Dear Parent / Legal Guardian:

Please find attached to this letter an application for your child to join the Upward Bound Program of Concord University. Upward Bound, funded by the United States Department of Education, provides unique educational services to qualified students of this area. It is mandated by congress that two-thirds of the students meet federal income guidelines and that neither parent graduated from a four year college or university. Students must also show academic need. Once your child is accepted into the program, all services provided are free of charge.

Following this letter are detailed instructions for completing this application. Please make sure that all required information and forms are sent to the Upward Bound office, either by mail or via our in school contacts. Once the completed application is received, we will determine if your child is eligible. Once we have determined eligibility we will offer them an interview.

As the Director of the Upward Bound Program, it is my intention to encourage active participation of the parents/guardians in the program.

If you have any questions, please feel free to call the office at (304) 301-4153 or (304) 301-4502. You may also contact us at the information below. I look forward to hearing from you.

Sincerely,

Michael J. Craighead
Director
Concord University Upward Bound

Concord University Upward Bound
1000 Vermillion Street, Campus Box 41
Athens, WV 24712
upwardbound@concord.edu
Fax: (304) 301-4506

Upward Bound is a federal TRIO program 100% funded by the U.S. Department of Education.
Grant period of September 2017 - August 2022
The Concord University Upward Bound Application Process:

- Return your fully completed application via mail at the address listed below, or by Fax at (304) 301-4506 or turn in to our school contacts.

- Have your high school counselor complete the Counselor Recommendation form and return along with transcript and current standardized test scores.

- Have someone (not a relative) complete the Personal Recommendation form.

- Your application is not considered completed until everything is received.
  - *If you are not deemed eligible to participate based on the information we receive, you will be notified at this point and will not be required to submit any more information.*
  - *If you are deemed eligible to participate based on the information we receive, you will be notified at this point to arrange an interview.*

Upward Bound Program
1000 Vermillion Street, Campus Box 41
Athens, WV 24712
Fax: 304-301-4506
Concord University
Upward Bound
Application for Admission

Program Application
Concord University Upward Bound is a Federal TRIO Program funded through the U.S. Department of Education. Acceptance into the program is dependent upon meeting eligibility criteria and space availability. Please answer all questions completely. If a question does not apply to you, complete the question by marking “N/A”. All information you supply will be held in strict confidence.

If any items are left blank, the application may be returned to you as incomplete.

STUDENT INFORMATION

Name: ________________________________________________________________
(Last)                                       (First)                                     (Middle)
Mailing Address: _______________________________________________________
(Number, Street or PO Box)
(City)                                               (State)                                       (Zip)
Social Security Number: __________________________
Date of Birth: _/__/____
(Month)         (Day)           (Year)
Place of Birth: ______________________________________________________
(City)                                                          (State)
Home Phone: (____)_______-__________
Cell Phone: (____)_______-_________
E-mail Address: ______________________________________________________

Gender:  □ Male   □ Female

Current Age:  □ 13 Years Old  □ 14 Years Old  □ 15 Years Old  □ 16 Years Old  □ 17 Years Old  □ 18 Years Old

Ethnicity: (Select all that apply)
□ American Indian or Alaskan Native
□ Asian
□ African-American
□ Hispanic /Latino
□ White
□ Native Hawaiian or Other Pacific Islander

Are you currently enrolled in school?  □ Yes  □ No
If yes, please list the school you are currently attending:
____________________________________________________________________

Check your current grade level:
□ 8th Grade  □ 9th Grade  □ 10th Grade  □ 11th Grade  □ 12th Grade

Are you currently a member of Gear Up or Talent Search?  □ Yes  □ No

Do you plan to attend a College or University?  □ Yes  □ No
If not, why? _______________________________________________________

U.S. Citizen:  □ Yes  □ No

Revised 08/19/2020
FAMILY INFORMATION

With whom do you currently reside?

