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**Application**



TRIO programs, funded under Title IV of the Higher Education Act of 1965, help students overcome social, academic and cultural barriers to higher education.

The following information describes the Upward Bound (UB) Program, explains what it does, who qualifies for it, the commitment participants must make, and how the selection process works.

# What is Upward Bound?

* UB is a federally funded program, sponsored by the Department of Education. The program targets, select, and help qualified students that have the desire and potential to succeed in college and reach their goals.
* ALL of the services and activities provided by UB are at NO COST to participants or their families. The resources used are viewed as an investment in each student’s future. The UB Program based at South Arkansas Community College (SouthArk) in El Dorado will work with sixty-three students selected from applicants at El Dorado High School.

# What does Upward Bound do?

* The UB program assists selected participants in completing secondary school, enrolling in post-secondary school, and completing a bachelor’s degree by providing intense academic, career, personal, and financial advising.
* It also provides academic instruction in composition, literacy, mathematics, laboratory science, foreign languages. Tutoring, counseling, mentoring, and cultural enrichment. Additionally, it encourages students to enroll in concurrent credit courses at SouthArk.

# Who Qualifies for Upward Bound?

* Students selected for the UB program must meet family income guidelines as set forth by the federal government.
* Additionally, neither parent may possess a four-year college degree.

# UB participants must make a commitment to the program.

* Meet eighteen (18) Saturdays during the academic year, students meet at SouthArk to work with academic instructors, prepare for ACT testing, travel to college campuses, and participate in other exciting social, recreational, and civic activities.
* Attend a six-week academic program during the summer on the SouthArk campus. As long as they meet the requirements of the program, participants remain in Upward Bound until graduation. UB students receive a participation stipend based on consistent participation.
* Meet once monthly for Success Seminar presented by various guest speakers.

# How are Participants selected?

* Student and parents are scheduled for an informal interview which takes about half an hour.
* A committee makes final participant selections.
* Please keep in mind we only accept 63 students.

**If you have any additional questions, feel free to call Kelsey Jackson (870) 864-7100, Roy Williams (870) 864-8407or Martha Dunn (870) 864-8409 or contact your student’s guidance counselor.**

## Instructions and Information

All sections of this application must be completed.

If you have questions or need help, please talk with your guidance counselor, call Kelsey Jackson (870) 864-7100, Roy Williams (870) 864-8407 or Martha Dunn (870) 864-8409.

### Application Checklist

Please provide only the information requested in the following Application Checklist.

Return the Student and Parent/ Guardian(s) sections of the completed South Arkansas Community College Upward Bound Application Formto your counselor or to Upward Bound.

**Student and Parent/Guardian(s) Section:**

**Students and parent/guardian(s) should provide all information in this section, which contains the following pages:**

🞎 Student Information

🞎 Medical Information

🞎 Parent/Guardian Information 🞎Current Year W2 Form or Taxes

🞎 Information Release

🞎 Essay/Autobiography

🞎 Questionnaire

🞎 Upward Bound Student Contract

🞎 English Teacher **(****Must be completed by your instructor)**

🞎 Math Teacher **(Must be completed by your instructor)**

🞎 Science Teacher **(Must be completed by your instructor)**

🞎 Guidance Counselor **(Must be completed by your counselor)**

This application includes a reference form for your English, Math, Science teachers, and guidance counselor to complete. You do not have to collect these forms. They will be completed and returned to your Counselor’s Office.

###### After we receive your completed application, we will review it. If you qualify, we will mail or call you to set up an interview with you and your parent/guardian(s). Once the interviews are completed, we will make final selections. Regardless of whether or not you have been accepted, you will receive a letter welcoming you to the program or an explaining to you why you were not selected.

