________________________________________________________

________________________________________________________________________

Is the student under a doctor’s care or taking prescription medication(s)?             Yes           NO          If yes, explain and list all medication(s): _________________________________________________________________________

________________________________________________________________________

Does the student have any allergies, especially to foods, medications or insect bites?                  Yes            No

If yes, explain: ________________________________________________________________________________

Does the student have any dietary preference (eg. vegetarian)?      Yes            No

If yes, explain: ________________________________________________________________________________

Are there medical procedures/treatments you do not consent to?    Yes            No    If Yes, please explain in detail:

_____________________________________________________________________________________________

_____________________________________________________________________________________________
UPWARD BOUND APPLICATION  
(A U.S. DEPARTMENT OF EDUCATION TRIO PROGRAM)  

TRiO  

Fort Valley State University  
1005 State University Drive, Fort Valley, GA 31030  
(478) 825-6963 OR 1-800-993-6788  

CONSENT FOR RELEASE OF ACADEMIC RECORDS  

I, ________________________________________________________, hereby give permission to the Fort Valley State University TRIO Upward Bound Program to obtain any/all of my academic records including school transcripts, test scores and records, and teacher evaluations. This includes future college transcripts, admission applications, class schedules and financial aid documents (such as the FAFSA, student aid reports and scholarship award letters.  

I understand that these records are confidential and will only be used internally for program participation, selection and academic evaluation. I also understand that compiled records may be used exclusively to meet the U.S. Department of Education regulations and program evaluation.  

None of my identified, individual records will be released to any person, corporation, or organization without further written consent.  

_________________________________________________________  
STUDENT'S SIGNATURE  

_________________________________________________________  
PARENT'S SIGNATURE  

_________________________________________________________  
STUDENT'S SOCIAL SECURITY NUMBER  

Disclosure Statement:  

State and federal law protects the privacy of your records. Providing your social security number is voluntary. If you provide it, the Upward Bound Program and Fort Valley State University will use it for record-keeping purposes, planning, research and program improvement. Upon request, it will be made available to appropriate governmental sources in order to meet state and federal reporting requirements and for the collection of aggregate statistical information. The United States Department of Education requires Upward Bound at Fort Valley State University to report on your child’s academic progress through either his or her graduation from college or for at least six years after your child’s high school graduation.
UPWARD BOUND APPLICATION

(Please Read Carefully Before Signing)

RELEASE AND WAIVER OF LIABILITY

The undersigned hereby acknowledges that his/her child’s participation in some academic and recreational activities involves an inherent risk of physical injury and by the execution of this signed document release employees of the FVSU Upward Bound Program, Fort Valley State University and the Board of Regents of the University System of Georgia from all claims for injury or damages arising out of said student’s participation in all program-related activities that include but is not limited to intramural and recreational activities, and field trips for which the Upward Bound Project has made available.

MEDICAL AUTHORIZATION

The law requires that before medical services can be performed, permission of the parent(s)/guardian(s) must be obtained. In the event of serious illness or accident, every effort will be made to contact you. However, in the event that a delay in medical or surgical treatment might be detrimental to the health of the student, authorization for consultation and treatment by medical personnel is requested.

****

I understand that in the event of an accident or illness, all actions of the Upward Bound staff will be guided in the best interest of my child. I hereby authorize Fort Valley State University to obtain the services of a qualified physician of its choice and to use local hospitals and clinics for the treatment of emergency illness or accident if the university considers such action necessary and to sign, as a competent adult, forms permitting examination and possible treatment. This authorization will be in effect any time my son/daughter is participating in an Upward Bound sponsored activity. I will assume all financial responsibility for all cost that may exceed the amount stated in the insurance policy carried by the Upward Bound Program.

I HEREBY AFFIRM THAT ALL FINANCIAL AND EDUCATIONAL INFORMATION LISTED IN THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS, THAT INSTITUTION OFFICIALS MAY VERIFY INFORMATION AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL STATUTES.

