

APPLICATION INSTRUCTIONS & INFORMATION

Return the items mentioned in this check list to your high school counselor
OR to the Upward Bound Office.

1.) Application

a. Student Participant Application Form

- Student Information
- Parent(s)/ Guardian Information
- Student Essay
- Health Record Form

b. Release Forms

- School Records Release Forms
- Parent/ Guardian Consent and Release Form
- Medical Release Form

c. Counselor Evaluation Form

- The student must have this form completed by his/her Counselor

d. Teacher Evaluation Form

- The student must have this form completed by **two** of his/her core class teachers (English, Math, Science or Social Studies)
- 2 Teacher Evaluations

b. Proof of Income

- The parents must provide a source of verification for the family income from **one of the following sources**:
 - A copy of your most recent federal tax return showing **TAXABLE INCOME**;
 - or a statement from the Social Security Administration;
 - or the Department of Social Services.

2.) Transcript

- Prior to an interview, the most recent copy of your **transcript** must accompany this application.

- * Applications are screened and those applicants who meet the criteria based on the Federal Guidelines regarding income and/or parental education will be granted and interview.
- * Both the applicant and parent will be required to attend the interview.
- * Upon completion of the interview process, a final selection will be made. Those selected will be contacted via a letter of acceptance.
- * Cowley College Upward Bound accepts approximately 15-20 students per year from all six area high schools that we serve. If your student is not selected, he/she will be placed on a wait-list if/when an opening is available. We encourage your student to keep in contact with the Cowley College Upward Bound office.

All information is confidential

**PLEASE MAKE SURE YOUR APPLICATION AND ALL SUPPORTING DOCUMENTATION,
FORMS ARE RETURNED TO THE COWLEY COLLEGE UPWARD BOUND OFFICE.
YOUR APPLICATION WILL NOT BE CONSIDERED FOR ADMITTANCE UNTIL IT IS COMPLETE!**

Cowley College Upward Bound
P.O. Box 1147
Arkansas City, KS 67005

If you have any questions, please contact our office at (620) 441-5386

STUDENT INFORMATION

NAME: _____ SSN _____ - _____ - _____
 First Middle Last

BIRTHDATE: ___ / ___ / _____ MALE / FEMALE (Circle One)

ADDRESS: _____
 Street P.O. Box City State Zip

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

EMAIL ADDRESS: _____

ETHNICITY: ___ African-American ___ Hispanic/Latino ___ Caucasian
 ___ Native American ___ Asian/Pacific Islander ___ Other

With whom do you live? _____ Relationship to you: _____
 (First & Last Name)

EDUCATIONAL INFORMATION:

- 1. What Middle/High School do you currently attend? _____
- 2. What is your current grade? ___ 8th ___ 9th ___ 10th ___ 11th
- 3. What year do you expect to graduate from high school? _____
- 4. Do you have plans to attend college/university after graduation from high school? ___ Yes ___ No

OTHER INFORMATION:

Study Skills Support / Social Skills Support

- | | |
|---------------------|--------------------------------|
| ___ Time Management | ___ Anxiety & Shyness |
| ___ Test Taking | ___ Appearance / Self-Worth |
| ___ Note Taking | ___ Bullying / Teasing |
| ___ Concentration | ___ Group / Classroom Behavior |
| ___ Motivation | ___ Conversation Skills |
| ___ Organization | ___ Personal Space |
| ___ Grammar | ___ Patience / Anger |

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT / GUARDIAN INFORMATION

NAME: _____
 First Middle Last

ADDRESS: _____
 Street P.O. Box City State Zip

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ EMAIL ADDRESS: _____

RELATIONSHIP TO STUDENT: _____

BEST TIME TO CONTACT: _____

ELIGIBILITY INFORMATION:

1. Does either parent have a four-year degree? ___ Yes ___ No
2. If yes, please indicate which parent(s) and where he/she graduate
 Parent: _____ College/University: _____
3. Is your child a U. S. Citizen? ___ Yes ___ No
4. Total TAXABLE Income \$ _____ (amount of money after deduction are subtracted on most recent tax return.)
5. Total number of persons claimed on your most recent tax return (including yourself). _____

Please attach a copy of your most recent filed tax returns. Make sure it has a line that says "TAXABLE INCOME".

