

## STUDENT APPLICATION

LAST NAME	FIRST NAME	MIDDLE NAME	PREFERRED FIRST NAME <small>(What friends &amp; family call you)</small>
DATE OF BIRTH	GENDER (Male or Female)	SOCIAL SECURITY NUMBER	HOME PHONE NO.
MAILING ADDRESS		CITY, STATE, ZIP	STUDENT CELL PHONE NO.
PARENT(S) OR GUARDIAN(S) <i>LIVING IN YOUR HOME</i>		THEIR RELATIONSHIPS TO YOU <small>(Parents, Foster Parents, Mother &amp; Stepfather, Grandparents)</small>	
YOUR HIGH SCHOOL	CURRENT GRADE LEVEL	ARE YOU A U.S. CITIZEN?	RACE
STUDENT EMAIL		PARENT EMAIL	

**Attach additional pages, if needed.**

Student required accommodations (for example, vegetarian, gluten free diet, learning support):

How do you describe yourself as a person and as a student?

Please list activities in which you are involved (sports, band, job, community, church).

What are your life goals?

*I understand that I am required to submit two (2) Recommendation Forms, Medical History Form, and application to my School's Upward Bound (UB) Advisor by the required deadline. Upon signing this application, I certify that this information is true and correct to the best of my knowledge and understand that this information will be used as a tool to determine my eligibility to participate.*

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
08/31/2015

# PARENT/GUARDIAN APPLICATION

_____ NAME OF MOTHER/GUARDIAN [IN THE HOME]	EARNED A BACHELOR'S DEGREE? YES NO (Circle one)
_____ EMPLOYER	_____ WORK PHONE
_____ CELL PHONE	

_____ NAME OF FATHER/GUARDIAN [IN THE HOME]	EARNED A BACHELOR'S DEGREE? YES NO (Circle one)
_____ EMPLOYER	_____ WORK PHONE
_____ CELL PHONE	

_____ NAME OF BIOLOGICAL PARENT [OUTSIDE THE HOME]	EARNED A BACHELOR'S DEGREE? YES NO (Circle one)
_____ STREET ADDRESS	_____ CITY, STATE, ZIP
_____ TELEPHONE NUMBER	
RELATIONSHIP AND INTERACTION WITH THE APPLICANT:	

To satisfy government policies, the taxable family income of a student must meet certain federal guidelines. The information requested below is necessary to determine program eligibility. This information will be used confidentially and used one time only. **Please attach tax forms that confirm the adjusted gross and taxable incomes.** Complete the following using your most recent tax form in which the applicant is claimed:

Tax Year: \_\_\_\_\_ Adjusted Gross Income: \$ \_\_\_\_\_

Total Number of Exemptions: \_\_\_\_\_ Taxable Income \$ \_\_\_\_\_

\_\_\_\_\_ I do not file income tax due to: \_\_\_\_\_

*I certify that all the above information is correct to the best of my knowledge. I agree to provide proof of any information submitted to the Upward Bound Program, upon request. I also agree to inform the Program of any changes in address, telephone number, medical issues, or guardianship. I give permission for the Davis & Elkins College Upward Bound to access my son's or daughter's transcripts, school files, and to communicate openly with staff.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*100% funded by two Title IV grants from the U.S. Department of Education, totaling \$664,878 (Pendleton/Pocahontas \$257,500 and Randolph/Barbour/Tucker \$407,378). Project services are free to eligible students. Upward Bound is an Equal Opportunity in Education project and, therefore, does not discriminate on the basis of race, color, sex, religion, ancestry, national origin, age, sexual orientation, or disability.*

-----BELOW IS FOR OFFICE USE ONLY-----

LI / FG	SA	TR1	TR2	TEST	GPA	APP	SI	PI	TOT
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08/31/2016

Davis & Elkins College Upward Bound Release for \_\_\_\_\_  
Student's printed name

I authorize the D&E UB Program staff to secure subsequent information or materials relative to my academic status, performance and abilities in my school and throughout my academic endeavors.

I also understand that my signature gives permission for D&E UB to obtain academic transcripts, attendance, discipline reports, progress reports, disability documentation, standardized test records, or enrollment status from my high school or the school of postsecondary education that I am attending or have attended. This access is intended to provide D&E UB the means to track my academic progress in accordance with the Program's annual reporting requirements determined by the U.S. Department of Education and to communicate openly with schools and postsecondary institutions.