Signature: ___________________________________________ Date: ____________________
Parent /Legal Guardian Signature
Please print all information

1. Is the family receiving any of the following? Check all that apply and indicate amount per month

<table>
<thead>
<tr>
<th>Amount received per month</th>
<th>Amount received per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF/AFDC</td>
<td>Social Security/SSI</td>
</tr>
<tr>
<td>Medicare/Medicaid</td>
<td>Veterans Benefits</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Public Housing</td>
</tr>
<tr>
<td>Disability</td>
<td>Section 8 Housing</td>
</tr>
<tr>
<td>Child Support</td>
<td>Other</td>
</tr>
</tbody>
</table>

2. Which income tax form did you file this year?

   - 1040-A (if checked, continue to number 3)
   - 1040 (if checked, continue to number 3)
   - Did not file (if checked, skip number 3 and sign below)

3. Please provide the following information from your most recent tax forms (1040 & 1040-A):

   - Single  Head Household  Married, filing separate  Married filing joint  Qualifying Widow(er)

Refer to your 1-40/1040-A Tax Form

<table>
<thead>
<tr>
<th>Refer to your 1-40/1040-A Tax Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent who claimed applicant</td>
</tr>
<tr>
<td>Number of exemption - Located on line 6d for 1040 and 1040A</td>
</tr>
<tr>
<td>Adjusted Gross Income - Located on line 37 for 1040 and line 21 for 1040A</td>
</tr>
<tr>
<td>Standard Deductions - Located on line 40 for 1040 and line 24 for 1040A</td>
</tr>
<tr>
<td>Taxable Income – Located on line 43 for 1040 and line 27 for 1040A</td>
</tr>
</tbody>
</table>

CERTICIFATION
I certify that all of the information provided on this application and in the Family Income Statement section of the application is true and complete to the best of my knowledge. I understand that Fort Valley State University Upward Bound may ask for proof of any information provided on this application, and I agree to provide the necessary documents. I understand that if I refuse to provide proof of any information given, the applicant may be denied acceptance into the Upward Bound Program. Furthermore, I agree that, if chosen to participate in the Fort Valley State University Upward Bound Program, the student will discontinue participation in any other Federally-funded academic program (i.e. GEAR or Talent Search) to avoid the duplication of services.

__________________________________________________________     _________________________
Parent’s Signature                                               Date

__________________________________________________________     _________________________
Student’s Signature                                               Date
UPWARD BOUND APPLICATION

This student is applying for admission into the Fort Valley State University Upward Bound Program. Upward Bound is a federally funded TRIO program that provides supplemental college preparation assistance, tutoring, and guidance to potential first-generation college students who meet specific federal guidelines. Regulations that govern the Upward Bound Program require documentation of the student’s eligibility, therefore, we are requesting that the School Counselor or authorized custodian of student records complete this form and submit copies of the document(s) listed below. Your recommendation is critical in helping us identify those students with a need for our services and have potential for success in college.

Student’s Name: ______________________________________________________

(Last) (First) MI

Student’s Current Grade Level: ____________  Current GPA: ____________

Student’s Current Academic Program of Study: [ ] College Preparatory  [ ] Vocational  [ ] Tech Prep
[ ] Other (Specify): _____________________________

To Be Completed by the Evaluator

Name: _____________________________________________  Phone: _________________

(Last) (First) MI

School: ___________________________  How long have you know student: ____________

Please rank the student in the categories listed below and using the following:

E - Excellent  G – Good  A - Average  P - Poor  N – No basis to judge

___ Written Communication Skills  ----- Potential College Aptitude  ___ Respect for Self
___ Verbal Communication Skills  ----- Organizational Ability  ___ Maturity
___ Analytical Skills  ----- Ability to Work with others  ___ Judgement
___ Leadership Skills  ----- Self-Discipline/Behavior  ___ Integrity

PLEASE PROVIDE THE STUDENT WITH: Most Recent Transcript & Achievement Test Scores

Do you recommend the student for the Upward Bound Program? ___ Yes  ____ No  ____ With Reservations

Signature: _____________________________________________  Date: _________________