If you did not file taxes, check here: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____
 First Middle Last

ADDRESS: _____
 Street P.O. Box City State Zip

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ RELATIONSHIP TO STUDENT: _____

I declare that the information provided is true and correct to the fullest extent of my knowledge.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

SCHOOL RECORDS RELEASE FORM

PARENT/GUARDIAN PERMISSION:

As the parent of, _____,
(Student's Name)
including, but not limited to transcripts, grade reports, test scores, course evaluations, attendance records, recommendations, I.E.P. and other information regarding my academic performance—to **Cowley College Upward Bound Program**. This release is to be effective throughout my middle school, high school and college career and includes my final transcripts upon graduation from secondary school and college. It is effective regardless of whether or not I am actively involved with Upward Bound at the time of the records request.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

STUDENT PERMISSION:

I, _____,
(Student's Name)
limited to transcripts, grade reports, test scores, course evaluations, attendance records, recommendations, I.E.P. and other information regarding my school performance—to **Cowley College Upward Bound Program**. This release is to be effective throughout my middle school, high school and college career and includes my final transcripts upon graduation from secondary school and college. It is effective regardless of whether or not I am actively involved with Upward Bound at the time of the records request.

STUDENT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN CONSENT AND RELEASE FORM

I hereby grant permission for my child _____, to participate in the Cowley College Upward Bound Program, which may include field trips, academic enrichment sessions, conferences and overnight stays will be by bus, van, train, airplane, or private car. In consideration of the activities provided to my child, I hereby release the Upward Bound Program, Cowley County Community College, and their employees from any claims for injury or damages arising out of my child's participation. I accept responsibility for my child's conduct while participating in the Upward Bound Program, and I hereby release the Upward Bound Program for injuries or damages resulting from my child not following and adhering to the rules and policies of Upward Bound. I also give consent for my child to receive routine and/or emergency medical services (if necessary) for his/her entire enrollment period in the program.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

UPWARD BOUND MEDICAL RELEASE FORM

To The Parent(s)/Guardian(s): 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 the parent(s)/guardian(s). However, in the event that a delay in medical or surgical treatment might be determined to be detrimental to the health of the student, authorization for consultation and treatment by physicians is requested.

This form will authorize the Director of the Upward Bound program or any staff member of Upward Bound designated by the Director, to carry out the following actions regarding the medical care of (student's name)_____. This authorization will be in effect anytime your child is participating in an Upward Bound-sponsored activity.

I authorize the Upward Bound program to obtain the services of a qualified physician and/or to use local hospitals and clinics for the treatment of emergency illness or accident and to sign, as a competent adult, forms permitting examination and possible treatment. I understand that physicians and hospitals are reluctant and sometimes unwilling to examine and treat patients without such authorized signatures. I understand that in the event of accident or illness all actions of the Upward Bound program will be guided in the best interests of my child and that the Upward Bound program will seek only emergency procedures. Any major or prolonged treatment will be undertaken only with my specific permission.

I hereby release whatever medical and dental information is deemed necessary and appropriate in providing the proper health care for my child. Such information will be regarded as confidential and shared with medical practitioners for emergency care only.

I and my heirs, executor, and administrators forever release the Director of the Upward Bound program and any staff member from all claims, damages, actions, or causes of actions which may occur to any decisions which they make with respect to the medical care and treatment of my child.

I further understand that I am responsible for all medical and hospital expenses incurred by my child and have adequate insurance or means to cover such expenses.

I, _____, certify that I am the parent and/or guardian of _____, and that I sign this release and authorization on the _____ day of _____, _____ in the presence of the witness signing below. This release will be in effect when my child is a participant in Upward Bound activities.

(Mo.) (Yr.)

Parent or Guardian Signature

Witness Signature

UPWARD BOUND CONFIDENTIAL HEALTH RECORD

Students name: _____
Last First Middle

Birth date: _____ Social Security Number: _____

Student's Address: _____

Student's Home Phone Number: _____

Parent's/Guardian's name: _____

Person to be notified in emergency, if other than above: _____

Day Phone: _____ Evening Phone: _____

Address: _____

Name and phone number of family doctor: _____

Insurance Company: _____ Policy #: _____

Does your child have any severe medical problems or disabilities, such as asthma, drug allergy, heart disorder, epilepsy, diabetes, etc.? (Please circle) YES NO If yes, please specify:

Please check if your child has any of the following:

Asthma Epilepsy Tuberculosis Diabetes Kidney trouble Fainting spells

Can your child swim? (Please circle) YES NO

Has your child had a serious illness, injuries, or surgery in the last three years? (Please circle) YES NO

If YES, please describe: _____

Is your child now under a doctor's care or taking any prescription medication? (circle) YES NO

If yes, please explain the condition requiring care and the treatment or medications being used at this time: _____

Has your child been immunized against the following? Please give most recent date.

MMR (measles, mumps, rubella) _____ Tetanus/Diphtheria _____

Smallpox _____ Typhoid _____ Other _____