

Dear Parent/Guardian,

In order to determine a student's eligibility for Upward Bound, we require a family financial statement of each applicant. We use the statements to help us comply with the terms of our federal grant which require us to have at least two-thirds of our participants from low income families.

Federal regulations further require us to have on hand a family financial statement for each participant in Upward Bound. When we are visited by a program official from Washington she/he takes a random sample of student applications and checks to be sure all the parts are on file. Therefore, we must have the financial statements here.

Only the director sees the statements or works with them. To ensure that this level of privacy is maintained, you may seal your income tax return copy or financial statement into a separate envelope and include this along with other information requested in the larger envelope attached.

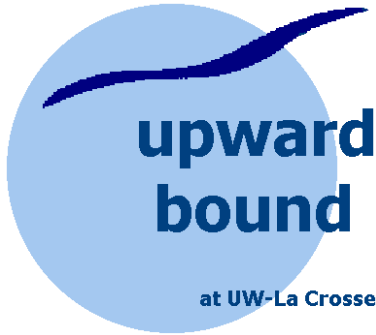
If you have further concerns or questions, please call me at 785-8763. When I am out, you can leave a message at 785-8539. I will return your call.

Sincerely,

Antoiwana Williams

Director
Upward Bound

PARENT INFORMATION



This form must be completed by a parent, guardian or other adult legally responsible for the applicant. The information is necessary to determine eligibility for Upward Bound. Information will be kept confidential but must be on file before the applicant can be considered for selection.

1. STUDENT'S FULL LEGAL NAME: _____
(last) (first) (middle)

2. ADJUSTED GROSS INCOME - attach copy of pages 1 *and* 2 of last year's FEDERAL income tax return (form 1040, 1040A or 1040EZ.) Electronic filer cover sheet *IS NOT SUFFICIENT*.

ONLY IF NO RETURN WAS FILED COMPLETE THIS CHART. *Fill in only one of the three columns.*

Do only <i>one</i> column!	Weekly	Bi-weekly	Monthly
Wages/Salary			
TANF/Welfare Assistance			
Pension/Retirement			
Social Security			
Child Support/Alimony			
TOTAL			

My signature below indicates this chart is true and correct to the best of my knowledge.

(signature of parent/guardian)

(date)

3. Upward Bound collects student participants' social security numbers to aid in postsecondary tracking required by the grant provider, the U.S. Department of Education. In addition, Upward Bound reports annually to the Department on participants' progress in the program. The Department asks us to provide student's social security numbers on these annual reports. Please read their Privacy Act Notification and check one box below:

Privacy Act Notification: *In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552A), you are hereby notified that the Department of Education is authorized to collect information to implement the Upward Bound program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, sec. 402C). In accordance with this authority, the Department receives and maintains personal information on participants in the Upward Bound program. The principle purpose for collecting this information is to administer the program, including tracking and evaluating participants' academic progress. Providing your student's social security number (SSN) on this application is voluntary; failure to disclose a SSN will not result in denial of any right, benefit or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of official duties.*

- Upward Bound may release my student's social security number in its reports to the Department of Education
- I would prefer that UB not release my student's social security number in its reports to the Dept. of Education

4. COMPLETE THIS ITEM ONLY IF STUDENT DOES NOT LIVE WITH PARENT(S):

- Student lives in foster home Student lives with other relatives *specify* _____
- Student lives alone (independent) Student is in institutional housing
- other *describe* _____

5. PLEASE CHECK ALL ITEMS THAT APPLY FOR STUDENT, FAMILY OR BOTH:

- | <u>Student</u> | <u>Family</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | lives in federally or state supported low-income housing. |
| <input type="checkbox"/> | <input type="checkbox"/> | only one parent living in home. |
| <input type="checkbox"/> | <input type="checkbox"/> | receives state or federal welfare payments. |

6. TOTAL FAMILY SIZE _____ TOTAL NOW LIVING IN THE HOME _____

7. OTHER CHILDREN IN THE FAMILY PRESENTLY LIVING AT HOME:

Name _____	Age _____	School _____	Grade _____
Name _____	Age _____	School _____	Grade _____
Name _____	Age _____	School _____	Grade _____
Name _____	Age _____	School _____	Grade _____

