



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 F.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

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.

SIZE OF FAMILY	INCOME LIMITATIONS
1	\$21,870
2	\$29,580
3	\$37,290
4	\$45,000
5	\$52,710
6	\$60,420

Complete the following income information for income verification*

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

Self-employment	\$ _____	Taxable Income	\$ _____
Social Security	\$ _____	1040 (Line15)	
AFDC/Welfare	\$ _____	Disability Payments	\$ _____
		Other Income	\$ _____

I certify the information submitted on this form is, to the best of my knowledge, true and complete.
S645.4 (i) In compliance with Sec. 402A€ 1070a-11of HEA, I hereby certify that the information I
have furnished regarding the size of my family and taxable income is true to the best of my
knowledge.

Print Name	Signature	Date
Home Address	City & State	Zip Code
Telephone # (____) _____		

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)
5. ☐ **W-9 (student's information only)**
6. ☐ Liability Release and Agreement Form
7. ☐ **Student/Parent Contract**

OFFICE USE ONLY	
Enrollment	
___ S ___	
___ AY___	

_____ S _____
_____ AY _____

OFFICE USE ONLY	
___	LI/FG
___	LI Only
___	FG Only
___	Other

☐ 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"/>
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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	
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Do you recommend this student to participate in Upward Bound?	Recommend <input type="checkbox"/> Do Not Recommend <input type="checkbox"/>
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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"/>
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Comments	
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Print Name

Signature

Date