



One Main Street, Suite N-220
Houston, TX 77002
(713) 221-8515



UPWARD BOUND PROGRAM

APPLICATION FOR ADMISSION

To the Applicant and his/her parent(s):

This application is our initial introduction to you and will play an important part in our consideration of you as an Upward Bound student. It is essential that the entire application be completed before it is returned. Write clearly and in pen. Do not hesitate to add information you feel is pertinent to your application. **INCOMPLETE APPLICATIONS** will not be considered for admission.

APPLICANT INFORMATION			1. BIRTHDAY
2A. LAST NAME	2B. FIRST	2C. MIDDLE	3. AGE
4A. HOME ADDRESS	4B. CITY	4C. STATE	4D. ZIP CODE
5A. PARENT MOBILE NUMBER	5B. STUDENT MOBILE NUMBER	6. PLACE OF BIRTH	7. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
8. WILL YOU REQUIRE ANY SPECIAL ACCOMODATIONS OR ANY OTHER LIMITATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPAIN.			
9. HAVE YOU APPLIED TO UPWARD BOUND BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? _____ DATE _____			
10. RACE/ETHNICITY <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN/PAC. ISLANDER <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER			
11. CITIZENSHIP STATUS <input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT OF THE UNITED STATES			12. CURRENT GRADE
13. NAME OF THE SCHOOL ATTENDING NOW			15. NUMBER OF PERSONS IN HOUSEHOLD
14. NAME OF SCHOOL ATTENDING IN UPCOMING SEMESTER			
16. WITH WHOM DO YOU LIVE. IF OTHER, PLEASE SPECIFY IN SPACE PROVIDED. <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER			
17. LIST ALL LANGUAGES SPOKEN AT HOME		18. HAVE EITHER OF YOUR PARENTS GRADUATED FROM COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TO BE DONE SEPARATELY			On the lined paper provided, please respond to Questions 19.
19. ESSAY Write an essay of AT LEAST THREE paragraphs on ONE of the following subjects. Please Note: Upward Bound is a Saturday program during the academic year and attendance is mandatory.			
A. Describe your neighborhood, mentioning how it looks, who lives there, what you like or dislike about it.	B. What do you hope to gain from your Upward Bound experience and what would you contribute to the UB program.	C. Tell us about a special circumstance which may have affected your performance in school and how you handled it. (Illness, family problems, peers, sports, etc.)	

FOR OFFICE & APR USE ONLY
645.3

Date Received	Accepted Date	Income	Recommendation
Intake Advisor	First Generation	Citizenship	_____ Approved _____ Disapprove
Zoned School	Family Size	Attending School/Grade	
Student ID			

ASST. DIRECTOR _____ DATE _____ PROGRAM COORDINATOR _____ DATE _____



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EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT 1	FULL NAME	
ADDRESS	CITY, STATE	ZIP CODE
RELATIONSHIP TO STUDENT	MOBILE PHONE NUMBER	WORK PHONE NUMBER

EMERGENCY CONTACT 2	FULL NAME	
ADDRESS	CITY, STATE	ZIP CODE
RELATIONSHIP TO STUDENT	MOBILE PHONE NUMBER	WORK PHONE NUMBER

EMERGENCY CONTACT 3	FULL NAME	
ADDRESS	CITY, STATE	ZIP CODE
RELATIONSHIP TO STUDENT	MOBILE PHONE NUMBER	WORK PHONE NUMBER

EMERGENCY CONTACT 4	FULL NAME	
ADDRESS	CITY, STATE	ZIP CODE
RELATIONSHIP TO STUDENT	MOBILE PHONE NUMBER	WORK PHONE NUMBER

I CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

For more information please go to:

<https://www.uhd.edu/academics/university-college/upward/Pages/upward-index.aspx>



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SCHOOL ZONING INFORMATION

Zoned School

Austin	
Kashmere	
Madison	
Westbury	
Worthing	

Attending School

Austin	
Barbara Jordan	
Bellaire	
Booker T. Washington	
Carnegie Vanguard	
Davis	
DeBakey	
Energy Institute	
HAIS	
HSPVA	
Kashmere	
KIPP	
Lamar	
Law Enforcement	
Lee	
Madison	
Mickey Leland	
Reagan	
South Early	
Sterling	
Waltrip	
Westbury	
Wheatley	
Worthing	
Yates	
Yes Prep	
Young Women Academy	
Other	

I, _____, certify that the above information about
PARENT/GUARDIAN NAME
 _____ is correct to the best of my knowledge.
STUDENT NAME

PARENT/GUARDIAN SIGNATURE _____ DATE _____



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PARENT(S) FINANCIAL & EDUCATION STATEMENT 645.4

TO BE COMPLETED BY PARENT OR GUARDIAN

The personal information you give on the Upward Bound application is protected by the Federal Privacy Act. The information is required by the U.S. Department of Education to determine eligibility.

Additionally, the Department of Education has authority to gather information on all Upward Bound participants to monitor their progress. No one may see any information unless they work with or for the program or are specifically authorized to see the information. Individuals who violate the privacy act shall be subject to a fine of not more than \$1,000 or imprisoned no more than one year, or both, and shall be removed from employment.

