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UPWARD BOUND



TRiO

2016 APPLICATION DEADLINE NOVEMBER 12, 2016

Application Date _____ Current Grade _____ School _____

STUDENT INFORMATION:

Name _____ Gender: Male Female

Street _____ City _____ St _____ Zip _____

Home phone # _____ Cell phone # _____

Social Security # (student) _____ - _____ - _____ Student School ID # _____

Date of Birth _____ Place of Birth _____ Age _____

Ethnic Background: Black/African American Asian Caucasian
 Hispanic Native American Other

Are you a U.S. citizen? Yes No Permanent Resident If not, Alien Registration # _____

What language is usually spoken at home? _____ T-Shirt Size _____

FAMILY INFORMATION:

Student lives with

Both parents Mother only Father only Mother/Stepfather Father/Stepmother Other _____

Student's legal guardian(s)

Both parents Mother only Father only Mother/Stepfather Father/Stepmother Other _____

Primary Parent or Guardian (in household) _____

Street _____ City _____ St _____ Zip _____

Phone #: Home _____ Work _____ Cell _____

Occupation _____ Place of Employment _____

Other Parent or Guardian (in household) _____

Phone #: Home _____ Work _____ Cell _____

Occupation _____ Place of Employment _____

Do not write below this line

Income _____

FG _____

Allowable _____

LI _____

Taxable _____

Both _____

LETTER TO PARENTS

Number of persons living in your household _____ (including applying student)

<u>NAME - RELATIONSHIP</u>	<u>AGE</u>	<u>GRADE</u>	<u>CURRENT SCHOOL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOUSEHOLD EDUCATIONAL BACKGROUND

Does your father have a four-year college degree? Yes No

If yes, name of college _____

Highest grade/degree completed by your father:

some college associate less than high school four-year college GED graduate/professional high school

Does your mother have a four-year college degree? Yes No

If yes, name of college _____

Highest grade/degree completed by your mother:

some college associate less than high school four-year college GED graduate/professional high school

STUDENT INVOLVEMENT

Are you presently employed? Yes No (If yes, how many hours per week do you work:) _____

In what clubs, activities, or school and community organizations have you participated? music, drama, sports, UIL

PROGRAM COMMITMENT

I understand that my involvement includes:

- ◆ **my participation** in a half day Saturday program 20 times during the academic year for the remainder of my high school experience
- ◆ **my fulfillment** of all requirements of Upward Bound – attendance, cooperation, grades, tutoring, goals – while a member
- ◆ **my participation** in a five week summer program for the remainder of my high school experience
- ◆ **my enrollment** in college preparatory classes at my high school
- ◆ **my enrollment** in and **my commitment** to complete a course of study in post-secondary education.

I hereby apply for admission to the Upward Bound Program at the University of North Texas and agree to abide by the rules and regulations set forth by the program. I understand that should I be accepted, I will remain in the program throughout my high school years and will continue and complete a course of studies beyond high school.

Student's signature

Date

Student Email Address

Dear Parent/Guardian:

In our contract with the U.S. Department of Education, we agree to work with parents in educating them about our Upward Bound program and about how they can involve themselves in their child's education. As you and your son/daughter consider his/her application to Upward Bound, we provide you with this information about Upward Bound and post-secondary opportunities.

1. Upward Bound is a federally funded program and the only cost to each member is that of commitment, time and entering and completing post-secondary training.
2. During the academic school year, my child will attend Saturday morning meetings for academic enrichment and tutoring. UNT Upward Bound will have on average 20 Saturday meetings in an academic school year.
3. My child will be participating yearly in a 5 week supervised summer academic residential program at UNT (cost free).
4. When involved with UNT Upward Bound, my child is encouraged to take college prep courses throughout high school.
5. My child must pass 5 EOCS test before being able to graduate from high school.
6. The ACT and SAT are college entrance exams, and my child will need to take one at the end of his/her junior year.
7. By participating in the University of North Texas Upward Bound Program, my child will learn about college opportunities everywhere -- not just UNT!
8. My child will have help applying for financial aid and scholarships through the UNT Upward Bound project. UB staff will help my child apply, but cannot promise that my child will be eligible for financial aid or scholarships.
9. I understand that through UNT Upward Bound my child will explore careers that might best suit his/her interests.
10. The UNT Upward Bound Program may request a Student/Parent conference at any time and that I will attend those conferences as needed.
11. Member's parents are encouraged to attend an annual Parent Day meeting in April each year.

