

Dear Parents and Students,

Southwest Tennessee Community College as always strives to provide effective and progressive services and support to our students and the surrounding community. We offer workshops, academic coursework, Robotics, movie days, college tours (pending approval for travel), music, ACT Prep, Summer Resident Program and various other activities to engage our students. Are goal is that together we will make this a positive and worthwhile experience for everyone. Welcome to the 2023-2024 Upward Bound Academic Year!!

Attached is the updated application, which should only be completed by new Upward Bound students. If you have already submitted an application, you will not need to complete this new application to accept new terms and agreements for the online portion of our program. We thank you in advance for trusting us to act in the best manner for your child/children. Our commitment is always to our students first.

We will continue to keep you updated as changes and information is released. Please feel free to call if you have any questions or concerns (901-333-5119 or 901-333-5120 or 901-333-5117)

Sincerely,

Ouida P. Warren, Director

STUDENT ELIGIBILITY REQUIREMENTS

Participant’s Eligibility

A. A student is eligible to participate in the program if, at the time of initial selection, the parent(s) is low-income and/or if the student is a potential first generation college student, which means neither of parents has received a bachelor’s degree or student is academically failing.

1. The student must have completed the 8th grade but not entered the 12th grade and must be enrolled in one of the following high schools: Hamilton, Manassas, Trezevant or Douglass High school (s).
2. The student must be at least 13 years old but not older than 18.
3. The student must have a recommendation from the School Counselor or Principal.
4. The student must demonstrate and exhibit an interest in preparing for college while in high school and attending college upon graduation. Upward Bound focuses on academic enrichment, college preparation, college tours, cultural/enrichment trips, and searching the web for college/university information.
5. **The student must maintain good academic standing and must not drop to a letter grade of D or F. UB staff will take into consideration the participant’s exhibition of attitude, behavior, desire, effort and family situation before determining termination. All students must maintain a cumulative GPA of 2.0 (“C” average) or better while enrolled in the UB Program**.
6. The student must have a sincere desire to improve grades and must be willing to take the necessary courses to get into college.
7. The student must be in good standing with his or her high school. The student’s record must show overall good conduct and behavior.
8. The student’s high school transcript must reflect a cumulative grade point average not less than a 2.0 (“C” average) at the time of submission of application. Once enrolled, the student’s academic performance must indicate significant improvement
9. The student's failure to obey rules and regulations will result in a letter to the parent describing the particular incident that occurred and should it occur again, the student may be prohibited from participation in extracurricular activities, his/her stipend may be reduced or as a final result, terminated.

AGREEMENT FORM

**\*Student and parent/guardian read carefully and sign.**

**We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Parent/Guardian**

Enter this agreement with the Upward Bound Program at Southwest Tennessee Community College and agree to the terms and conditions listed below.

# Student Terms and Conditions

1. Student must attend all scheduled activities and events including classroom instruction on Saturdays during the school year and daily during the six-week summer phase in which students will live away from home.
2. Student will receive lunch and a monthly stipend that is contingent upon attendance, behavior and adherence to program rules and regulations.

**D.** Failure of student to completely participate in all scheduled activities will result in a decrease in stipend, other disciplinary action and ultimately termination from the program.

**E.** Failure of student to maintain active enrollment by acquiring excessive absentees will result in termination from the program.

1. **Student must attend school and maintain a minimum cumulative grade point average of 2.0 and make satisfactory academic progress in his or her Upward Bound classes. Failure to do so will result in the student being placed on probation for the succeeding term. All students placed on probation will be prohibited from participation in all field trips and are required to attend mandatory tutoring sessions. At the end of the Academic Year, the student’s academic performance must indicate significant improvement or he/she will be terminated, based on the discretion of the Director.**
2. Failure of student to obey program rules and regulations may result in a decrease in stipend, other disciplinary action and ultimately termination from the program.
3. Failure of student to maintain dress code (appropriate wear) as follows:

* No pants worn below the waist (sagging, etc.)
* No underwear should be seen and no midriffs should be seen.
* No doo rags or scarves should be worn and baseball caps should not be worn indoors on any UB activities.
* No hair styling. UB is not a beauty shop. Please come with hair prepared before your arrival
* **No radios, cell phones, tape players, CD players, mp3 players and iPods visible in classrooms**
* No objects of any color placed in mouth unless medically provided (including grills).