ALL QUESTIONS MUST BE ANSWERED

1. HOUSEHOLD INCOME

FATHER OR MALE GUARDIAN	FULL NAME	
	YEARLY INCOME	SOURCE OF INCOME/EMPLOYER
OCCUPATION	RELATIONSHIP TO STUDENT	WORK PHONE NUMBER

MOTHER OR FEMALE GUARDIAN	FULL NAME	
	YEARLY INCOME	SOURCE OF INCOME/EMPLOYER
OCCUPATION	RELATIONSHIP TO STUDENT	WORK PHONE NUMBER

2. TOTAL FAMILY INCOME FOR PREVIOUS YEAR \$ _____

3. NUMBER OF PEOPLE SUPPORTED BY THIS INCOME _____

4. OTHER SOURCES OF INCOME

PLEASE INDICATE IF YOU RECEIVE ANY OF THE FOLLOWING (CHECK ALL THAT APPLY)

<input type="checkbox"/> WELFARE	<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> TANF	<input type="checkbox"/> FOOD STAMPS	<input type="checkbox"/> DISABILITY
<input type="checkbox"/> UNEMPLOYMENT	<input type="checkbox"/> CHILD SUPPORT	<input type="checkbox"/> VETERAN'S	<input type="checkbox"/> PENSION/RETIREMENT	
<input type="checkbox"/> COMPENSATION	<input type="checkbox"/> ALIMONY			

5. IS YOUR CHILD ON THE FREE OR REDUCED LUNCH PROGRAM AT SCHOOL? _____

6. DO YOU OR YOUR SPOUSE HOLD A BACHELOR'S DEGREE? _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

PARENT/GUARDIAN SIGNATURE _____ DATE _____



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**FEDERAL TRIO PROGRAM
CURRENT-YEAR INCOME LEVELS**

(Effective **January 15, 2020** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,735	\$23,400	\$21,570
2	\$25,365	\$31,695	\$29,190
3	\$31,995	\$39,990	\$36,810
4	\$38,625	\$48,285	\$44,430
5	\$45,255	\$56,580	\$52,050
6	\$51,885	\$64,875	\$59,670
7	\$58,515	\$73,170	\$67,290
8	\$65,145	\$81,465	\$74,910

For family units with more than eight members, add the following amount for each additional family member: \$6,630 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,295 for Alaska; and \$7,620 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 2019 poverty guidelines are in effect as of January 11, 2019. Federal Register notice forthcoming. Publication is delayed due to temporary closure of federal offices.

Source: Office of Post-Secondary Education—U.S. Department of Education



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NEW STUDENT'S PARENT INTERVIEW FORM
TO BE COMPLETED BY PARENT OR GUARDIAN

DATE	CONTACT NUMBERS	HOME	MOBILE
Please answer the following questions in the space provided.		WORK	EMERGENCY

What plans do you have for your son/daughter to attend college?

What things are you doing now to prepare your son/daughter to attend college?

How can we at Upward Bound help you prepare your child for college?

How is your child's behavior in class?

What is your child's attitude toward school?

Is your child on any medication?

Are there problems at home, i.e. divorce, deaths, separation, not getting along with siblings?



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STUDENT PARTICIPATION FORM
TO BE SIGNED BY THE STUDENT

Dear Student:

The Upward Bound Program is a federally funded program and is designed for educational purposes. Students must meet the program goals and objectives to remain in the program. Upward Bound is completely voluntary. Upward Bound students may withdraw from the program at any time without penalty or loss of benefits prior to the time of withdrawal.

The program requires that each Upward Bound student demonstrate academic/social progress. Students are required to attend academic classes and will be tested at the beginning and end of each academic year. The results are used to determine the student's progress and the effectiveness of the program. Student will also participate in various academic and cultural enrichment activities; which may require in state or out of state travel.

If you have any questions concerning this matter, please contact
The Upward Bound Office at 713-221-8515.

Sincerely,
Upward Bound Program

STUDENT SIGNATURE _____

DATE _____



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PARENT PARTICIPATION FORM
TO BE COMPLETED BY PARENT OR GUARDIAN

As the parent(s) of _____, attend _____ High School, I am in agreement with the goal of the Upward Bound Program to help motivate my son/daughter to complete school and enroll in a university, college, or junior college.

I understand that participation in Upward Bound activities is essential in order for the program to successfully help motivate my son/daughter. Therefore, I agree to encourage my son/daughter to:

PLEASE INITIAL EACH ITEM

- _____ Attend school regularly and be on time for all classes
- _____ Study or read at least one hour per day and complete all homework assignments.
- _____ Attend Upward Bound and/or H.I.S.D. tutorials if his/her grades in English, Math, History or Science drops below a grade of 78
- _____ Graduate from high school and enroll in the university, college, or junior college of his/her choice
- _____ Attend Upward Bound workshops and meet with the Upward Bound counselor at least twice per semester

I am or will be very supportive of my son/daughter's educational and career goals and I agree to meet with and/or speak with the Upward Bound Program Advisor, at least twice per year to discuss my son/daughter's progress.

