PROJECT UPWARD BOUND

http://www.louisvilleupwardbound.net/

UNIVERSITY OF LOUISVILLE
LOUISVILLE, KENTUCKY 40292

STUDENT PARTICIPANT APPLICATION

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PROJECT UPWARD BOUND is designed to assist youth from first generation and / or low-income families, whom exhibit academic potential in graduating from high school, and that have a desire to pursue and obtain a post secondary education.

Participants receive instruction in literature, composition, mathematics, and science on the University of Louisville campus after school, on Saturdays, and during the summer. In addition, student participants benefit from individual counseling, tutoring, and cultural enrichment.

DIRECTIONS FOR APPLYING:

1. The student and parent(s) must complete a **Student Participant Application.**
2. The parent(s) must complete the **Student Participant Authorization for Release of Middle and High School Transcript(s) and Test Scores** and the **Activity and Medical Release Form**.
3. The student must have the **Statement of Recommendation** completed by a high school teacher or counselor.
4. The parent(s) must provide a source of verification for family income. ***One of the following*** sources must accompany the application: a) A copy of the most recent parent or family federal income tax form, OR, a statement from Social Security Administration, KTAP, or the local child support office / authority.

The application must be completed and returned with the accompanying forms and / or letters to the Upward Bound Program office with all supporting documentation before a student will be considered for admittance.

MAIL ALL INFORMATION TO:

Project Upward Bound
University of Louisville
205 Strickler Hall (West)
Louisville, KY 40292

PROJECT UPWARD BOUND STUDENT PARTICIPANT APPLICATION

PERSONAL INFORMATION:

Student Full Name _____ Birthday _____ / _____ / _____

Street Address _____ City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Home Telephone Number (_____) _____ - _____

FAMILY INFORMATION:

Are parents living together?: No _____ Yes _____ Separated _____ Divorced _____

Mother's Name: _____ Occupation: _____

Place of Employment: _____ Address: _____

Father's Name: _____ Occupation: _____

Place of Employment: _____ Address: _____

Do either of your parents have a four (4) year college degree? Yes _____ No _____

IF NOT LIVING WITH PARENTS:

Guardian: _____ Relation (if applicable): _____

Place of Employment: _____ Address: _____

Dependent brothers and sisters living at home:

Name_____Age_____Name_____Age_____

Name_____Age_____Name_____Age_____

Others dependents living at home:

Name_____Age_____Name_____Age_____

EDUCATIONAL INFORMATION:

High School: _____ Grade Level: _____

School Address: _____ Zip Code: _____

What are your career goals? 1) _____2) _____

Do you plan to go to college, business, or vocational school? Yes _____ No _____

INCOME INFORMATION:

Total Family Income: Week $_____ Month $_____ Year $_____
Source of Income (Check One): [ ] Employment [ ] KTAP [ ] Social Security [ ] Disability [ ] Other [ ]

STUDENT STATEMENT: I would like to be a member of Project Upward Bound because _____
_____
_____

_____ _____ _____
Student Signature **Parent or Guardian Signature** **Date**

AUTHORIZATION FORM

RELEASE OF TRANSCRIPT and TEST SCORES

To: _____ Middle / High School

Date: _____

My child, _____, who attends the above middle / high school has made an application to participate in Project Upward Bound at the University of Louisville. A copy of the student's middle / high school record is needed for acceptance into the program. Also, the staff will need additional grade reports while my child is a program participant.

In accordance with the Family Educational Rights and Privacy Act of 1974 State Stature 232.232 and State Board Regulations 7A-11.955 and Federal Law PL-93-38-, Section 348, parents must authorize release of transcript.

I HEREBY REQUEST THAT HIS/HER OFFICIAL TRANSCRIPT BE SENT TO:

Project Upward Bound
University Of Louisville
205 Strickler Hall (West)
Louisville, KY 40292

_____ _____

Print student's name as it appears on Permanent Record

Signature: Parent or Guardian

ACTIVITY AND MEDICAL RELEASE

I hereby give permission for my child_____ participate in all Project Upward Bound activities, trips and events and to receive all necessary medical attention should the need arise.

_____ _____

Signature of parent or Guardian **Date**

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UPWARD BOUND
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PHOTO and PRESS RELEASE FORM

I, being the parent or guardian of _____, hereby consent that the photographs and/or motion picture film for which (s)he posed, and/or audio recordings made of his/her voice may be used by the University of Louisville and the University of Louisville Project Upward Bound, its assigns or successors, in whatever way they desire, including television; furthermore, I hereby consent that such photographs, films, and recordings, and the plates and/or tapes from which they are made shall be University of Louisville and the University of Louisville Project Upward Bound property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, plates and tapes as they may desire free and clear of any claim whatsoever on my part.

Parent(s) or Guardian(s) Signature: _____

Date: _____

STUDENT DIRECTORY

I, _____, hereby consent to be included in the student directory of the University of Louisville and the University of Louisville Project Upward Bound, for the purposes confined to University of Louisville and the University of Louisville Project Upward Bound interests only.

Student Signature: _____

Parent(s) or Guardian(s) Signature: _____

Date: _____

The following information may not be applicable to all institutions.

STATEMENT OF RECOMMENDATIONS

Student Name_____

1. How long have you known the applicant?

   _____
   _____
   _____

2. What is your estimate of this individual's academic ability?

   _____
   _____
   _____

3. How would you appraise this student in terms of personality and character?

   _____
   _____
   _____

4. What comment can you make regarding the applicant's ability to profit from a program such as Upward Bound?

   _____
   _____
   _____

Name _____
Position _____
School _____
Address _____
Telephone _____
Date _____

PLEASE RETURN TO:

Project Upward Bound
University of Louisville
205 Strickler Hall (West)
Louisville, KY 40292