



Dear Parent/Guardian:

Upward Bound is a Federal program funded by the Department of Education and specifically designed for students **1)** whose parents' or guardians' income is defined as low by federal standards *and/or* **2)** neither parent nor guardian have completed a four-year college degree. If your child meets these requirements, we welcome his/her application for this program.

The University of Arkansas Hope-Texarkana's Upward Bound Program serves students each year from the Hope High School and Arkansas High School. The program is designed to prepare high school students for general post-secondary education programs. Before filling out the application, please take time to read this letter and understand the contents in order to decide if this program will benefit your child. Students must participate in the academic year program and a six-week summer program, both of which are held on UAHT's campus.

The **Academic Year Program** consists of Saturday School held once per month where students attend academic classes on UAHT's campus taught by certified high school (active or retired) or college instructors. Classes include current high school academic subjects as well as ACT preparation and testing. Students who participate in the academic year program will receive a stipend for each Saturday session they attend. Each Saturday meeting, students will sign in and the next Saturday School meeting day their stipend will be issued. The last stipend will be mailed.

In the **summer program**, participants attend pre-college classes on UAHT's campus for a six-week period. Some career, academic or cultural field trips may be scheduled during this time. Seniors will participate in a bridge program and take up to six (6) credit hours of college classes at UAHT. Tuition, fees, and books for the bridge participants will be paid for by the Upward Bound program. Students earn points throughout the year towards an end-of-the-year Summer Trip based on their behavior, participation, and grades. They also earn a summer stipend.

If your child is interested in applying for this program, please read and follow these instructions carefully:

STEP 1: Determine your child's eligibility. To be eligible, each participant must:

- Plan to attend college.
- Attend Hope High School or Arkansas High School and must have completed the eighth grade.
- Cumulative GPA 2.5 or above is recommended, but each student is considered individually.
- Come from families that are considered by the federal government guidelines to be low income and/or first generation.

STEP 2: Completion of this application packet will establish eligibility, but it does not guarantee that your child will be accepted into the program. **Completed applications may be faxed, mailed or dropped off at our office (Administration Complex 144).** Once the program reaches its target numbers, the program will be closed for the year and additional applications will be kept on file. **Please make sure all the forms are completely filled in with the appropriate documents attached.** If you need any assistance, feel free to contact our office.

STEP 3: Participants and parents will be required to attend a meeting with the program staff and sign the Participation Agreement. A list of program dates and activities will be given at this meeting.

Nicole D. Woods

TRiO Upward Bound Director

Nicole.Woods@uacch.edu



Application Checklist

The following information must be turned in to our office for consideration for admission to the program. Make sure all blanks are filled. Write “N/A” in fields that are not applicable. Incomplete applications will not be processed. **Use black or blue ink.**

- Completed Application Packet
- Teacher Recommendations
- Counselor Recommendation
- High School Transcript
- Income Verification with proof of income
- Copy of Social Security Card
- Copy of Immunization Record
- Copy of Medical Insurance Card

Federal TRIO Programs
 Current-Year Low-Income Levels
 (Effective **January 18, 2018** until further notice)

FAMILY SIZE	48 CONTIGUOUS STATES, D.C., AND OUTLYING JURISDICTIONS	ALASKA	HAWAII
1	\$18,210	\$22,770	\$20,940
2	\$24,690	\$30,870	\$28,395
3	\$31,170	\$38,970	\$35,850
4	\$37,650	\$47,070	\$43,305
5	\$44,130	\$55,170	\$50,760
6	\$50,610	\$63,270	\$58,215
7	\$57,090	\$71,370	\$65,670
8	\$63,570	\$79,470	\$73,125

For family units with more than eight members, add the following amount for each additional family member: \$6,480 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,100 for Alaska; and \$7,455 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the [Federal Register](#) on January 18, 2018



Student Application

Are you currently a participant in a TRiO program (Upward Bound or Talent Search)? Yes No

Student Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip Code

Home Phone: _____ Student Cell Phone: _____

Student Email Address: _____

Are you a US citizen? Yes No If no provide, alien number: _____

Social Security Number: _____
(Remember to enclose a copy of your social security card or permanent residency card.)