**Please notify Upward Bound staff ASAP if student’s custody/guardianship or residence changes.**

**Student Information**

Provide the following information as requested. Please print all written responses. Circle or check other answers as appropriate. If you have questions about completing the application, please contact your guidance counselor.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No: \_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_

 Last First Middle (Required)

What is your preferred name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elementary School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Junior High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you repeat a grade? 🞎 Yes (If yes which grade?) \_\_\_\_\_ 🞎 No Current Grade? \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_Female \_\_\_\_\_\_\_\_\_T-Shirt Size Ethnic Origin:

\_\_\_ African American/Black

Are you: \_\_\_ a U.S. citizen \_\_\_ Asian

 \_\_\_ an eligible non-citizen (please attach a \_\_\_ Caucasian

 copy of your immigration documentation) \_\_\_ Hispanic/Latin American

 \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Native American

What is the primary language(s) spoken in your home? \_\_\_ English \_\_\_ English/Spanish \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this program? \_\_\_ Guidance Counselor \_\_\_ Teacher \_\_\_ UB Staff \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you plan to do after you graduate high school? (Check all that apply)

\_\_\_ Attend a four-year college \_\_\_ Attend a community college for a two-year degree

\_\_\_ Enroll in a technical college program \_\_\_ Enlist in the military

\_\_\_ Get a job \_\_\_ Attend a vocational school

\_\_\_ Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what areas can Upward Bound help you? **(Please rank all the following that apply to you in order of importance with 1 being the most important and 14 being the least important).**

\_\_\_ Manage my time \_\_\_ Improve my grades \_\_\_ Prepare for tests

\_\_\_ Choose a career \_\_\_ Build my self-esteem \_\_\_ Explore ways to pay for college

\_\_\_ Visit new places \_\_\_ Meet new people \_\_\_ Learn about college options

\_\_\_ Develop new interests \_\_\_ Learn about other cultures \_\_\_ Study skills

\_\_\_ Visit college campuses \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What courses have you taken or currently taking? (Check all that apply)

\_\_\_ Algebra I \_\_\_ Biology \_\_\_ Pre AP or AP classes (List course name below)

\_\_\_ Algebra II \_\_\_ Chemistry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Geometry \_\_\_ Integrated Algebra \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Geometry Investigation \_\_\_ Physical Science \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What obstacles or difficulties, if any, do you face that may affect your educational and career plans? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEDICAL HISTORY & CONSENT FOR TREATMENT & TRAVEL**

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A.M. Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_P.M. Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY, if parent cannot be reached, name of person to notify or to whom we can release student:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A.M. Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.M. Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNDER NO CIRCUMSTANCES SHOULD STUDENT BE RELEASED TO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CIRCLE BELOW ALL OF STUDENT’S PRESENT OR PAST ILLNESSES/CONDITIONS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asthma | Eyeglasses  | Sleepwalking | Swimmer’s/Abscessed ear | Mumps |
| Convulsions | Contacts | Bed wetting | Diabetes | Frequent sore throat |
| Tuberculosis | Bronchitis | Heart trouble | Kidney trouble | Sinusitis |
| Of the above, these are current or recurring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please list all current medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

ALLERGIES: Bee/wasp stings\_\_\_\_\_\_ Drugs\_\_\_\_\_\_\_ Foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recently exposed to contagious disease: Yes\_\_\_\_ No\_\_\_\_ If yes, which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently receiving therapy? Yes\_\_\_\_ No\_\_\_\_ If yes, which one: \_\_\_\_ Physical \_\_\_\_ Mental \_\_\_\_Rehabilitation

Has student been hospitalized within the past 5 years? Yes\_\_\_\_ No\_\_\_\_

Describe physical conditions requiring restrictions for participating in camp programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is student currently being treated by a physician for an existing illness or condition? **Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

If yes, explain

Name of student’s physician or healthcare provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is student covered by health insurance? Yes\_\_\_\_ No\_\_\_\_

Policy type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If the student is covered by TEA, Social Security, or S.S.I., please attach a copy of the medical card to this form.

Family’s physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company’s address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release**

I hereby authorize the UPWARD BOUND Program to provide emergency medical and dental services for my child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I will not in any way hold South Arkansas Community College or the Upward Bound Program responsible for any treatment or medication deemed necessary for medical or dental services.

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

Print Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAVEL CONSENT:** I authorize the Upward Bound Program to provide transportation for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to program activities. I hereby release the Upward Bound Program and South Arkansas Community College from any responsibility if my child is involved in any criminal act of malice, vandalism, theft, or any other unlawful behavior during trips sponsored by the Upward Bound Program.