☐ Both Parents  ☐ Mother  ☐ Father  ☐ Grandparent(s)  ☐ Parent & Step-Parent  ☐ Foster Parent(s)  ☐ Other __________________________

Does your Father/Male Guardian have a four-year college degree?  ☐ Yes  ☐ No

Highest grade completed: __________________________

Does your Mother/Female Guardian have a four-year college degree?  ☐ Yes  ☐ No

Highest grade completed: __________________________

Father/Male Guardian

(Last) (First) (Middle)

Father’s Name or Male Guardian:
________________________________________________________________________________________________________

Father’s or Male Guardian’s Phone Number:  Work: (______)__________-____________  Cell: (______)__________-__________

Employment Status:
☐ Employed/Self Employed  ☐ Disabled – Permanent  ☐ Disabled – Temporary  ☐ Unemployed  ☐ Retired

Mother/Female Guardian

(Last) (First) (Middle)

Mother’s Name or Female Guardian:
________________________________________________________________________________________________________

Mother’s or Female Guardian’s Phone Number:  Work: (_______)_________-_____________  Cell: (______)_________-________

Employment Status:
☐ Employed/Self Employed  ☐ Disabled – Permanent  ☐ Disabled – Temporary  ☐ Unemployed  ☐ Retired

Family Financial Information

Did your family file a Federal Tax Return last year?  ☐ Yes  ☐ No

Does your family receive any form of Public Assistance?  ☐ Yes  ☐ No

Total number of family members living in household (include yourself and parent(s)/guardian(s)): __________________________

Total Family Taxable Income: $_____________________________

Amount can be found on Income Tax Return Form 1040 - line 43, 1040A – line 27, or 1040EZ - line 27

Taxable income is the income you pay taxes on after all deductions.

If your family did not file a Federal Income Tax Return, your taxable income is $0.

IF AVAILABLE, PLEASE ATTACH A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN AND/OR PROOF OF PUBLIC ASSISTANCE.

I hereby certify that the above information is true and correct to the best of my knowledge.

Parent / Guardian Signature:
________________________________________________________________________________

(Signature) (Date)
The personal information you give to Upward Bound is compiled and reported to the United States Department of Education. The information is protected by the Privacy Act. No one may see the information unless they work for the Upward Bound Program or are specifically authorized to see the information. The information is necessary to determine if you are eligible to participate in the program and assists personnel in determining your needs. The Department of Education has the authority to gather information to help make Upward Bound a better program. (20 USC 123 1a)

Great care will be taken to make sure that the personal information collected on Upward Bound students is kept confidential. Any student who wishes to receive the benefits of the Upward Bound Program must agree to submit all necessary information to the Upward Bound Program.

I give my permission to my school(s) to release all grades and records, including an official copy of my permanent record card, discipline summary, achievement, aptitude, and interest scores, standardized scores from 3rd grade up, health data, extracurricular activities, family background information, interview information from school administration, counselors, and teachers, an official copy of my report card for every grading period through University graduation, and a copy of my I.E.P. and/or my psychological evaluation (when applicable). I understand that these records and grades are to be held in the strictest confidence.

Student Signature: ________________________________

(Signature) (Date)

Parent / Guardian Signature: ____________________________

(Signature) (Date)
## Agreement and Authorization Form

### PARENT/LEGAL GUARDIAN AGREEMENT TO PARTICIPATE

I hereby give permission for my child, to participate fully in the Concord University Upward Bound Program. I understand that my child will be required to attend Saturday Sessions and school visits during the school year. I also agree to allow my child to attend the Summer Component of Upward Bound that involves living on the Concord University campus.

Parent / Guardian’s Signature: _______________________________  Date: ________________

### STUDENT AGREEMENT TO PARTICIPATE

I understand that the Upward Bound Program at Concord University requires my involvement both during the school year and summer. I hereby agree to attend school visits and Saturday Sessions. I also agree to attend the summer program at Concord University. Furthermore, I agree to abide by the rules and regulations prescribed by the Upward Bound staff. I understand that failure to live up to this agreement may result in my termination from the program.

Student’s Signature: ___________________________________________  Date: ____________________

### PARENT & STUDENT AUTHORIZATION

I hereby authorize the performance of medical examination and treatments if an emergency arises as deemed necessary by the physician in attendance. I authorize the attending physician to act as medical judgment may dictate.

I hereby authorize the Concord University Upward Bound Program to transport my child using vans and school buses while participating in Upward Bound activities, to post my child’s name and picture for the Upward Bound website, social media and promotional materials and to allow my child access to the Internet.

_________________________                _______________               ___________________________
Student Signature                                      Date                                     Parent/Guardian Signature

THE APPLICANT AND PARENT/GUARDIAN CERTIFY THAT ALL INFORMATION GIVEN DURING ENTIRE APPLICATION PROCESS IS COMPLETE AND CORRECT.

