

# Marshall University Upward Bound Application

Upward Bound is a federally funded program for high school students whose purpose is to motivate and prepare them for higher education. Students entering their sophomore year through their senior year are eligible for our program. We are interested in students who demonstrate the ability to be successful in college. Serving students in Cabell, Wayne and Lincoln Counties, we offer tutoring, counseling and workshops. During the summer program, students have the opportunity to live on the Marshall University campus, earn one elective high school credit, travel, participate in sports, social and cultural activities, and take academic as well as elective classes. As a part of the Federal TRIO Programs, Upward Bound has a well-established record of helping students achieve academic as well as personal success. Upward Bound is an equal opportunity program and does not discriminate on the basis of race, religion, national origin, gender or disability. Any concerns regarding discrimination will be handled by the Director of Upward Bound.

## Important Reminders to Speed the Processing of Your Upward Bound Application:

- Check to make sure that you have attached a copy of your parent's income tax statement (Form 1040 or 1040A) if they 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 (304) 696-6462.
- 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. Upward Bound can only send out these evaluation sheets if you provide us with a complete and accurate address.
- 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 a parent to be interviewed by one of our staff members.
- When you qualify for the 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 him or her with a person from our alternate list.
- Remember, if you have any questions, talk with your In-school Coordinator or contact the Upward Bound office at (304) 696-6462.
- Our fax number is (304) 696-3166 if you wish to fax us information.



Upward Bound  
Marshall University  
One John Marshall Drive  
Huntington, WV 25755  
(304) 696-6462  
(304) 696-3166 (fax)  
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## Application Checklist

- \_\_\_\_\_ Fill out and sign all areas of the application.
- \_\_\_\_\_ Attach a copy of **parent(s)' income tax statement** (Form 1040 or 1040A), if filed.
- \_\_\_\_\_ **If parents did not file an income tax form last year, then parent must complete the Financial Statement section of the application and it needs to be notarized.**
- \_\_\_\_\_ Make sure all three references have complete address and phone number.

## After you send in the application

1. Once the student has provided all the necessary information to the Upward Bound Program, the application will be processed. Missing information will cause a delay.
2. Evaluation sheets will be sent out to the references. Check with the people providing the personal references to make sure that they have completed and returned the evaluation sheet.
3. An evaluation sheet will be sent to the student's school. Grades and test scores will also be requested.
4. Once we have all the grades, test information and references, the student and a parent will be interviewed by one of our staff members.
5. Sometimes it is necessary to place the student on a waiting list if there are no openings in the program. Do not get discouraged! Students leave the program because they move, resign or graduate from high school. When a student leaves, another is contacted from the waiting list.
6. If you have any questions, talk with your In-School Coordinator or contact the Upward Bound office at (304) 696-6462.

## PERSONAL INFORMATION

Name \_\_\_\_\_

(Last)

(First)

(Middle)

Address \_\_\_\_\_

(Number and Street)

(City)

(State)

(Zip)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Month)

(Day)

(Year)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

High School \_\_\_\_\_ Grade \_\_\_\_\_

Gender

☐ Male

☐ Female

U.S. Citizen

☐ Yes

☐ No

Race

☐ Caucasian

☐ African American

☐ American Indian

☐ Hispanic or Latin

☐ Asian

☐ Other \_\_\_\_\_  
(specify)

Are you in another TRIO Program?

☐ HATS

☐ EATS

☐ TRIO

## PERSONAL REFERENCES

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

Name	Address	Zip	Phone Number



## FAMILY INFORMATION

### Parental Marital Status

☐ Together
 ☐ Widowed  
☐ Separated
 ☐ Never married  
☐ Divorced

### Residence

With whom do you currently reside?

☐ Both parents
 ☐ Grandparent
 ☐ Spouse  
☐ One Parent
 ☐ Foster Parent
 ☐ Other \_\_\_\_\_

### Father

Father or Male Guardian \_\_\_\_\_

(Last) (First)

Address \_\_\_\_\_

(Number & Street) (City) (State) (Zip)

Is father presently living in the home? ☐ Yes ☐ No

Does father have a four-year college degree? ☐ Yes ☐ No

Father's Employment Status:

☐ Employed
 ☐ Disabled Permanent
 ☐ Unemployed

☐ Self-Employed
 ☐ Disabled Temporary
 ☐ Deceased

Employer \_\_\_\_\_

(Name) (Phone) (Occupation)

### Mother

Mother or Female Guardian \_\_\_\_\_

(Last) (First)

Address \_\_\_\_\_

(Number & Street) (City) (State) (Zip)

Is mother presently living in the home? ☐ Yes ☐ No

Does mother have a four-year college degree? ☐ Yes ☐ No

Mother's Employment Status:

☐ Employed
 ☐ Disabled Permanent
 ☐ Unemployed

☐ Self-Employed
 ☐ Disabled Temporary
 ☐ Deceased

Employer \_\_\_\_\_

(Name) (Phone) (Occupation)

### Additional Family Information

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

Are there any other persons living in the household dependent upon parents for financial support? ☐ Yes ☐ No

If yes, explain relationship \_\_\_\_\_

## FINANCIAL STATEMENT

The financial information requested below is needed to determine the eligibility of this applicant for the Upward Bound program. This information must be provided and will be kept confidential.

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

<input type="checkbox"/> Social Security <input type="checkbox"/> Public Assistance <input type="checkbox"/> Black Lung Benefits <input type="checkbox"/> Miner's Retirement Benefits	<input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Other _____ <div style="text-align: center;">(specify)</div>
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### 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) (date)

\_\_\_\_\_  
(Notary Public's signature) (date)

My Commission Expires \_\_\_\_\_

## EDUCATIONAL GOALS

### Educational Plans

اے I am undecided about my educational goals.

اے I have no plan to continue my education after high school.

اے After high school, I plan to continue my education at:

اے Community College

اے College or University

اے Technical or Vocational School

What do you expect to gain from the Upward Bound program?

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

Do you have a part-time job? Where? How many hours a week do you work? \_\_\_\_\_

What are some special interests and hobbies you enjoy? \_\_\_\_\_

## TUTORING

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

اے Science

اے Math

اے English/Speech

اے Social Studies

اے Foreign Language

اے Other \_\_\_\_\_

## CURRENT CLASS SCHEDULE

<u>Class</u>	<u>Time</u>	<u>Teacher</u>	<u>Room #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## PERSONAL RECORDS 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.

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

\_\_\_\_\_  
Date

## PARENT AGREEMENT TO PARTICIPATE

I 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 scheduled academic and summer program activities and trips. I further grant permission for any medical and 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

## PHOTOLIKENESS RELEASE

I authorize the Upward Bound program at Marshall University to photograph or film my child, \_\_\_\_\_, (please print student's name in blank) and consent to the use of his/her likeness in any publications, educational materials, advertising, news media, video and World Wide Web materials, and I acknowledge the university's right to crop or treat the photograph at its discretion.

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

\_\_\_\_\_  
Date

## STUDENT COMMITMENT TO PARTICIPATE

I, \_\_\_\_\_, (please print student's name in blank) 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 activities at the campus of Marshall University and weekly meetings with the In-School Coordinator at my school.

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

\_\_\_\_\_  
Date