Please return the application to: Upward Bound Program
Fort Valley State University
1005 State University Drive
Fort Valley, GA 31030

Comments _____________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
UPWARD BOUND APPLICATION

This student is applying for admission into the Fort Valley State University Upward Bound Program. Upward Bound is a federally funded TRIO program that provides supplemental college preparation assistance, tutoring, and guidance to potential first-generation college students who meet specific federal guidelines. Regulations that govern the Upward Bound Program require documentation of the student’s eligibility, therefore, we are requesting that the School Counselor or authorized custodian of student records complete this form and submit copies of the document(s) listed below. Your recommendation is critical in helping us identify those students with a need for our services and have potential for success in college.

Student’s Name: _____________________________________________  Subject:  __________________
(Last) (First) MI

Student’ Current Grade Level: ____________  Current GPA: __________

Student’s Current Academic Program of Study: □ College Preparatory  □ Vocational  □ Tech Prep
□ Other (Specify): _____________________________

To Be Completed by the Evaluator

Name: _____________________________________________  Phone: __________________
(Last) (First) MI

School: __________________________________  How long have you know student: __________

Please rank the student in the categories listed below and using the following:

<table>
<thead>
<tr>
<th></th>
<th>Study Habits</th>
<th>Verbal Communication Skills</th>
<th>Analytical Skills</th>
<th>Class Attendance/Punctuality</th>
<th>Mastery of Subject Area</th>
<th>Class Preparation</th>
<th>Organizational Ability</th>
<th>Ability to Work with others</th>
<th>Class Behavior</th>
<th>Test Taking Skills</th>
<th>Quality of Work</th>
<th>Judgement</th>
<th>Integrity</th>
<th>Interest in Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>E - Excellent</td>
<td>----- Class Participant</td>
<td>----- Organizational Ability</td>
<td>----- Ability to Work with others</td>
<td>----- Class Behavior</td>
<td>----- Test Taking Skills</td>
<td>Class Preparation</td>
<td>Organizational Ability</td>
<td>Ability to Work with others</td>
<td>Class Behavior</td>
<td>Test Taking Skills</td>
<td>Quality of Work</td>
<td>Judgement</td>
<td>Integrity</td>
<td>Interest in Learning</td>
</tr>
<tr>
<td>G – Good</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>A - Average</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>P - Poor</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>N – No basis to judge</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
</tr>
</tbody>
</table>

Do you recommend the student for the Upward Bound Program? ___ Yes ____ No ___ With Reservations

Signature: _____________________________________________  Date: _________________

Please return the application to: Upward Bound Program
Fort Valley State University
1005 State University Drive
Fort Valley, GA 31030

Comments _____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Please print all information

Name___________________________________ Date__________________________
School___________________________________ Grade_________________________

Please answer the following questions:

1. Do you have a disability of any kind?   Yes [ ] No [ ]
   If so, please explain: ____________________________________________

2. Are you currently enrolled in the FVSU Talent Search Program?  [ ] Yes  [ ] No
   ****Federal law prohibits participation in both programs at the same time****

3. Do you have any sibling(s) that have been or are currently involved in Upward Bound?
   [ ] Yes  [ ] No  If yes, list name: __________________________

4. Are you involved in any activity that may prevent regular participation on some Saturdays?
   [ ] Yes  [ ] No  If yes, specify: __________________________

5. Will you be able to participate in the upcoming six-week residential summer session?  [ ] Yes  [ ] No
   ****Participation in first summer session is required****
   If no, specify why: ____________________________________________

________________________________________________________________

IF YES, Please sign the statement below:

******************************************************************************
I understand that participation in the Upward Bound’s six-week residential component is a requirement during the first summer following official acceptance into the program. My intent is to honor this agreement unless unforeseen circumstances prohibit my availability to attend the dates deemed by the Upward Bound Director. I also understand that my signature is an agreement to participate in the summer program, and to accept the rules and regulations which governs the Upward Bound Program.

STUDENT’S SIGNATURE     DATE

PARENT’S/GUARDIAN’S SIGNATURE DATE