Upward Bound
atUW-LaCrosse

Dear Parent/Guardian,

In order to determine a student's eligibility for Upward Bound, we require a federal income tax return copy or 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 on hand a family financial statement.

Only the director will see these statements. To ensure that this level of privacy is maintained, please feel free to black out parent and other children's social security numbers, and seal your financial documents in a separate envelop and include it with the rest of the materials. We will need to collect the social security number for the applicant child.

If you have further concerns or questions, please call me at 608-785-8539 or email at lyang2@uwlax.edu.

Sincerely,

Lisa Yang
Lisa Yang, Director

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INSTRUCTIONS FOR PROVIDING VERFICATION OF INCOME

Please provide verification for each of the applicable types of income listed below:

1. **If parent(s) or guardian(s) file a Federal 1040 Income Tax form and claim the student applying:** provide a signed copy of pages 1 and 2 of the most recently filed form. These pages must include the list of minor children claimed. If a Statement 1 was filled, a copy of that page must be submitted as well.

2. **If federal income tax return cannot be provided:** please complete and sign the income statement in other side of this page. Attach verification of all income listed and have the form notarized.

3. **If parent(s) or guardian(s) receive welfare (TANF, AFDC, General Assistance, etc.)**: request verification of monthly benefits from your local social services office. Attach them to the signed, notarized income statement.

4. **If parent(s) or guardian(s) receive Social Security payments (SSI, Disability, etc.)**: request verification of monthly benefits from your local social services office. Attach them to the signed, notarized income statement.

5. **Foster children or wards of the court**: no income verification is required – provided a signed letter from foster parent or guardian detailing the court status. Include case workers name, address, and telephone number.

IF NO TAX RETURN WAS FILED:

Does the applying student participate in the **Free/Reduced Lunch Program** at school?

YES NO If **yes**, sign below. You do **not** need to complete the chart on the backside.

_____ _____ _____-_____-_____

Parent/Guardian Signature Date Student's Social Security Number

176 Murphy Resource Center | La Crosse, WI 54601 | ph: 608-785-8539 | fax: 608-785-8757 | www.uwlax.edu/upward-bound

INCOME VERIFICATION FORM

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

Does this student participate in the current year Free/Reduced Price Meals program at school? YES NO

If YES, SKIP THE CHART BELOW, sign form at bottom (notary is not necessary) and *please provide student's Social Security Number* on the opposite side.

Complete this chart ONLY if no Income Tax Return was filed. Fill in only one of the three columns.

Please do only ONE column.	Weekly	Bi-weekly	Monthly
Wages/Salary			
TANF/Welfare Assistance			
Pension/Retirement			
Social Security			
Child Support/Alimony			
Other (describe) _____			
Other (describe) _____			
Other (describe) _____			
TOTAL			

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

_____ _____
(Signature of parent/guardian) (Date)

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State of Wisconsin County of _____

This signature was acknowledged before me on _____ by _____

(Signed by)_____, Notary pub

My commission expires on _____.

PARENT INFORMATION FORM

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

1. STUDENT'S FULL LEGAL NAME: _____
(Last) (First) (Middle)

2. IS THE STUDENT A CITIZEN OF THE U.S.A. OR HAVE VALID PERMANENT RESIDENCY?
□ Yes □ No

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

□Student lives in foster home □Student lives with other relatives. (Specify who):_____
□Student lives alone (independent) □Student is in institutional housing
□Other (please describe) _____

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

Student	Family	
□	□	lives in federally or state supported low-income housing.
□	□	only one parent living in home.
□	□	receives state or federal welfare payments.

5. TOTAL FAMILY SIZE _____ TOTAL NOW LIVING AT HOME_____

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

Name _____ Age_____ School_____ Grade_____

Name _____ Age_____ School_____ Grade_____

Name _____ Age_____ School_____ Grade_____

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

_____

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

_____

9. What are her/his strong points as a thinker, doer, person?

_____

_____

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

_____

_____

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

_____

_____

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

_____

_____

13.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

14. I give consent to the Upward Bound program at the University of Wisconsin - La Crosse the right to use, reproduce, assign and/or distribute photographs, films, videotapes and audio recordings of my child for use in materials they create for information and recruiting.

❒ I hereby grant rights to use my image. Student Signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____
(if child is under 18 years old)

15. 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 the 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 purples 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 disclosure a SSN will not result in denial of any right, benefit or privilege to which the participant is entitled. Information 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 report to the Department of Education
□ I would prefer that Upward Bound not release my student's social security number in its report to the Department of Education

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:_____ _____

_____ _____
(please print or type name) Relationship to applicant

ADDRESS:_____
(street address or box and/or route number)

_____
(town/city) (state) (zip code)

TELEPHONE: (_____)_____ OTHER NUMBER: (_____)_____
main phone (home or cell) alternate number

UPWARD BOUND HEALTH HISTORY QUESTIONNAIRE

Participant _____ Birthdate_____ Height_____ Weight_____

Address _____ City_____ State_____ Zip_____

Parent/Guardian _____ Relationship _____

MAIN PHONE_____ Work/Alternate/Cell Phone_____

Address (if different) _____ City_____ State_____ Zip_____

In case of emergency (injury or illness), if parent/guardian cannot be reached, whom shall we contact?

