

UPWARD BOUND PROGRAM

Elizabeth City State University
Elizabeth City, North Carolina 27909

STUDENT APPLICATION

PLEASE READ CAREFULLY: All questions must be answered in order for the application to be processed. The requested information is designed to assist the Upward Bound Program in meeting your needs. The information you provide will be held in strict confidence.

PART I: STUDENT INFORMATION

Name:	_____	Social Security Number:	_____				
	Last First MI						
Date of Birth:	___/___/___	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Background:	_____		
Home Address:	_____	City	_____	State	_____	Zip	_____
	Street/Box Number						
Telephone Number:	_____	Email Address:	_____				
County:	_____	United States Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No				

PART II: ACADEMIC INFORMATION

(MUST BE COMPLETED BY GUIDANCE COUNSELOR OR PRINCIPAL)

School Attending:	_____	Present Grade:	_____		
School Address:	_____	School Telephone Number:	_____		
High School Graduation (Year):	_____	Current GPA:	_____	Cumulative GPA:	_____
Guidance Counselor's or Principal's Signature:	_____				
Please check off the classes you have completed or are enrolled in:					
<input type="checkbox"/> Pre-Algebra	<input type="checkbox"/> Physical Science	<input type="checkbox"/> ESL English			
<input type="checkbox"/> Algebra I	<input type="checkbox"/> Biology	<input type="checkbox"/> English (9)			
<input type="checkbox"/> Geometry	<input type="checkbox"/> Chemistry	<input type="checkbox"/> English (10)			
<input type="checkbox"/> Algebra II	<input type="checkbox"/> Physics	<input type="checkbox"/> Foreign Language I	_____		
<input type="checkbox"/> Integrated Math I	<input type="checkbox"/> Earth Science	<input type="checkbox"/> Foreign Language II	_____		
<input type="checkbox"/> Integrated Math II		<input type="checkbox"/> Other	_____		

PART III: FAMILY INFORMATION

Father's/Guardian's Name: _____	Home Phone Number: _____
Address: _____	
Employer: _____	Work Phone Number: _____
Did Father Graduate from a 4 year College? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother's/Guardian's Name: _____	Home Phone Number: _____
Address: _____	
Employer: _____	Work Phone Number: _____
Did Mother Graduate from a 4 year College? <input type="checkbox"/> Yes <input type="checkbox"/> No	
With whom do you reside: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Number in Family: _____
Dependent Brothers and Sisters living at home or in college:	
Name _____ Age _____	Name _____ Age _____
Name _____ Age _____	Name _____ Age _____

PART IV: FINANCIAL INFORMATION (TO BE COMPLETED BY PARENT(S) OR/GUARDIAN)

The U.S. Department of Education requires that the Upward Bound Program gather this data in order to determine student eligibility. Failure to provide the necessary supporting documents will prohibit your child from being considered for admission. The personal information you give to the Upward Bound Program will be kept confidential and is protected by the Privacy Act.

***A COPY OF YOUR LATEST FEDERAL INCOME TAX FORM AND/OR DOCUMENTATION OF BENEFITS MUST ACCOMPANY THIS APPLICATION.**

Annual income reported on recent IRS filing: _____

Does your family receive non-taxable benefits? Yes No

Social Security Benefits: Yes No Veterans' Benefits: Yes No

Aid for Families with Dependent Children: Yes No

Other (Please Specify) _____

Amount of monthly payment: _____

Authorization for Release of Cumulative Record / Transcript

To: _____ Middle School / High School

My child, _____, attends the above - named high school and has applied to participate in the Upward Bound Program at Elizabeth City State University. An evaluation of his / her Middle School/High School record is needed for acceptance and continued participation in the program.

I HEREBY REQUEST THAT HIS/ HER OFFICIAL TRANSCRIPT, GRADE REPORTS AND TEST SCORES BE SENT TO:

Upward Bound Program
Elizabeth City State University
1704 Weeksville Road
Campus Box 785
Elizabeth City, NC 27909

I give permission for the Middle School/High School my child attends/will attend to send official transcripts, grade reports and test scores as requested by the Upward Bound staff for purposes of record-keeping and tracking.

I also give permission for the Upward Bound staff to review my school records.

