Application due to Counseling office by ____________________________________________

STATEMENT OF APPLICATION

I hereby apply for admission to the Iowa State University Upward Bound program. I understand Upward Bound is an educational program designed to help students develop the knowledge, skills, and attitudes necessary for the successful pursuit of education beyond high school. I understand that, if admitted, I will be expected to participate fully in the academic year program and the residential summer program. Academic year and summer programs activities may include: field trips, cultural events, classes in a variety of areas, tutoring, conferences, social events, and physical activities. Failure to adhere to program expectations and to participate at acceptable levels may result in suspension or dismissal from the program.

I am aware that additional benefits to my participation in the Upward Bound include:
- Room, board, transportation, end of summer session cultural trip and a $15 per week stipend during the summer residential program
- $10 per session stipend, transportation, field trips, college visits, cultural events, tutoring as required during the academic year

I understand and agree to abide by the following policy regarding the use of tobacco, alcohol, and/or illegal drugs: it is a violation of Upward Bound policy for any participant to use tobacco, alcohol, and/or illegal drugs regardless of the age of the participant. Students violating this policy will be subject to suspension or dismissal from the program.

RELEASE OF RECORDS & CONFIDENTIAL INFORMATION

In compliance with the Family Educational Rights and Privacy Act (FERPA) and the Confidential Records Section of the Iowa Open Records Act, Iowa Code Section 22.7, the Iowa State University Upward Bound Program seeks written permission of the student whose education records are involved. Student educational records will be accessed by the Iowa State University Upward Bound Program for the purpose of tracking and reporting students' high school progress and college records of enrollment status, to university administrators and the US Department of Education. The only people who are allowed access to this information are employees of Upward Bound, employees of the DOE or your student’s school officials.

Upward Bound participation requires your permission to request, receive and release any information from your child's school district and institution(s) of higher education, deemed necessary for use in the Upward Bound program. This
request includes, but is not limited to: grades/transcripts, IEP’s, class schedules, test scores, financial aid documentation.

By agreeing to this you are releasing and discharging
A) Any agency and/or person (s) from any liability for divulging such information to Iowa State University’s Upward Bound program.
B) Iowa State University’s Upward Bound Program and staff from any liability for divulging such information to the DOE, to any institution of higher learning and other agencies which provide assistance to Upward Bound’s participants.

FIELD TRIP PERMISSION

During the course of the Upward Bound Academic Year and Summer Residential Program participants will have an opportunity to attend field trips locally and out-of-state. In order for students to participate we must have parental permission to participate in ALL fieldtrips and release of liability indicating Iowa State University, its employees or agents will not be liable for any accidents, injuries, damages or losses resulting in the student’s participation in any/all field trips.

PHOTO/VIDEO IMAGE RELEASE

For purposes of recruitment, advertising, newsletters or any other program related productions, Upward Bound requests release of student’s photo (s) of them or taken by them, video (s), written statement (s). If a student does not wish to have his/her likeness reproduced in any manner, the program will refrain from doing so upon notification from the student.

SIGNATURES OF STUDENT & PARENT/GUARDIAN

The signatures of student and parent/guardian below indicate that you have read, understood and agree to all of the stated provisions for participation in the Iowa State University Upward Bound. The terms of agreement apply from the time the student applies for the program through the time the student terminates participation. Signatures also indicate that the student has full permission to partake in Iowa State University Upward Bound program activities and you agree not to hold Iowa State University liable for any injury or property loss incurred by the student while participating in any/all aspects of the program.

________________________________________
DATE STUDENT SIGNATURE
________________________________________
DATE PARENT/GUARDIAN SIGNATURE

2242 Friley Hall, 212 Beyer Crt Phone: 515-294-3354
APPLICATION INSTRUCTIONS

PLEASE READ CAREFULLY: The information you provide will be held in strict confidence. All items must be completed and supporting documentation provided if it is deemed necessary to verify any information. In addition to this application you are required to provide:

1. A TEACHER or COUNSELOR RECOMMENDATION (the last page of the application).
2. Your most recent transcript showing your grades when last recorded.

APPLICATION FORM

Student’s Name______________________________________________________________

First Middle Last

Address__________________________________________________________ City____________________

Zip____________ Phone____________________ E-mail___________________________

High School________________________________ Counselor________________________

Grade in school____________ GPA from last semester________________________

Cumulative GPA________________

Ethnic Origin (check all that apply)_________ Caucasian _____________ Hispanic ________ Asian __________ African American __________ Native American

Date of birth __________________________ Gender______________

Are you a citizen of the United States? ___________Yes ____________No

If no, are you a Permanent Resident? _________Yes __________No

SS#________________________________________ Resident A#________________________

Who do you live with? (Check all that apply) __________Natural Mother

_________Natural Father ___________Step-Mother ___________Step-Father

_________ Guardian ___________ Foster parents ____________ provide names,
Grandparent(s) Name____________________________________________

Other, specify who ____________________________

How many adults reside in your home? _____________________
How many children reside in your home? _________________

Are you willing to take college preparatory classes to prepare for higher education _______Yes _________No

Do you intend to pursue higher education after high school?
_________Yes _________No _________Undecided

Are you willing to participate (if selected) to participate in the Summer Residential Program?
_________Yes _________No _________Unsure

PARENTAL & FINANCIAL INFORMATION

If possible, please provide information for both parents (Biological or adoptive) regardless of whether you reside with both parents.

FATHER

Name____________________________________________

Address & phone, if different from yours
_________________________________________

Place or work/Occupation
_________________________________________

Work Phone ______________________________

If you reside with a Step-Parent please provide: Name__________________________
Work location and phone number __________________________________________

Father Mother

Highest education level of Biological Father Mother
Less than 12th Grade _____ _____
12th Grade _____ _____
Some College _____ _____
AA/Technical degree _____ _____
4 Year College Grad. _____ _____
Post-graduate _____ _____

Family Yearly Income before Taxes (Gross Income) – You may be asked to provide tax verification and you are verifying with your signature that your response is true and accurate:

$ _______________________________
Tax Filing Status (Check one)
________Single   _______Head of Household   _______ Married/Jointly
________Married/Single   _______ Widow(er) w/ dependent child(ren)

If you receive income from any other source please indicate the amount
earned _______________ per wk/month and the source_________________________

Please indicate if you receive any of these services:
________Free/Reduced Lunch   _________ADC (Public Welfare)
________Low income housing

Please explain if there are any other factors we should consider in
assessing your financial situation: __________________________________________

____________________________________________________________________________

If any sibling has participated in the Upward Bound program please provide
their name_______________________________________________________________

CERTIFICATION OF TRUTH AND ACCURACY

We certify that all of the information in this application is true and correct. We
understand that any misrepresentation may make this applicant ineligible for
participation in the Iowa State University TRIO Upward Bound Program.

Parent/Guardian:

__________________________________  ___________________________  _______
Print Name                               Signature                        Date

Student:

__________________________________  ___________________________  _______
Print Name                               Signature                        Date

STUDENT: Briefly state why you are interested in participating in Upward Bound
and how you think it will help you: __________________________________________
PARENT: Briefly state the ways in which you can support your student’s participation in Upward Bound:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

EMERGENCY CONTACT NUMBER –
Please provide contact information for someone other than your parent(s) who we can contact in case of an emergency should we not be able to locate a parent:

Name____________________________________ Relation to you ____________________

Address____________________________________ Phone____________________________