I also give permission for D&E UB to communicate with my parents or guardians regarding my academic, financial, social and disciplinary status in accordance with the Family Educational Rights and Privacy Act (FERPA).

I authorize the D&E UB to use photographs, likenesses, or video footage of me in publicity pieces including, but not limited to, news releases, the Program's web page, Facebook, or other social media. I also authorize UB to use my name, high school, hometown or college(s) to be attended, and other future plans to accompany my photograph or video image in publicity pieces.

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to provide proof of any information submitted to D&E UB, upon request. I also agree to inform D&E UB of any changes in address, telephone number, medical issues, or guardianship.

My signature below gives permission for D&E UB to access my student's transcripts and all school files and records. My signature also gives permission for D&E UB to obtain academic transcripts, attendance, discipline reports, progress reports, disability documentation, and standardized test records from the school my student is attending or have attended. This access is intended to provide D&E UB the means to track and support my student's academic progress in accordance with the Program's annual reporting requirements determined by the U.S. Department of Education and to communicate openly with target schools, counties, and staffs.

I give permission for my student to use transportation provided by D&E UB throughout their UB participation. I agree to assist with transportation, whenever possible. I understand staff will supervise students. I also give permission for my student to participate in all UB activities. I knowingly and voluntarily assume all such risks, both known and unknown, even if arising from the negligence or fault of D&E UB, and assume full responsibility for my student's participation in the Program.

I authorize D&E UB to use photographs, likenesses, and video footage of my student in publicity pieces, including but not limited to, news releases, such as those issued to local newspapers; publications, such as newsletters; program recruiting tools, such as videos and brochures; and the program's web page, Facebook, or other social media. D&E UB also has my permission to use their name, high school, hometown or colleges, and other future plans to accompany my student's photograph or video image in publicity pieces. D&E UB will not release specific street or mailing addresses, e-mail or phone numbers of participants.

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Guardian's printed name and \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



STUDENT CONTRACT FOR \_\_\_\_\_

Please print student name

The Davis & Elkins College Upward Bound Program's (D&E UB) mission is to guide low-income and first-generation Appalachian high school students to postsecondary success. D&E UB students must participate in **all** activities and components. Students may receive a stipend of \$40 per month for the academic year and \$15 per week for the summer participations. Stipends are calculated based on performance and participation. The following table lists various D&E UB components, guidelines, and outcomes:

COMPONENT	GUIDELINE	OUTCOME
In-School Sessions	School and Academic Advisors meet with students regularly to discuss GPA, attendance, behavior, test scores, and performance in both school and UB.	UB staff address academic issues to provide students and families open communication for problems or concerns to maintain participants' "good standing" in their school and program.  If students fall below an acceptable level, they may be placed on probation or meet with Directors.
Challenge Sessions	Students are expected to attend Challenge Session meetings, September through May, and must inform a staff member <b>beforehand</b> if they will be late, need to leave early, or cannot attend.  Excused absences are illnesses, bad weather, school and academic reasons, church activities, or family emergencies.	Absences, tardiness, or leaving early may result in a prorated stipend.  Students must notify UB office at 1.800.624.3157, ext. 1389, or 304.637.1389 or email <a href="mailto:deupwardbound@gmail.com">deupwardbound@gmail.com</a> <u>prior</u> to a Challenge Session for an absence to be excused. Two (2) unexcused absences may result in a meeting with Directors.
Tutoring Sessions	Students are expected to complete two hours (100%) of tutoring each month.  Students must maintain a 2.5 GPA. This is a minimum requirement. Students are expected to perform to their potential.	Students are required to meet with Directors if their hours fall below an acceptable level.  Arrangements are made to support student and UB's tutoring needs.
Summer Program	Students are required to participate by attending and doing well in class.	Students, with their parents or guardians, who do not attend (unless they have excused permission), will be asked to revisit their commitment to UB. They may be ineligible to participate in the Bridge Program.

By signing this Contract, I agree to the above terms. I understand that if I do not meet one or more of the guidelines of the UB Program, I can be exited from the Program. I understand that UB is a tobacco, drug, and alcohol free environment and possession and use of any of these may result in my expulsion from UB. Student situations will be discussed individually and confidentially. I acknowledge D&E UB has the right to terminate my participation if it is determined that my conduct is detrimental to the best interests of UB or if any rule of UB or D&E is violated, at Directors' discretion.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_