**Upward Bound participants are not allowed to share his/her medication nor take medication that belongs to other students.**

# Parent(s)/Guardian(s) Information

# This section must be completed by the parent or guardian with whom the applicant lives.

# \*\*All information provided is confidential\*\*

 **PATRENT INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify by signing below that the above information is correct and that any false or misleading information may result in disqualification of the applicant.

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

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

**(Effective January 13, 2021 until further notice)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Size of Family Unit** | **48 Contiguous States, D.C., and Outlying Jurisdictions** | **Alaska** | **Hawaii** |
| **1** | $19,320 | $24,135 | $22,230 |
| **2** | $26,130 | $32,655 | $30,060 |
| **3** | $32,940 | $41,175  | $37,890 |
| **4** | $39,750 | $49,695 | $45,720 |
| **5** | $46,560  | $58,215 | $53,550 |
| **6** | $53,370 | $66,735 | $61,380 |
| **7** | $60,180 | $75,255 | $69,210 |
| **8** | $66,990 | $83,775 | $77,040  |

For family units with more than eight members, add the following amount for each additional family member: $6,810 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; $8,520 for Alaska; and $7,830 for Hawaii.

# If you are employed and filed an income tax return, please indicate yearly wages $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(A copy of your most recent Income Tax Return is required; W-2 forms are not accepted.)

1. ***If you are not employed and did not file a tax return, please complete the following for the most recent year:***

*Social Security/SSI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pension/Retirement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*TEA $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VA/GI Bills\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Unemployment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food Stamps $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Other (specify) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Number of family members in household: Adults\_\_\_\_\_\_\_\_\_\_ Children\_\_\_\_\_\_\_\_\_\_\_*

*Is either parent a graduate of a four-year college or university with a Bachelor’s Degree? Yes\_\_ No\_\_*

# Information Release

Please print your first name, middle initial, and last name where indicated in the following release statement. Afterwards, both student and parent(s) or guardian(s) must sign and date this request.

I (First Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Middle Initial) \_\_\_\_ (Last Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize South Arkansas Community College Upward Bound Program and El Dorado High School to release and/or receive copies of my son’s/daughter’s/ward’s academic records, including, but not limited to transcripts, grade reports, test scores, evaluations, attendance and medical records, disciplinary actions, and other records necessary for participation in the program. This information may be used for federal reports of the Upward Bound program. These records will remain confidential and will only be used by the Upward Bound staff. This release is to be effective throughout my son’s/daughter’s/ward’s high school and college career, and will end upon college graduation or termination from the Upward Bound program.

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

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

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Photo Release**

The South Arkansas Community College Upward Bound has my permission to use my or my child’s photograph publicly to promote the South Arkansas Community College Upward Bound. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

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

# Autobiography

Please write a short informal autobiographical essay of your life history. The information you include is confidential and is important for selection in the Upward Bound Program. If you require additional space you may write on the back of this page or attach an additional sheet of paper.

Please include the following information.

* Family, people, or events that have had a significant impact on your life
* Personal goals, hopes, and dreams
* Career interests
* Why you want to be a part of the Upward Bound Program
* School activities, hobbies, likes, dislike, and anything else that will help us to get to know you better.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Questionnaire

**Name four friends whom you most admire and why.**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify two places in Arkansas you would like to visit.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify two places in the United States you would like to visit.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify two places in other countries you would like to visit.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UPWARD BOUND STUDENT CONTRACT**

* I agree to achieve and maintain a 2.5 Grade Point Average
* I agree to contact Upward Bound if there is a change in my class schedule, my home address or phone number, and/or if my family plans to move from the target area.
* I agree to seek help with academic or personal problems if needed.
* I agree to attend school regularly and not miss more than eight (8) days of school per semester.
* I agree to participate in tutoring sessions as needed and/or recommended by my counselor or teacher.
* I agree to achieve my goals that have been set up with the help of UPWARD BOUND.
* I agree to attend all Saturday and Summer Scholar Academies.
* I agree to take advantage of special UPWARD BOUND activities, like UB Success Seminars, career fairs, college visits, financial aid workshops, and other activities the staff schedules.
* I agree to enroll in a postsecondary educational institution prior to graduation from high school.