Sex: Male Female Date of Birth: _____ Age: _____

Racial/Ethnic Background: African-American Asian Caucasian Hispanic Native American Other: _____
(Mark all that apply.)

Present School: Hope High School Arkansas High School

Counselor's Name: _____

Grade Level: 8 9 10 11 12 GPA: _____ Expected Graduation Year: _____

Current School Academic Program: General Core Smart Core

Is English your first language? Yes No If no, what language is spoken at your home? _____

Parent/Guardian Name: _____

Parent Email Address: _____

Phone Number: _____ Work Number: _____

Parent/Guardian Name: _____

Parent Email Address: _____

Phone Number: _____ Work Number: _____

The information contained in this section of the application is accurate and complete to the best of my knowledge. If admitted to participate in UB, I agree to abide by all rules and regulations governing the program (including, but not limited to, permission for UB to obtain information from all secondary and post-secondary schools in which I am, have been, or will be enrolled through my twenty-fifth birthday) and to participate in all the activities of the program unless prevented by illness or other hindrances beyond my control.

Student's Signature _____ Date _____



Student Needs Assessment

This survey contains a number of statements about student needs. Please give your honest opinion of how the Upward Bound program can meet your needs.

Academic Needs

	Strong Need	Some Need	No Need
1. To learn how to complete and turn in my homework on time.	1	2	3
2. To get better grades in school.	1	2	3
3. To take tests better with less anxiety.	1	2	3
4. To organize my time, activities, and responsibilities better.	1	2	3
5. To learn more about high school requirements for college.	1	2	3
6. To listen better in class and ask more questions.	1	2	3
7. To relate to and communicate better with my teacher	1	2	3
8. To identify, set and evaluate goals for the future.	1	2	3

My academic goal is _____

Personal Needs

	Strong Need	Some Need	No Need
1. To better understand my parents and other adults.	1	2	3
2. To learn to deal with conflict in a positive manner	1	2	3
3. To be more accepting of my physical appearance	1	2	3
4. To learn how my self-esteem affects my behavior	1	2	3
5. To learn how to get along better with members of the opposite sex.	1	2	3
6. To learn to accept people who are different from me.	1	2	3
7. To learn more about the use/abuse of drugs and alcohol.	1	2	3
8. To accept greater responsibility for my actions.	1	2	3

My personal goal is _____

Career and Postsecondary Needs

	Strong Need	Some Need	No Need
1. To explore a variety of career opportunities.	1	2	3
2. To learn more about job applications, resumes, and interviews.	1	2	3
3. To learn more about the postsecondary admissions process.	1	2	3
4. To prepare for exams like the PSAT, ACT, or SAT.	1	2	3
5. To visit more colleges.	1	2	3
6. To learn about college costs and how to pay for college	1	2	3

My career goals are _____

Name a college or university you would like to visit: _____

Which college or university do you plan on attending after high school? _____

In the space below or a separate sheet, answer the following:

- Why do you wish to participate in the Upward Bound Program?
- What are your future plans after completing high school?
- How can the Upward Bound program assist you in completing these goals?



Parent/Guardian Information

Is the applicant currently: in Foster Care in the Juvenile Court system
 homeless as defined by the *McKinney-Vento Homeless Assistance Act*

Household Information

Please list everyone living in the applicant's household (*including applicant*):

Name (First MI Last)	Age	Relationship to applicant... (e.g. mother, guardian, sibling etc.)	HS Diploma or GED Received?	Bachelor's Degree or Higher Received? (e.g. BA, BS, MA, JD, etc.)
		Self	Y N	Y N
			Y N	Y N
			Y N	Y N
			Y N	Y N
			Y N	Y N
			Y N	Y N

Financial Information

I understand that Upward Bound must verify income for acceptance into the program.