PARENT SIGNATURE _____ DATE _____



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AUTHORIZATION OF CONSENT TO THE TREATMENT OF A MINOR
TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Minor: _____

I authorize the staff of Upward Bound Trio Program to consent of medical treatment of such minor when I cannot be contacted to so consent; such medical treatment to include, without limitation, x-ray examination, anesthetic, medical, dental or surgical examination or treatment and general hospital emergency care. No prior determination of life-threatening emergency or danger of serious injury resulting from delay of treatment need be made under this authorization.

Parent's Signature: _____

I Specifically Certify and Agree That:

Except as indicated at the end of this paragraph this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the Adult to give specific consent to any and all such examinations, treatment and/or hospital care.

Exception(s): _____

Please be advised that the minor is allergic to the following: _____

The possession of this Authorization by the Adult is evidence that he/she has care and control of such minor and that I cannot be contacted. I will indemnify and hold harmless from any expenses or claims of any nature and entity which provides or causes to be provided examination, treatment or hospital care pursuant to this Authorization (except to the extent such entity is negligent therein) and conditionally agree to make or cause to be made by assignment of third party benefits or otherwise, full and complete payment for such examination, treatment or hospital care.

I am the person having the power to consent to medical treatment of such minor. This Authorization shall remain effective for a period of one (1) year from its signing, unless sooner revoked by the physical destruction of the original hereof, such destruction being the only method of actual notice of the revocation of the same. All blanks of this Authorization were filled in before I signed this Authorization:

Signature of Parent/Guardian: _____



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**STUDENT PERSONAL AND ACADEMIC
PERFORMANCE CONTRACT**
TO BE SIGNED BY THE STUDENT AND PARENT/GUARDIAN

The University of Houston-Downtown Upward Bound staff will provide the proper learning atmosphere, academic skills, counseling, and college guidelines to the students in the program. Altogether, this linked with student motivation and effort will enable the student to improve his/her potential for gaining admission to an appropriate college or university.

I, _____, as an Upward Bound student promise to: attend all classes/tutorial sessions on time; complete and turn in all assignments given to me by tutors and teachers on time; attend and participate in all required activities and functions of the Upward Bound Program throughout the year, and abide by the rules and regulations of the University of Houston-Downtown.

In addition, I understand that I am to perform at a minimum grade level; maintain my Upward Bound and high school attendance throughout each academic year; conduct myself in accordance with generally recognized codes of behavior; and be enrolled in a college preparatory tract in high school.

Furthermore, I understand that violations of any of the above provisions will result in review of my continued participation in the program as explained in the Upward Bound Student Policies.

STUDENT SIGNATURE _____ DATE _____

As the parent(s)/guardian(s) of _____, I am in agreement with the goals and purposes of the Upward Bound Program. I will participate in program activities during academic year and summer program. Also, I certify that I am responsible for all debts incurred, either by my child or myself, related to my child's participation in the Upward Bound Program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____



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UPWARD BOUND PROGRAM
STUDENT GUIDLEINES AND DISCIPLINE GUIDE
TO BE SIGNED BY THE STUDENT AND PARENT/GUARDIAN

Upward Bound Student are to:

- **REMAIN** on the University of Houston-Downtown Campus during the hour of **9:00AM-4:00 PM** during the Summer Program, and the hours of **9:00AM-3:00PM** during the Scholastic year. We are not responsible after the scheduled times.
- Act appropriately/respectfully throughout the **university AND off-campus trips/ activities.**
- Put **ALL** technological devices away during instruction and guest presentation
- Report to class **ON TIME.** (Act according while in class. Please no interruptions.)
- Give faculty and staff notice ahead of time if parents will be calling during class hours.
- No visitors allowed

Discipline Guide

All discipline incidents will be placed in the student's file notes.

1. **Verbal warning**
2. **Teacher Consultation**
3. **Phone call home**
4. **Counselor consultation**
5. **Parent Conference**
6. **Director/Asst. Director Review**
7. **Termination**
8. **Appeal**

I have read and understand the Upward Bound Program's Student guidelines and discipline guide.

Student Signature

Date

Parent/Guardian Signature

Date



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OFFICIAL RECORDS —TRANSCRIPT REQUEST FORM

STUDENT INFORMATION	FULL NAME		
	DATE OF BIRTH	PHONE NUMBER	GRADE LEVEL
SCHOOL		STUDENT ID	

MAIL	FAX	EMAIL
University of Houston-Downtown Upward Bound Program One Main Street, Suite N-220 Houston, Texas 77002	Vicki Creeks-Lacy Counselor UH-D Upward Bound (713) 223-7461	Vicki Creeks Lacy creekslacyv@uhd.edu

PERMISSION TO OBTAIN SCHOOL RECORDS

I, _____ give permission to the University of Houston-Downtown Upward Bound Program to request and receive education records, test scores, transcripts, and other documentation for the above named participant.

PARENT/GUARDIAN SIGNATURE _____

This is to be
used for
Question #19:
Essay.

This is to be
used for
Question #19:
Essay.