Name_____ Relationship_____ Phone_____

Physician/Clinic_____ Phone_____

Insurance_____ Policy #_____

MEDICAL INFORMATION

Has participant ever had major surgery or been hospitalized? □ Yes □ No Date of last physical exam_____

Explain significant operations, accidents, or illnesses, and last medical attention and reason:_____

_____

Does participant have any physical condition(s) requiring special considerations? Explain. _____

_____

Does participant have allergic reactions to: Penicillin? □Yes □No

Other antibiotics? □Yes □No Specify:_____

Other medicines? □Yes □No Specify:_____

Insect bites/stings? □Yes □No Specify:_____

Is participant currently taking any medication regularly? □Yes □No If yes, identify:_____

Has participant had or presently experiencing:

□Yes □No Allergies	□Yes □No Asthma	□Yes □No Bleeding Disorder
□Yes □No Cancer	□Yes □No Colitis	□Yes □No Diabetes
□Yes □No Blackouts	□Yes □No Seizures	□Yes □No Epilepsy
□Yes □No Heart Disease	□Yes □No Hernia	□Yes □No High Blood Pressure
□Yes □No Joint Injury/Surgery	□Yes □No Kidney Disease	□Yes □No Menstrual Problems
□Yes □No Mental/Emotional Problems	□Yes □No Back Pain/Injury	□Yes □No Neck Pain/Injury
□Yes □No Rheumatic Fever	□Yes □No Tuberculosis	□Yes □No Ulcer
□Yes □No Other:_____		

IMMUNIZATION RECORD

MMR (measles, mumps, rubella) Dose 1 (at 12 months or after) ___/___/___ Dose 2: ___/___/___

Tetanus-Diphtheria ___/___/___ Year initial series complete _____ Year of last tetanus booster_____

Injuries or illnesses requiring medical attention will be referred to the surrounding medical community. 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/daughter requires medical attention while taking part in any Upward Bound activity.

_____ _____

Parent/Guardian signature Date

TO THE PARENT(S) OR LEGAL GUARDIAN – CONSENT FOR MEDICATION ADMINISTRATION

If your son/daughter/ward will be under the age of 18 while participating in the Upward Bound program at the University of Wisconsin-La Crosse, it is policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by designated program staff.

All medications must be in a medicine bottle and labeled with the student's name, doctor's name and phone number, medication name, and dosage. You must also complete the form below:

□ No medication has been brought to Upward Bound.
□ I want the medication or medical device(s) self-administered. (Age 14 and above only.)
□ I want the medication or medical device(s) administered by the designated camp staff. However, a limited amount of medication for life threatening conditions may be carried by my son/ daughter/ ward. (i.e. bee sting kits, inhalers)

Name of medication(s)	Prescribing Doctor	Doctor's Phone #
Amount to be taken	How is it taken?	Time(s) a day to be taken

Day(s) to be taken _____ Special instructions _____

Signature of Parent/Guardian (or student if age 18 or older) _____ Date _____

CONSENT FOR MEDICAL TREATMENT

If your son/daughter/ward will be under the age of 18 years while participating in Upward Bound, it is our policy to secure your consent for medical treatment. By signing below you give your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury. By signing below you state that you are aware of and accept the risk inherent in the program activity. By signing below you agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-La Crosse, their officers, employees and agents, from any and all liability, loss, damages, or expenses which are sustained, or required out of the actions of your dependent in the course of the camp/event.

Participant's Name (Please Print)	Parent/Guardian Signature (if student is under 18 years old)	Date

ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION

In full recognition and appreciation of the hazards and exposures involved I do hereby voluntarily agree to assume all of the risks and responsibilities involving my child's voluntary participation in the Upward Bound program at UW-La Crosse or any independent research or activities undertaken as an adjunct thereto; and, further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify and release and forever discharge the State of Wisconsin, Board of Regents of the University of Wisconsin System and all its officers, agents, employees and volunteers from and against any and all claims, demands, and actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my child's participation in the Upward Bound program at UW-La Crosse.

I confirm that no health or accident insurance is provided for me by Upward Bound, the University of the State of Wisconsin. I have read and executed this document with full knowledge of its significance. In witness whereof, I have caused this release and indemnification agreement to be executed.

Student Signature	Date	Witness Signature	Date
Parent/Guardian Signature	Date	Witness Signature	Date