Print Student's Name As It Appears On Date of Birth Grade Level
Permanent Record

Signature: (Parent/ Legal Guardian) Date

ELIZABETH CITY STATE UNIVERSITY
ELIZABETH CITY, NORTH CAROLINA
Upward Bound

Student Recommendation from Counselor or Teacher

Please complete and return this form to:

Upward Bound Program
Elizabeth City State University
1704 Weeksville Road
Campus Box 785
Elizabeth City, NC 27909

Student's Name _____

Please check each of the following as it relates to your knowledge of the above -named student.

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
<i>Academic Ability</i>				
<i>Leadership</i>				
<i>Reliability</i>				
<i>Attendance/ Punctuality</i>				
<i>Cooperativeness</i>				
<i>Behavior/ Classroom Demeanor</i>				
<i>Attitude</i>				

What comments can you make regarding the applicant's ability to profit from Upward Bound?

Your Name _____ Date _____

School _____ Subject/ Taught _____

**ELIZABETH CITY STATE UNIVERSITY
UPWARD BOUND PROGRAM
1704 Weeksville Road, Campus Box # 785
Elizabeth City, NC 27909
(252)335-3369 FAX: (252)335-3793**

PLEASE READ BEFORE SIGNING

I, the parent/guardian of _____, give my permission and approval for him/her to participate in all cultural/enrichment trips sponsored by the Elizabeth City State University's Upward Bound Program. **I UNDERSTAND THAT NO ALCOHOL, DRUGS, CIGARETTES, WEAPONS, OR ILLICIT BEHAVIOR WILL BE TOLERATED. I ALSO UNDERSTAND THAT IF MY SON/DAUGHTER VIOLATES ANY OF THE PREVIOUSLY MENTIONED STANDARDS, HE/SHE WILL BE SENT HOME AT HIS/HER OWN EXPENSE.**

In consideration of Elizabeth City State University's Upward Bound Program, its employees, volunteers, representatives, and members of the university community, I hereby waive any and all claims for my child for injury or illness which may directly result from his/her participation in the trip.

Signature of Parent/Guardian

Date

Address (Number, Street, P.O. Box, Apt. Number, City, State, Zip Code)

Telephone Number (Include Area Code)

Print Student's Name

High School Name _____ *Grade (check one)* __ 9th __ 10th __ 11th __ 12th

Print Name of Parent

Signature of Parent

Print Name of Parent

Signature of Parent

UPWARD BOUND PROGRAM
Elizabeth City State University

STUDENT CONTRACT

As a voluntary member in the Upward Bound Program, students are expected to conduct themselves in a manner reflecting the goals and objectives of the program.

Rules of Conduct

1. Student must comply with the rules and regulations of Elizabeth City State University.
2. Student must commit to the overall purpose, objectives, rules and regulations of Upward Bound.
3. Student must exhibit courtesy and consideration toward, staff, fellow students, and others at all times.
4. Student must exemplify respective behavior (respect for self and others) at all times.
5. Student will be cooperative with all staff members.

Academic Regulations

As a voluntary member in the Upward Bound Program, students are expected to maintain adequate academic performance in school and in Upward Bound.

1. Student must complete all classes and homework assignments satisfactorily, both in high school and Upward Bound.
2. Student must maintain at least a 2.5 grade point average.
3. If a student receives 80% or less in a course, weekly tutoring will be required until grade of 81% or higher is received.
4. If a grade of 81% or higher is received, student may attend tutoring as needed.
5. If a grade of 90% or higher is received in a course, student may be exempt from tutoring.
6. Student must complete academic requirements for high school graduation and college preparation.

Participation

As a voluntary member in the Upward Bound Program, students continued participation in the program will be based on evaluations, attendance, and participation in all program activities.

1. Student will be present and on time to all classes and program activities.
2. Student will not pass any Upward Bound course in which the student has been absent more than three (3) days on Saturday and five (5) days during the summer residential phase.
3. Student will participate in all tutorial sessions as scheduled.
4. Student will participate in all counseling sessions as scheduled.
5. Student's participation in cultural educational activities will be based on the student carrying a grade of 75% or higher in overall academic performance.
6. Student's stipend will be distributed based upon participation at the tutorial/counseling sessions, Saturday sessions, and summer residential program.

I hereby agree to the "expectations" listed in this contract fully realizing that any breach of this contract may result in probation, suspension or dismissal from the Upward Bound Program.

Student's Signature

Parent's Signature

Date

Date