



UPWARD BOUND PROGRAM Southern University at New Orleans

6400 Press Drive
New Orleans, Louisiana 70126
(504)286-5280 Office
(504)284-5408 Fax

Student Applicant: This application will play an important part in considering you for participation in the Upward Bound Program. Please take the time to complete the entire application before it is returned.

Please Print

PART I: STUDENT INFORMATION

Name _____ Gender Female Male
LAST FIRST M.I.

Date of Birth ____ / ____ / ____ Place of Birth _____
MONTH DAY YEAR CITY STATE

Address _____
STREET/APT. # CITY STATE ZIP

Home Telephone # (____) _____ Social Security # _____ - _____ - _____
REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION

Are you a citizen or legal resident of the United States? Yes No Applied

If "No" or "Applied," what is your Resident Alien Registration or CIS Case Number _____
Please attach a copy of your Social Security Card, Alien Registration Card or CIS paperwork.

Student E-mail _____ Student Cell # (____) _____

Student's Ethnicity: Please check one: Black or African American Hispanic/Latino
 White Other _____

PART II: ACADEMIC INFORMATION

Name of High School _____ Grade level 9th 10th 11th 12th

School Counselor/Advisor _____

Current High School Overall Cumulative weighted grade point average (GPA) _____

Date of Expected Graduation _____

PART III: STUDENT INTEREST

Why are you interested in participating in the Upward Bound Program?

What are your hobbies?

Do you participate in any extra-curricular activities in your school? If, yes, list them.

What are your plans after graduation from high school?

What are your career choices?

a.) _____

c.) _____

b.) _____

d.) _____

Needs Assessment: Please check all that apply to you.

- Tutoring
- Improving computer skills
- Improving self-concept
- Assistance with staying in high school
- Assistance with improving standardized test scores
- Assistance in choosing classes that will prepare me for college
- Improving study skills
- ACT Preparation
- Assistance in applying for Financial Aid

I realize that the academic experience is more than a summer session, but a year-long commitment throughout my high school career. I will participate in activities during the academic year. This include weekly after school tutoring, monthly field trips, workshops, leadership conferences, college application assistance and academic advising.

Signature of Applicant

Date

PART IV: PARENT INFORMATION

FATHER/GUARDIAN

Name _____ Check one: Father Guardian Foster Parent

Father/Guardian Cell # (____) _____ Work Telephone # (____) _____

MOTHER/GUARDIAN

Name _____ Check one: Mother Guardian Foster Parent

Mother/Guardian Cell # (____) _____ Work Telephone # (____) _____

Did your mother or father graduate from a 4-year college or university?

Mother Yes No **Father** Yes No

TOTAL NUMBER of persons residing in your home (include parents, children and any others) _____

Who does the student currently live with? Mother Father Both Guardian (specify) _____

| Name | Age | Relationship | Name | Age | Relationship |
|------|-----|--------------|------|-----|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

Emergency Contact:

Name _____ Relationship _____ Telephone # (____) _____

Parental Consent:

I hereby give permission to the personnel of the Upward Bound Program of Southern University at New Orleans to provide academic classes, academic, personal, and career counseling to my child and administer all necessary tests.

Print Name

Signature

Date



PART V: FINANCIAL INFORMATION

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Please submit a copy of your last income tax return along with this application.

The U.S. Department of Education requires that Upward Bound gather this data in order to determine student eligibility to participate in our program. We cannot accept applications without proof of income. The information you give us will be kept confidential and is protected by the Federal Privacy Act.

1. Did you have any Income LAST year? Yes No

If "yes" please indicate below.

Please remember to enclose a copy of any documentation that proves the income(s) source(s) that you list below:

| | |
|--------------------------|------------------------------|
| Self-employment \$ _____ | Employment \$ _____ |
| Social Security \$ _____ | Disability Payments \$ _____ |
| AFDC/Welfare \$ _____ | Other Income \$ _____ |

I certify the information submitted on this form is, to the best of my knowledge, true and complete.

Print Name

Signature

Date

Home Address

City & State

Zip Code

Telephone # (____) _____

Your application WILL NOT BE CONSIDERED without proof of income.

PART VI: APPLICATION AND VERIFICATION CHECKLIST

To verify your eligibility to attend the Southern University at New Orleans Upward Bound Program, please enclose the following documents with your completed application:

1. a SIGNED copy of your parents' last income tax return or other income verification
2. a copy of your most recent high school transcript
3. a copy of LEAP or EOC scores
4. Recommendation Forms (Counselor and Teacher)

OFFICE USE ONLY

Enrollment

___ S ___

___ AY ___

OFFICE USE ONLY

___ LI/FG
___ LI Only
___ FG Only
___ Other

PART VII: AUTHORIZATION FOR RELEASE OF RECORDS AND LIABILITY

I hereby consent to the release of my high school records (transcripts, final transcripts, report cards, test scores, course evaluations recommendations and other information regarding my high school performance) to Southern University at New Orleans Upward Bound Program. This release is effective for any high school that I attend during and after participation in Upward Bound.

| | |
|----------------------------------|--|
| Student's Name | |
| Student's Social Security Number | |
| Student's Date of Birth | |

Student Certification

_____ Student Name (please print) _____ Student Signature (please sign) _____ Date

Parent Certification: I consent to the release of my child's high school records to Southern University at New Orleans Upward Bound Program.

_____ Parent/Guardian Name (please print) _____ Parent/Guardian Signature (please sign) _____ Date



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Part VIII Counselor Recommendation

| | |
|---------------------------------------|--|
| Student's Name | |
| School Name | |
| College Preparatory Curriculum | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Current Grade Level | |
| Current GPA | |

| | |
|--|--|
| Does the student require 504 accommodations? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

| | | | | |
|----------------------------|------------------------------------|-------------------------------|---------------------------------------|-------------------------------|
| Attendance | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Satisfactory <input type="checkbox"/> | Poor <input type="checkbox"/> |
| Academic Potential | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Satisfactory <input type="checkbox"/> | Poor <input type="checkbox"/> |
| Attitude | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Satisfactory <input type="checkbox"/> | Poor <input type="checkbox"/> |
| Behavior | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Satisfactory <input type="checkbox"/> | Poor <input type="checkbox"/> |
| Overall School Performance | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Satisfactory <input type="checkbox"/> | Poor <input type="checkbox"/> |
| College Aptitude | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Satisfactory <input type="checkbox"/> | Poor <input type="checkbox"/> |

| | |
|----------|--|
| Comments | |
|----------|--|

| | |
|---|--|
| Do you recommend this student to participate in Upward Bound? | Recommend <input type="checkbox"/> Do Not Recommend <input type="checkbox"/> |
|---|--|

Please attach **STUDENT TRANSCRIPTS** and any **standardized test scores**.

 Print Name

 Signature

 Date



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Part IX Teacher Recommendation

Note: To be completed by a **CURRENT** teacher!

| | |
|----------------------------|--|
| Student's Name | |
| School Name | |
| Current Grade Level | |

| | |
|-----------------------|--|
| Course/Subject | |
| Grade | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> |

| | |
|--------------------|--|
| Attendance | Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> |
| Academic Potential | Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> |
| Attitude | Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> |
| Behavior | Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> |
| College Aptitude | Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> |

| | |
|--|--|
| Do you recommend this student to participate in Upward Bound? | Recommend <input type="checkbox"/> Do Not Recommend <input type="checkbox"/> |
|--|--|

| | |
|-----------------|--|
| Comments | |
|-----------------|--|

Print Name

Signature

Date