This is to certify that either:

- I filed a federal income tax return for the most recent tax year and based on **my tax return** (Form 1040 or 1040A) I reported the following:
- The total number of EXEMPTIONS I claimed: _____ (1040-line 6d or 1040A-line 5d) and
 - The combined TAXABLE INCOME: \$_____ (1040, line 43 or 1040A, line 27).

OR

- I was NOT required to file an income tax return for the year.

Social Security/SSI \$ _____	Pension/Retirement _____
TEA \$ _____	VA/GI Bills _____
Unemployment _____	Food Stamps \$ _____
Other (Specify) \$ _____	
<i>(An agency statement from the Social Security Administration or the Department of Human Services is required.)</i>	

Does the applicant receive free meals at school through the National School Lunch Program? Yes No

Parent/guardian signature _____

Date _____



Upward Bound Student Contract

- I agree to achieve and maintain a 2.5 Grade Point Average
- I agree to contact my Upward Bound counselor if there is a change in my class schedule, my home address or phone number, and/or if my family plans to move from the target area.
- I agree to seek help with academic or personal problems if needed.
- I agree to attend school regularly and not miss more than 8 days of school per semester.
- I agree to participate in tutoring sessions as needed and/or recommended by my counselor or teacher.
- I agree to achieve my goals that have been set up with the help of my UPWARD BOUND counselor.
- I agree to take advantage of special UPWARD BOUND activities, like the career fair, college visits, summer enrichment program, financial aid workshops, and other activities the staff implement.
- I agree to enroll in a postsecondary educational institution upon graduation from high school.
- I will abide by all the rules and regulations of the Upward Bound program. (See UAHT Upward Bound Handbook)

Student Signature: _____ Date: _____

Parent Contract

For my child to remain eligible to participate in the UPWARD BOUND PROGRAM, I will:

1. Immediately notify the UPWARD BOUND counselor if my child receives disciplinary action at school.
2. Attend UPWARD BOUND parent workshops and conferences throughout the school year.
3. Encourage my student to attend tutoring sessions and Upward Bound meetings while adhering to all Upward Bound policies and procedures.
4. Notify the UPWARD BOUND office of address and phone number changes.
5. Provide transportation to participant for campus activities.

My goal is to assist my child in succeeding in his/her education

Parent Signature: _____ Date: _____



Upward Bound Transcript and Grade Release

APPLICANT'S NAME _____ CURRENT GRADE _____

TO THE APPLICANT: Please type or print your personal information on each Transcript and Grade Release form. Give one form to your school counselor, and attach the other one to your Upward Bound application.

TO THE PARENT/GUARDIAN: Please read and sign the release statement below so that we will receive an official copy of his/her school transcript. Your son's/daughter's application is not complete without a signed transcript and grade release form, It is your responsibility to check to be sure the school has sent us these records, including information for the current school year. For the student named above, I hereby authorize the UPWARD BOUND PROGRAM at the University of Arkansas Hope-Texarkana to have access to any school or agency records, including an official transcript of all grades as well as the results of academic testing. This information will be used to determine eligibility for the program and to monitor his/her academic progress.

Signature of Parent or Guardian

TO THE SCHOOL: The student named above is applying for admission to the Upward Bound Program at the University of Arkansas Hope-Texarkana. Please send us an official copy of the following information:

- Transcript
ACT, PSAT and Aspire test scores.

----- Cut on perforated line

Upward Bound Transcript and Grade Release

APPLICANT'S NAME _____ CURRENT GRADE _____

TO THE APPLICANT: Please type or print your personal information on each Transcript and Grade Release form. Give one form to your school counselor, and attach the other one to your Upward Bound application.