If you have further questions, please contact one of our central staff members. Thank you for your interest in Upward Bound.

Sincerely,



Tori Nelson
Director,
Upward Bound

For further information contact:

Tori Nelson 940.565.4182
tori.nelson@unt.edu

Eva Silvia Lozano 940.369.8373
silvia.lozano@unt.edu

TRIO Office 940.565.2090

Youth Camp Medical Information and Release Form

CAMP PARTICIPANT INFORMATION:

NAME OF YOUTH CAMP: _____

NAME OF CAMP PARTICIPANT: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DATE OF BIRTH: _____ **SEX:** _____ **HEIGHT:** _____ **WEIGHT:** _____

PARENT (or guardian) NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CELL PHONE: () _____ **EMERGENCY PHONE:** () _____

EMERGENCY CONTACT NAME: _____ **RELATION:** _____

CELL PHONE: () _____ **EMERGENCY PHONE:** () _____

PRIMARY CARE PHYSICIAN: _____

DO YOU HAVE HEALTH INSURANCE? YES: _____ NO: _____

_____	_____	_____
NAME OF CARRIER	POLICY NUMBER	NAME OF PRIMARY INSURED

A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD MUST BE ATTACHED.

Does the Camp Participant have any chronic or acute medical problems? YES: ___ NO: ___

Please explain: _____

List any allergies to food, pollen, or medicine: _____

List any medications being taken at present time: _____

List any other conditions we should be aware of: _____

My child has permission to attend a youth camp on the University of North Texas campus. I fully realize that injury or illness to my child may result from or during participation in the youth camp. In case of injury or illness, I give permission for my child to be given medical treatment as deemed appropriate. I further give permission for the information provided on this form to be shared with appropriate medical personnel. I further give permission for and grant authority to the camp representatives to sign on my behalf the Notice of Privacy Practice that patients are required to receive in accordance with federal law. I understand and acknowledge that I will be responsible for any medical bills incurred by my child at the University of North Texas Student Health and Wellness Center, at a local hospital or elsewhere.

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for my child, _____, participating in the University of North Texas Upward Bound Program, I hereby RELEASE, WAIVE, DISCHARGE, and HOLD HARMLESS the University of North Texas, the Board of Regents, the State of Texas, his officers, servants, agents, employees and volunteers, the Upward Bound Program and its directors, (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by my child, or to any property belonging to my child, while participating in the Upward Bound Program, or while in, on, upon, or traveling to and from any program activity where the program is being conducted.
2. I am fully aware of the risks and hazards connected with allowing my child to participate in the Upward Bound program, including the risk of physical injury or disability as the result of such injury, and I hereby allow my child to voluntarily participate in said activity, and to enter the above named premises and engage in such activity. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY that may be sustained by my child, or any loss or damage to property owned by my child, as a result of being engaged in such an activity.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs that may incur due to my child's participation in said programs.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assignees and personal representative, if I am not alive, and shall be deemed as a RELEASE, WAIVER, AND DISCHARGE of the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.
5. I understand that the Releasees will not be responsible for any medical costs associated with any injury that my child may sustain, and I agree to execute a Medical Authorization Permission/Release to obtain reasonable medical care for my child while participating in the program.
6. I further agree to become familiar with and inform my child of the rules and regulations of the Upward Bound Program. I will further assume for my child the complete risk of any activity done in violation of any rule, directive, or instruction.
7. I also understand that I should and am urged by RELEASEES to obtain adequate health and accident insurance to cover any personal injury to my child which may be sustained during the program or the transportation to and from said program and its activities.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by same.

WITNESS:

_____ Parent or Legal Guardian of Participant

This form does not need to be notarized; however, the signature needs to be witnessed by another adult.