1. **Seniors must score a composite of 19 on the ACT in order to participate in the Summer Bridge Program and take college classes. Seniors who do not meet this standard will take regular UB classes.**

**NO EXCEPTIONS!**

# Parent Terms and Conditions

1. Parent grants permission for the above-mentioned student, pending selection, to completely participate in all scheduled activities.
2. **All Bridge students are required to live in the dormitory during the summer. If for any reason Bridge student is not able to stay in the dorms he/she forfeits eligibility to participate in the Summer Bridge Program and cannot take classes paid for by Upward Bound. Pregnant students are not allowed to do summer program.**
3. Parent understands that if the above mentioned student is accepted in the program, he or she must adhere to the program rules and regulations concerning student’s responsibility and behavior.
4. Parent understands that precautions will be taken by the Upward Bound Program to ensure their child’s safety and well-being and will not hold the UB Program liable should their child become injured or have an accident in any way, if student has disobeyed Upward Bound rules and regulations.
5. Parents/students must inform program of all medical conditions (such as asthma, allergies, epilepsy, pregnancy, etc.) require prescription drugs and that may limit activities or prevent participation in trips. These trips may require prolonged walking, climbing stairs and exposure to extreme temperatures (heat/cold). **MEDICATION(S) MUST BE PROVIDED FOR STUDENT(S) TO ATTEND ALL ACTIVITIES AND CULTURAL/EDUCATIONAL TRIPS. Pregnant students are not allowed to go on college tours.**
6. Parent grants permission for the student to live away from home during the six-week summer program.
7. Parent agrees to abide by and insure that both parent and student adhere to all Student Terms and Conditions in order to participate in the Upward Bound Program.

# Upward Bound Terms and Conditions

**A.** Upward Bound staff will assure that participants are involved in constructive activities designed to help participants improve academic performance and prepare participants for successful college life.

1. Upward Bound Staff will issue disciplinary actions equally to all participants and enforce program policies consistently and fairly.
2. Upward Bound Staff will adequately supervise and advise participants during classroom instruction, tutorials, recreation and other UB activities.
3. The Upward Bound Director has the right to terminate any student whose behavior is incompatible with the goals and standards of the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Date

 

**STUDENT APPLICATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Permanent Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_

Home Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male / Female

Date of Birth: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ U.S. Citizen: Yes No

Month Day Year

Student’s Cell Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Cell Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic Background: Black White Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ GPA: \_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Continue on Next Page**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Marital Status: Single Married Separated Divorced Widowed

**IF NOT LIVING WITH EITHER PARENT, WITH WHOM DO YOU RESIDE?**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WRITING ASSESSMENT**

**Directions:** In the space below, please write a brief statement in 50-100 words on what you hope to gain from participating in the Upward Bound Program. Print neatly, use correct grammar, language, syntax and punctuation. **(Please practice before writing statement on this page).**

PARENT PLEASE COMPLETE IF YOU DID NOT FILE TAXES

**Name of person completing section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mother** | **Father** | **Guardian** |
| **High School Graduate / GED** |  |  |  |
| **Associate Degree (2-yr)** |  |  |  |
| **Bachelor’s Degree (4-yr)** |  |  |  |
| **Other (Specify)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |

Please check all types of benefits received and amounts. Submit a copy of the award letter for each type of aid or benefit received for 2020.

Wages/Salary $\_\_\_\_\_\_\_\_\_\_ Unemployment $\_\_\_\_\_\_\_\_\_

Veteran Benefits $\_\_\_\_\_\_\_\_\_\_ Child Support $\_\_\_\_\_\_\_\_\_

Social Security $\_\_\_\_\_\_\_\_\_\_ SSI $\_\_\_\_\_\_\_\_\_

TANF $\_\_\_\_\_\_\_\_\_\_ Food Stamps $\_\_\_\_\_\_\_\_\_

**# of Dependents \_\_\_\_\_ # in Household \_\_\_\_\_** **TOTAL INCOME $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check here if you did not file an income tax form for current year**. (Please contact IRS by phone at 1-800-829-3676 or visit them at 22 N. Front Street for a 1722 form and/or a transcript of your taxes for the year for income verification.)

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A signed copy of your most recent 1040 Federal Income Tax Return that includes the name of the child applying to the program must be submitted with this application.

W-2 Forms and Check Stubs are not acceptable.

**FOR OFFICE USE ONLY**

**Taxable Income \_\_\_\_\_\_\_\_\_\_\_\_\_ Total Income \_\_\_\_\_\_\_\_\_\_\_\_\_ Total # in Household \_\_\_\_\_ Low-Income Yes No**

**1st Gen. College Student Yes No Eligible Yes No**

**Accepted Denied Declined**

**Date Processed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Interviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date \_\_\_\_\_**

**Termination Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ HS Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UB Graduation Date\_\_\_\_\_\_**

UPWARD BOUND PROGRAM

PARENTAL TAX STATEMENT

According to section 645.4, part 1 of the Department of Education’s Federal Register- “*In the case of a student who is not an independent student, an institution shall document that the student is a low-income individual by obtaining and maintaining”*-

(i) A signed statement from the student’s parent or legal guardian regarding family income;

(ii) Verification of family income from another governmental source;

(iii) A signed financial aid application; or

(iv) A signed United States or Puerto Rican income tax return.