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Signature of Parent or Guardian

TO THE SCHOOL: The student named above is applying for admission to the Upward Bound Program at the University of Arkansas Hope-Texarkana. Please send us an official copy of the following information:

- Transcript
ACT, PSAT and Aspire test scores.



Required Medical History & Consent for Treatment

Student's Name: _____ Date of Birth: _____

Parent/Guardian: _____

Phone #: _____ Phone #: _____

IN CASE OF EMERGENCY

If parent cannot be reached, name of person to notify or to whom we can release student:

Name and Relationship to Student _____

Phone #: _____ Phone #: _____

UNDER NO CIRCUMSTANCES

SHOULD STUDENT BE RELEASED TO: _____

CIRCLE BELOW ALL OF STUDENT'S PRESENT OR PAST ILLNESSES/CONDITIONS:

- | | | | |
|--------------|---------------|-------------------------|----------------------|
| Constipation | Homesickness | Bronchitis | Frequent sore throat |
| Convulsions | Chicken Pox | Kidney trouble | Mumps |
| Tuberculosis | Measles | Swimmer's/Abscessed ear | Nausea |
| Diabetes | Sleepwalking | Frequent colds | Polio |
| Eyeglasses | Asthma | Scarlet Fever | Sinusitis |
| Contacts | Heart trouble | Loss of appetite | Rheumatic fever |
| Bed wetting | | | |

Of the above, these are current or recurring:

ALLERGIES: Bee stings____ drugs____ foods (specify)_____ other (specify) _____

Recently exposed to contagious disease: Yes____ No____ If yes, which?_____

Are you currently receiving therapy? Yes____ No____

If yes, which one: ____ physical ____ mental ____rehabilitation

Menstruates? Yes____ No____ Is menstruation normal? Yes____ No____ If no, explain_____

Doesn't menstruate, but knows about it? Yes____ No____

Has student been hospitalized within the past 5 years? Yes____ No____

Describe physical conditions requiring restrictions for participating in camp programs:

Is student currently being treated by a physician for an existing illness or condition? Yes____ No____

If yes, explain:



Physician Information

Student's physician or healthcare provider: _____

Address: _____

Phone _____

Health Insurance

Is student covered by health insurance? Yes____ No____

Policy type: _____ Insurance Company: _____

Policy Number: _____ Exp. Date: _____

Address: _____

Phone: _____

**Please attach a copy of your current medical insurance card. If the student is covered by TEA, Social Security, or S.S.I., please attach a copy of the medical card to this form.*

Please complete this form in its entirety. Copies of these records are retained for the benefit of your child while he/she is on the UAHT campus.

Immunization Record

(A copy of student's immunization record must be attached with this application.)

Medical Release

I hereby authorize the UPWARD BOUND Program to provide emergency medical and dental services for my child _____. I will not in any way hold UAHT or the Upward Bound Program responsible for any treatment or medication deemed necessary for medical or dental services.

PARENT/GUARDIAN SIGNATURE _____ Date _____

Print Parent/Guardian name: _____

Parental Release for Student Travel

I authorize the Upward Bound Program to provide transportation for my child_____ to program activities. I hereby release the Upward Bound Program and UAHT from any responsibility for any criminal act of malice, vandalism, theft, or any other unlawful behavior during trips sponsored by the Upward Bound Program.

Parent/Guardian Signature _____ Date _____



Teacher Recommendation Form

Dear Teacher:

The student listed below is applying for admission into the Upward Bound (UB) Program. Your assessment of the student's conduct, character and academic need for program services is an integral element in the admission process. Please give us your honest assessment of this student's desire and ability to learn. Please return the completed Recommendation Form to the student in a sealed envelope to submit with his/her completed student application. Should you have any questions or concerns, please feel free to contact Nicole Woods, Upward Bound Project Director, at 870-722-8287. The time and effort you have taken to complete this form is sincerely appreciated.