8. OTHER CHILDREN IN THE FAMILY NOT PRESENTLY LIVING AT HOME:

9. OTHER PEOPLE NOT LISTED ABOVE LIVING IN YOUR HOME:

10. Please discuss your child's strengths/weaknesses. What are her/his strong points as a thinker, doer, person?

11. What are her/his weak points as a thinker, doer, person?

12. What educational benefits would you most like to see your child get from participation in Upward Bound?

13. What social or personal benefits would you like to have your child get from the Upward Bound experience?

14. Federal regulations require that parent education information be on file for each Upward Bound student.

Mother's name

Highest grade completed

Highest degree earned

Father's name

Highest grade completed

Highest degree earned

Your signature below means that statements made on this form are true. It also indicates that you give your permission for the student to take part in all aspects of the Upward Bound Project, including transportation to and from scheduled activities, except as noted on the health form, for as long as she/he is a member of Upward Bound.

SIGNATURE: _____

Date

(please print or type name)

Relationship to applicant

ADDRESS: _____

(street address or box and/or route number)

(town/city)

(state)

(zip)

TELEPHONE: (_____) _____
home

OTHER NUMBER: (_____) _____
work or alternate

UPWARD BOUND MEDICAL STATEMENT

To Parent or Guardian:

The following information is necessary if we are to provide the best medical and health services for each Upward Bound participant. Please complete all items and give as much detail as possible. Thank you.

Student name: _____ Birthdate _____

Name of person completing this form: _____

Relationship to student _____ Home Phone (____) _____

Work Phone (____) _____

If there is another person or telephone we could try if we cannot reach you in case of an emergency, please indicate that name/number below:

Name: _____ Telephone (____) _____
relationship to student *area code & number*

+ + + + + Medical History + + + + +

Does the student have any current health problems or injuries? no yes

If YES, please describe: _____

Is she/he allergic to any medicine or other substance? no yes, _____
name of medicine or substance causing allergy

Does she/he take any medicine or drug regularly? no yes, _____
name of medicine or drug taken

If YES, for what condition is it taken? _____

What is the dosage and when/how often is it taken? _____

Has she/he ever been very sick, other than with minor illness? no yes, _____
please describe illness, date, outcome

MEDICAL HISTORY (continued)

Has she/he ever had a serious injury? no yes, _____
please describe injury, including date and outcome

Has she/he had any surgery or other operations? no yes, _____
please describe surgery including date and outcome

Has she/he ever been hospitalized? no yes, _____
please give reason or other details

Has the student been tested for tuberculosis? no yes,

If yes, type of test: skin test x-ray Result: negative positive

Are there any diseases that run in your family? no yes If yes, what disease(s) and which relatives?

Please give the dates of all immunizations, baby shots, and boosters that your child has had in her/his lifetime. The month and year, or even just the year, will be sufficient if you don't know the exact date. Please list only those that you are sure of. Otherwise, write "uncertain" if she/he MAY have had it, or "no" if you are certain that she/he has NOT had that particular shot or immunization.

POLIO: Shot: _____ Oral _____ DPT (Diphtheria/pertussis/tetanus) _____

DT (Diphtheria-tetanus) _____ TETANUS (Lockjaw) _____ SMALLPOX (vaccination) _____

MUMPS (vaccination) _____ MEASLES (vaccination) _____ RUBELLA _____

Hib (Hepatitis B) _____ OTHER immunizations or shots _____

Is there anything else about the general health of your daughter/son (medical, dental, etc.) which should be known to anyone who may have to administer some treatment?

Please list any health insurance under which the student is covered (include Medical Assistance, if applicable):

(company) _____ (policy and/or group number)

If you have a regular family physician, please indicate: Doctor's name _____

Clinic name *if applicable* _____

Clinic/Doctor address _____
street address _____ *city* _____ *state* _____ *zip* _____

Clinic/Doctor telephone number (_____) _____

PLEASE LIST ANY PHYSICAL RESTRICTIONS YOUR CHILD SHOULD OBSERVE: _____

PLEASE DESCRIBE ANY EMOTIONAL OR MENTAL FACTORS THAT SHOULD BE CONSIDERED WHEN HELPING YOUR CHILD DURING THE PROGRAM: _____

Injuries or illnesses requiring medical attention will be referred to the surrounding medical community. However, the cost will be billed to you. Your signature indicates that all statements are as true and complete as you can make them. Further, you understand that you will be billed if your son or daughter requires medical attention while taking part in an Upward Bound activity.

Parent/Guardian signature

Date