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



A FEDERALLY FUNDED PROGRAM

TRIO programs, funded under TITLE IV of the Higher Education Act of 1965, help students overcome social, academic, and cultural barriers to higher education.

**Guidance Counselor**

**(To be completed by Counselor) STUDENT RATING SCALE**

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **ACADEMIC DATA**

Current GPA\_\_\_\_\_\_\_\_\_ Cumulative GPA\_\_\_\_\_\_\_\_\_ Total Number of units\_\_\_\_\_\_\_\_\_

1. **TEST DATA:**

Please provide copies of: ACT ASPIRE and any other current test data that would assist the Upward Bound staff in developing an appropriate individual instruction plan.

1. **COUNSELOR OBSERVATIONS:**

Keeping in mind the Upward Bound goal, which is to generate the skills and motivations essential to achieving success in postsecondary education, please respond to the following:

* 1. Please assess this student’s ability to follow rules and regulations (please identify significant disciplinary problems

 encountered) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Would you classify this student as:

 At risk \_\_\_\_Yes \_\_\_\_No If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Gifted and talented \_\_\_\_Yes \_\_\_\_No Please identify areas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Learning Disabled \_\_\_\_Yes \_\_\_\_No If yes, please define disability/disabilities and indicate the extent\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. In what way can Upward Bound best address this student needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Relate this student’s potential for success in secondary education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Counselor’s Signature Date

**NOTE: PLEASE ATTACH A COPY OF CURRENT TRANSCRIPT.**

**English Teacher**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_ Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The applicant above has applied to the SouthArk Upward Bound Program. Please answer the following questions and evaluate this student as objectively as possible. All information is confidential. If you have questions, please call Kelsey Jackson (870) 864-7100, Roy Williams (870) 864-8407or Martha Dunn (870) 864-8409. Thank you for your assistance.

**Important:** After completion, please return this form to the school guidance counselor as soon as possible.

**Do not return to the student.**

|  |  |
| --- | --- |
|  | **PERFORMANCE RATING** |
| **Performance Factors** | **Excellent** | **Above Average** | **Average** | **Below Average** | **Poor** |
| **Quality of Work** Accuracy, completeness, thoroughness, neatness |  |  |  |  |  |
| **Quantity of Work** Completes required amount of work |  |  |  |  |  |
| **Dependability** Follows instructions, attendance, punctuality |  |  |  |  |  |
| **Cooperativeness** Initiative, constructive attitude, helpfulness |  |  |  |  |  |
| **Creativity** Imagination, originality |  |  |  |  |  |
| **Adjustability** Security, stability, adaptability |  |  |  |  |  |
| **Discipline** Follows rules and regulations |  |  |  |  |  |
| **Postsecondary Education** Potential for success |  |  |  |  |  |

Keeping in mind the Upward Bound goal, which is to generate the skills and motivation essential to achieving success in postsecondary education please respond to the following:

1.Strengths: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Weaknesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Would you classify this student as: At risk? \_\_\_\_Yes \_\_\_\_No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning disabled? \_\_\_\_Yes \_\_\_\_No If yes, please define the disability/disabilities and indicate to the extent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: This form is a part of an application packet which cannot be submitted until all documents have been gathered.

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 Teacher’s Signature Date

**Math Teacher**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_ Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Do not return to the student.**

|  |  |
| --- | --- |
|  | **PERFORMANCE RATING** |
| **Performance Factors** | **Excellent** | **Above Average** | **Average** | **Below Average** | **Poor** |
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| **Discipline** Follows rules and regulations |  |  |  |  |  |
| **Postsecondary Education** Potential for success |  |  |  |  |  |

Keeping in mind the Upward Bound goal, which is to generate the skills and motivation essential to achieving success in postsecondary education please respond to the following:

1.Strengths: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Weaknesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Would you classify this student as: At risk? \_\_\_\_Yes \_\_\_\_No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning disabled? \_\_\_\_Yes \_\_\_\_No If yes, please define the disability/disabilities and indicate to the extent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Teacher’s Signature Date