COMPLETE IF YOU DID NOT FILE TAXES

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/legal guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that I did not submit a 1040 tax return to the Internal Revenue Service for the tax year \_\_\_\_\_\_\_\_\_\_\_\_. I also attest that no one else had my consent to use the aforementioned child’s name and social security number as a taxable dependent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print Your Name) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Sign Your Name) Date

COMPLETE IF YOU FILED A 1040 TAX RETURN

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/legal guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that one of the aforementioned forms of income verification has been submitted to the Upward Bound Office. I also attest that in addition to the tax information submitted from the Internal Revenue Service for the tax year \_\_\_\_\_\_\_\_\_, this child is claimed as a taxable dependent on my income taxes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print Your Name) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Sign Your Name) Date

**Southwest Tennessee Community College**

**Upward Bound Program**

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

The undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, desires to participate in the Upward Bound Program which takes various field trips throughout the year.

This document covers all trips sponsored by the Upward Bound Program, a federally funded grant program at Southwest Tennessee Community College, a Tennessee Board of Regents institution of higher education under the governance of the State of Tennessee. The undersigned assumes all responsibility and risks related to or in any way connected with this trip and related activities.

In consideration of the State of Tennessee and Southwest Tennessee Community College, the undersigned does for him/herself, his/hers heirs, executors, successors and assigns, release waive and discharge and covenant not to sue the State of Tennessee, Tennessee Board of Regents, Southwest Tennessee Community College, Upward Bound, including their employees, agents, successors and assigns, or and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation arising out of, on account of, related to, or in any way connected with the undersigned’s participation in this trip and related activities.

The undersigned agrees to all Rules and Regulations set forth by the State of Tennessee and Tennessee Board of Regents, Southwest Tennessee Community College and the Upward Bound Program.

**PARTICIPANT’S AGREEMENT:**

**IN SIGNING THIS RELEASE, I ACKKNOWLEFGE AND REPRESENT THAT I** have read the foregoing **Waiver of Liability and Hold Harmless Agreement,** understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am the parent/guardian of a minor, a student under the age of 18 years old, and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

**IN WITNESS WHEREOF, I have here unto set my hand on this ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_.**

**­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Date**

**Medical Release Form**

Does the applicant possess any severe medical problems (such as asthma, ear trouble, allergies to foods, drugs environmental stimulants, epilepsy, physical handicaps, etc.)? Yes No If yes, please describe below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What medications are prescribed for the above-mentioned medical problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the medical problems limit or prevent full and complete participation in any Upward Bound activities during the Academic/Summer Year? Yes No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person(s) to be notified in case of emergency:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No: \_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE**: **PARTICIPANTS WITH MEDICAL PROBLEMS WILL NOT BE ABLE TO PARTICIPATE IN ANY OUT-OF-TOWN TRIPS UNLESS MEDICATION IS PROVIDED FOR THE TRIP.**

CERTIFICATION

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for Southwest Tennessee Community College Upward Bound staff to take my child to the emergency room if deemed necessary. I give permission to the staff of said hospital to provide them with information regarding my child’s medical status until such time as I or another authorized family member is able to be present. I understand that the information stated on this application will be held in strict confidence. Any falsified or incomplete information will result in the applicant being ineligible for the program. I also certify that the information given on this form is complete and accurate to the best of my knowledge. Any medical information not provided may cause participant to be barred from participation in any and all out-of-town trips unless medications are provided for the trip.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE RELEASE FORM

I do hereby give permission for my high school/college to release to the Southwest Tennessee Community College Upward Bound staff a copy of my secondary/postsecondary grades/transcripts, standardized test or college entrance exam scores and copies of other academic records, as they become available or necessary for documentation purposes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Social Security Number Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date

**\*\*\*\*All applicants must complete this section and both parent and student need to sign\*\*\*\***

**COLLEGE TRANSCRIPT RELEASE FORM**

College/University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Social Security Number Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date

Southwest Tennessee Community College is an affirmative action/equal opportunity institution. TBR#0900078/NEW00270

**UPWARD BOUND PROGRAM**

# HIGH SCHOOL COUNSELOR’S RECOMMENDATION

**TO THE APPLICANT: After completing the information below, please give this form to your high school Counselor.**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO THE COUNSELOR:** **Upward Bound is a federally funded program designed to prepare high school students for post-secondary education. Your candid evaluation of this student’s academic ability will assist our staff in making an informed decision.**

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the applicant’s GPA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain any problems the applicant has had in attendance, behavior and /or conduct.

In your opinion, what is the probability of the applicant entering college?

In your view, what are the applicant’s particular strength and weaknesses? Please feel free to attach any supporting documentation.

***(Please turn over)***

Please make any further comments you feel are appropriate.

**Please attach a copy of the applicant’s high school transcript, test scores and most recent six-week report card.**

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Office Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for completing this form. Please return recommendation form to applicant or mail to the following address:***

#### *Southwest Tennessee Community College*

***Upward Bound Program***

***P.O. Box 780 - Union Avenue Campus***

***Memphis, TN 38101-0780***

**PLEASE VIEW OUR WEBSITE AT** [***www.southwest.tn.edu/upward***](http://www.southwest.tn.edu/upward)