___________________________                ___________            __________________________
Student Signature                                          Date                           Parent/Guardian Signature

Revised 08/19/2020
GENERAL MEDICAL REPORT

Student’s Name: ___________________________________________ Date of Birth: ____________________

Emergency Contact Name: ___________________________ Phone: _________________________

Family Physician: _______________________________________ Telephone Number: _________________

Is the student presently under a physician’s care?  □ Yes □ No   If yes, then for what? ________________
________________________________________________________________________________________

Does the student have any physical condition that would limit participation in activities?  □ Yes □ No
If yes, please describe? __________________________________________________________________
________________________________________________________________________________________

Student has or had the Conditions Listed Below:

□ Anemia  □ Heart Disease
□ Appendicitis  □ Hepatitis
□ Asthma or Chronic Bronchitis  □ Kidney Disease
□ Bladder Disease  □ Liver/Gall Bladder Problems
□ Cancer  □ Mental Disorder
□ Convulsions  □ Nervous Disorder
□ Diabetes or Sugar in Urine  □ Paralysis
□ Disease of Bones  □ Pleurisy/Other Lung Disease
□ Disease of Eyes  □ Reproductive System Problems
□ Disease of Joints  □ Rheumatic Fever
□ Disease of or Injury to Brain or Nervous System  □ Skin Disease
□ Disease of Stomach or Intestines (especially ulcers)  □ Tumor
□ Epilepsy  □ Varicose Veins

Allergies including Food, Drug & Substances (list below)
________________________________________________________________________________________
________________________________________________________________________________________

What should be done if experiencing a reaction?
________________________________________________________________________________________
________________________________________________________________________________________

Student Reports Having Experienced Events Checked Below:

□ Serious Accident or Injury. Please describe: ___________________________________________________
________________________________________________________________________________________
□ Surgical Operation. Please describe: _______________________________________________________
________________________________________________________________________________________
□ Hospitalization for Illness. Please describe: ________________________________________________
________________________________________________________________________________________

List any medications taken regularly (drug name and purpose):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
PERSONAL RECOMMENDATION FORM
(Not a Relative)

__________________________ (Student’s Name) is interested in participating in the Upward Bound Program at Concord University. We appreciate your willingness to assist this candidate by completing this form.

1. How do you know the candidate and for how long?

________________________________________________________________________________________________________

2. Please indicate your judgment of the candidate by checking the appropriate spaces below:

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<td>B. Willingness to assume responsibility</td>
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<td>C. Ability to adjust to new situations</td>
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<td>F. Ability to learn</td>
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3. Do you consider the applicant to be academically motivated? ________________________________________________________

4. Have you had any discipline problems with the applicant? (If so, please explain) _______________________________
   ___________________________________________________________________________________________________
   ___________________________________________________________________________________________________

5. Does the student have the academic potential to succeed in college? _________________________________________________

6. Additional Comments: _____________________________________________________________________________
   ___________________________________________________________________________________________________
   ___________________________________________________________________________________________________

☐ I recommend this candidate ☐ I do not recommend this candidate

Signature: _______________________________ Print Name: _______________________________

Date: _______________________________

Please return this recommendation form by fax, mail or return to the student:
Upward Bound Program
1000 Vermillion Street, Campus Box 41
Athens, WV 24712
Fax: 304-301-4506

Revised 08/19/2020
HIGH SCHOOL COUNSELOR RECOMMENDATION

Name of Student: _____________________________________________________________

Please complete the following information on the above student and return this form by mail or fax, along with the student’s transcript, current grades, and standardized test scores to:

Upward Bound Program
Concord University
Campus Box 41
P.O. Box 1000
Athens, WV 24712
Fax: 304-301-4506

Period of attendance at your school: From: ____________  To: ____________  Current Grade: ____________

Scholastic Record:  □ Exceptional  □ Good  □ Average  □ Poor

GPA: ________

Is this student in regular curriculum: _____, gifted curriculum: _____, or remedial curriculum: ____.

List any factors that should be considered in making the decision on the student’s admission into the Upward Bound Program:
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Signature: ___________________________________   Print Name:___________________________________

School: ____________________________ Date:________________

Revised 08/19/2020