

Upward Bound  
One John Marshall Drive  
Huntington, WV 25755

**IMPORTANT REMINDERS TO SPEED THE PROCESSING OF YOUR UPWARD BOUND APPLICATION:**

1. Check to make sure that you have attached a copy of your parent(s)' income tax statement (Form 1040 or 1040A) if they had filed for income tax. If your parents did not file an income tax form last year then complete the Financial Statement section of the application as instructed. It is very important that you have the Financial Statement section of your application signed by a Notary if your parents did not file an income tax statement. If you have questions about this talk with your In-school Coordinator or contact the Upward Bound office at 696-6846.
2. Check with the people that you put down for personal references to make sure that they have completed and returned an evaluation sheet that Upward Bound has sent them.
3. Once you have provided all the necessary information to the Upward Bound Program, your application will be processed and we will let you know if the information we have collected on you qualifies you for the Upward Bound Program. Once this has occurred, it will be necessary for you and your parents to be interviewed by one of our staff members.
4. When you qualify for Upward Bound it may be necessary to place you on an alternate list if there are no openings in the program. Do not get discouraged! We have students leave the program because they move, resign, or graduate from High School. When someone leaves Upward Bound, we replace them with a person from our alternate list.
5. Remember, if you have any questions talk with your In-school Coordinator, contact the Upward Bound office at **696-6846**, or email [hersman@marshall.edu](mailto:hersman@marshall.edu).

GOOD LUCK!

**PLEASE PRINT**

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
last first middle

Address \_\_\_\_\_  
number street city state zip

Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Male \_\_\_ Female \_\_\_ Home Phone # \_\_\_\_\_

U. S. Citizen: Yes \_\_\_ Race: White \_\_\_ Afric. Amer. \_\_\_ Other \_\_\_\_\_ No  
specify

High School \_\_\_\_\_ Grade \_\_\_\_\_ High School Course of Study: General \_\_\_ College Prep.  
Commercial

Vocational

**INFORMATION ABOUT FAMILY**

Father's Name or Male Guardian \_\_\_\_\_ ( )Employed  
last first ( )Self-Employed

Address \_\_\_\_\_ ( )Disabled-

Father's permanent

Employer \_\_\_\_\_ ( )Disabled-

name phone number occupation temporary

Is Father presently living in the home? Yes \_\_\_ No \_\_\_ ( )Unemployed

Does father have a 4 year college degree? Yes \_\_\_ No \_\_\_ ( )Deceased

Mother's Name or Female Guardian \_\_\_\_\_ ( )Employed  
last first ( )Self-Employed

Address \_\_\_\_\_ ( )Disabled-

Mother's permanent

Employer \_\_\_\_\_ ( )Disables-

name phone number occupation temporary

Is Mother presently living in the home? Yes \_\_\_ No \_\_\_ ( )Unemployed

Does Mother have a 4 year college degree? Yes \_\_\_ No \_\_\_ ( )Deceased

Number of children dependent upon parent(s) for financial support (including  
yourself)

Are there any other persons living in household dependent upon parents for  
financial support? Yes \_\_\_ No \_\_\_ If yes, explain relationship

Do your parents carry health insurance? Yes \_\_\_ No \_\_\_ If yes, please  
list the name of the company

**MARITAL STATUS PARENTS**

**FOSTER PARENTS**

**WARD OF THE STATE**

Together \_\_\_\_\_ Yes \_\_\_\_\_ Yes

Separated \_\_\_\_\_ No \_\_\_\_\_ No

Divorced

Widowed

(Please complete information on other side)

FINANCIAL STATEMENT

The financial information repeated below is needed to determine the eligibility of this applicant for the Upward Bound program. This information must be provided. All information is confidential.

1. Did you file an income tax return last year? ( )Yes ( )No If yes, attach a copy of your income tax statement (Form 1040 or 1040A). If you send your original statement, we will make a copy for our records and return the original to you.
2. If you were not required to file an income tax form, check below the source(s) of income your family receives.

- Social Security
- Public Welfare
- Black Lung Benefits
- Miner's Retirement Benefits
- Veteran's Benefits
- Vocational Rehabilitation
- Other (specify)

Notarized Statement:

(Complete the following notarization only if family's main source of income is from non-taxable sources.)

I hereby certify that the above information is true and correct to the best of my knowledge. I further attest that we did not file a tax form last year because we had no taxable income.

signature of parent

date

date

Notary Public's signature

My commission expires

Please list the name, complete address (including zip code), and telephone number of three personal references. The references should be from community and/or business leaders such as: teachers, employers, clergymen, lawyers, doctors, postmasters, etc.

Personal References

<u>Name</u>	<u>Address</u>	<u>Zip Code</u>	<u>Telephone</u>
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1.

2.

3.

Please answer each question below. If additional space is needed, write on an additional sheet. If any items are left blank, the application will be returned to you as incomplete.

1. Please check the item(s) below which led to your decision to apply for the Upward Bound program.

- Slide show  
 In-school coordinator  
 Upward Bound student(s) in your school  
 Other, Explain

2. Following high school, which of the following have you considered as a possibility/

- College  
 Vocational/technical school (beauty school, LPN training, welding, etc.)  
 Work  
 Other. Explain

3. List below the job(s) you can see yourself in at the age of 30, and explain the reason for your choice(s).

4. What do you expect to gain from your participation in the Upward Bound program?

5. Please check the area below in which you would need tutoring assistance

- Science  Social Studies  
 Math  Other (specify)  
 English/Speech

6. What are some special interests and hobbies that you enjoy?

7. List below your current class schedule:

<u>Class</u>	<u>Time</u>	<u>Teacher</u>	<u>Room #</u>
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### STUDENT COMMITMENT TO PARTICIPATE

I, \_\_\_\_\_ (Please print student's name in blank) hereby agree to participate in the Upward Bound program at Marshall University. I understand that this involves active participation in activities during the school year and in the six-week summer program. School activities include monthly meetings at the campus of Marshall University and weekly meetings with the in-school coordinator at my school.

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

\_\_\_\_\_  
Date

### PARENT AGREEMENT TO PARTICIPATE

I hereby give permission for my child, \_\_\_\_\_ (please print student's name in blank) to participate fully in the Upward Bound program at Marshall University. This participation includes all scheduled academic and summer phase activities and trips. I further grant permission for any medical or dental care authorized by a qualified physician. I will give full cooperation to the Upward Bound staff and encourage my child to abide by the rules of participation and to remain an active participant in the program.

If not parent, please explain the relationship and authority.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### PERSONAL RECORD RELEASE FORM

I give my permission for \_\_\_\_\_ High School to release all grades and records of my child \_\_\_\_\_ to the Marshall University Upward Bound program. I understand that these records and grades are to be held in the strictest confidence. These records will be used to determine my child's academic strengths and weaknesses. I also give permission for my child's picture to be taken and used only in conjunction with promotion of the Upward Bound Program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date