Student's Name _____ Grade Level _____ School _____

Class/Course Subject: _____ Current Class/Course Grade _____

Please place an "x" in the appropriate column for each characteristic listed below:

STUDENT CHARACTERISTICS	EXCELLENT	AVERAGE	FAIR	POOR
CONDUCT IN CLASS				
WILLINGLY PARTICIPATES IN CLASS				
RESPECTS OTHERS AND THEIR PROPERTY				
ABILITY TO FOLLOW INSTRUCTIONS				
COMPLETES ASSIGNED WORK ON TIME				
STUDY SKILLS/HABITS				
ANALYTICAL THINKING SKILLS				
MATURITY/INTEGRITY				
PUNCTUALITY				
EAGER TO LEARN NEW THINGS/INIATIVE				
DEMONSTRATES MOTIVATION TO COMPLETE 6-WEEK SUMMER PROGRAM				
	URGENT	SERIOUS	SOME	LOW
OVERALL ACADEMIC NEED				

Please provide comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the student's performance in Upward Bound. Additional comments may be written on the back.

Teacher's Printed Name & Title

School Telephone Number

Teacher's Signature

Date



Teacher Recommendation Form

Dear Teacher:

The student listed below is applying for admission into the Upward Bound (UB) Program. Your assessment of the student's conduct, character and academic need for program services is an integral element in the admission process. Please give us your honest assessment of this student's desire and ability to learn. Please return the completed Recommendation Form to the student in a sealed envelope to submit with his/her completed student application. Should you have any questions or concerns, please feel free to contact Nicole Woods, Upward Bound Project Director, at 870-722-8287. The time and effort you have taken to complete this form is sincerely appreciated.

Student's Name _____ Grade Level _____ School _____

Class/Course Subject: _____ Current Class/Course Grade _____

Please place an "x" in the appropriate column for each characteristic listed below:

STUDENT CHARACTERISTICS	EXCELLENT	AVERAGE	FAIR	POOR
CONDUCT IN CLASS				
WILLINGLY PARTICIPATES IN CLASS				
RESPECTS OTHERS AND THEIR PROPERTY				
ABILITY TO FOLLOW INSTRUCTIONS				
COMPLETES ASSIGNED WORK ON TIME				
STUDY SKILLS/HABITS				
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MATURITY/INTEGRITY				
PUNCTUALITY				
EAGER TO LEARN NEW THINGS/INIATIVE				
DEMONSTRATES MOTIVATION TO COMPLETE 6-WEEK SUMMER PROGRAM				
	URGENT	SERIOUS	SOME	LOW
OVERALL ACADEMIC NEED				

Please provide comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the student's performance in Upward Bound. Additional comments may be written on the back.

Teacher's Printed Name & Title

School Telephone Number

Teacher's Signature

Date



Counselor Recommendation

Student's Name _____ Grade Level _____ School _____

I. ACADEMIC DATA

Current GPA _____ Cumulative GPA _____ Total Number of units _____

II. TEST DATA:

Please attach copies of: ACT, PSAT and Aspire test scores, any other current test data, and transcript that would assist the Upward Bound staff in developing an appropriate individual instruction plan.

III. COUNSELOR OBSERVATIONS:

Keeping in mind the Upward Bound goal, which is to generate the skills and motivations essential to achieving success in postsecondary education, please respond to the following: (If unknown, write "unknown" in the spaces provided.)

Please assess this student's ability to follow rules and regulations

Would you classify this student as:

At risk ___ Yes ___ No

If yes, please explain

Gifted and talented ___ Yes ___ No

Please identify areas

Learning Disabled ___ Yes ___ No

If yes, please define disability/disabilities and indicate the extent

In what way can Upward Bound best address the need(s) of this student?

Relate this student's potential for success in secondary education

Counselor's Signature

Date

PLEASE ATTACH A COPY OF CURRENT TRANSCRIPT, TEST SCORES AND SHOT RECORDS.