

Ohio Wesleyan University UPWARD BOUND PROGRAM APPLICATION

OFFICE USE ONLY:	
PFG:	Y N
LI:	Y N
GPA:	
Initiative Student?	Y N
Academic Need 1:	_____
Academic Need 2:	_____

Please Print or Type:

Your Name				
				SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
Last	First	Middle		
Home Address (Number & Street)		Apt. #	City	State
ZIP Code				
Email Address	Cell Phone	Home Phone	In whose name is the telephone where you may be reached listed?	
Current Grade (circle one)	Name of present high school and if in the eighth grade, name of future high school.		Name of your home school:	
8 9 10 11 12				
Birth Date: (Month/Day/Year)	Birthplace (City/State/Country)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide a copy of your Alien Card.				
Social Security Number	Which group do you most identify yourself with? Check one:			
<input type="checkbox"/> Black/African American <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other				

Father's Information	Mother's Information
Name	Name
Address	Address
City, State, ZIP	City, State, ZIP
Home Phone Cell Phone Work Phone	Home Phone Cell Phone Work Phone
E-Mail Address:	E-Mail Address:
Occupation:	Occupation:
Four Year College Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Four Year College Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
If parents are divorced or separated, student lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other? _____	
If you are living with someone other than your parents, please complete the following:	
Guardian's Full Name	Relationship to You
Guardian's Full Address (Number, Street, City, State, ZIP Code)	
Guardian's Phone: Home: (_____) _____ Work (_____) _____ Cell (_____) _____	
Four Year College Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The Ohio Wesleyan University Upward Bound Program is committed to equal opportunity and does not discriminate on the basis of race, color, age, sex, national origin, handicap, or other prohibited matters.

Name all other dependents in the household. (Do not include student applicant.)					
Name	Relationship	Age	Name	Relationship	Age
Name	Relationship	Age	Name	Relationship	Age
Name	Relationship	Age	Name	Relationship	Age

Name of Family Doctor

Doctor's Address	Doctor's Phone Number
------------------	-----------------------

Are you under continuing treatment by a doctor for any reason? Yes No If "Yes", please explain:

Are you presently using any medication, which must be taken or administered, on a regular basis? Yes No If yes, what is the medication?

Personal Interests

What do you do better than most other students?

What do you do less well than most other students?

Do you think you will finish high school?

What classes do you like most?

What classes do you enjoy the least?

Do you think you will attend college without assistance from Upward Bound?

What do you plan to major in while in college?

What profession do you plan to enter after college?

List your school, church, and community activities:

Do you have any brothers, sisters, cousins, or friends who have been, or are presently enrolled in this Upward Bound Program?
 Yes No If "yes", please give names:

Student Essay

Please explain how you hope to benefit from Upward Bound and what your responsibilities as a participant will be. You may include information regarding your present academic performance and your overall social and emotional health. In writing your essay, feel free to attach a separate sheet of paper or use the back of this page if more space is needed. **Remember to sign your name and have your principal or counselor sign the bottom as well.**

Applicant's Signature _____ **Date** _____

Principal/Guidance Counselor's Signature _____ **Date** _____

To be completed by principal or counselor:

Transcript Attached? Yes No

Student ID Number:

--	--	--	--	--	--

Does this student have an IEP? Yes No

Parental Release, Permission, and Signature Form

Permission to Release:

I hereby grant permission for my child, _____, to participate in Ohio Wesleyan University's Upward Bound Program if he/she is selected. I also give my child permission to participate in all programs and activities, including the summer residence session, sponsored by OWU Upward Bound. In consideration of the activities provided to my child, I hereby release Ohio Wesleyan University, Upward Bound, and their employees from any claims for injury or damages arising out of my child's participation. I also accept responsibility for my child's conduct while participating in Upward Bound, and release Ohio Wesleyan University and Upward Bound from liability for injuries or damages resulting from my child not following and adhering to the program policies.

Permission for Release:

I hereby grant permission for Ohio Wesleyan University Upward Bound to have access to and to receive copies of my child's academic records. And in accordance with federal mandates, I hereby grant permission for Ohio Wesleyan University Upward Bound to have access to and receive copies of my student's academic records through post-secondary education. I understand that the U.S. Education Department requires this information to determine the overall effectiveness of the Upward Bound Program.

Print Parent or Guardian Name

Date

Signature of Parent or Guardian

Print Student Name

Date

Signature of Student

Minor Student Media Release

I, _____, parent/guardian of _____, a minor student of the Ohio Wesleyan University Upward Bound program, do hereby give permission to Ohio Wesleyan University Upward Bound, to use my child's photograph or photographic image, name, birth date, honor roll information and voice recordings in official OWU Upward Bound business, including: OWU Upward Bound Web sites, OWU Upward Bound newsletters and newspapers, OWU Upward Bound videos, and other print and electronic materials as deemed appropriate by OWU Upward Bound staff. I understand that Ohio Wesleyan University requires that all minor students who have agreed to pose for a photograph for use in the promotion of Ohio Wesleyan University and its departments/units must sign a photograph release form (along with his or her parent). It is agreed that the use of my photograph or photographic image shall in no way be used in any other forum other than for official University/Upward Bound business.

In consideration of my child's engagement as a model, and for other good and valuable consideration herein acknowledged as received, I hereby grant to Ohio Wesleyan University and assigns, those acting with its authority and permission, the irrevocable and unrestricted right and permission to copyright, in its own name or otherwise, and use, re-use, publish, and re-publish photographic portraits or pictures of my child or which my child may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my child's own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at his studios or elsewhere, and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to save harmless Ohio Wesleyan University and assigns, and all persons acting under its permission or authority or those for whom acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I do hereby release, acquit and forever discharge the State of Ohio, Ohio Wesleyan University, its officers, employees, attorneys, representatives, insurers and assigns from any and all demands, cause of action and/or judgments of whatsoever nature of character, past or future, known or unknown, whether in contract or in tort, whether for personal injuries, property damage, payments, fees, expenses, accounts receivable, credit, refunds, or any other monies due or to become due, or damages of any kind or nature, and whether arising from common law or statute, arising out of, in any way, the use of my child's photograph, photographic image, name, birth date, honor roll information and voice recordings for official University business.

This release contains the entire agreement between the parties and shall be binding upon and inure to the benefit of the successors and assigns of the undersigned.

Date _____

Minor's Signature _____

Parent/Guardian's Signature _____

Print Name _____

Address _____

Teacher/Counselor Evaluation Form

Ohio Wesleyan University Upward Bound

Name of Student Applicant _____

In an effort to assess the student's need for the program, please score the student on a scale of 5-0.

1. He/she has academic potential for post-secondary education?

5	4	3	2	1	0
Definitely/Very High		Average/Probably		Unlikely/Very Low	

2. He/she would probably apply to a post-secondary institution without the assistance of the Upward Bound program?

5	4	3	2	1	0
Definitely/Very High		Average/Probably		Unlikely/Very Low	

3. He/she would probably be accepted by a post-secondary institution without the assistance of the Upward Bound program?

5	4	3	2	1	0
Definitely/Very High		Average/Probably		Unlikely/Very Low	

4. He/she needs motivation.

5	4	3	2	1	0
Definitely needs an environment/group that would foster candidate's motivation.		Has some motivation.		Has a lot of motivation towards academics/college.	

5. He/she currently lacks goals and/or direction?

5	4	3	2	1	0
Has no clear goals and lacks direction.		Has some direction and a few goals.		Has clear goals and direction.	

6. He/she is prepared, or preparing, academically for post-secondary education?

5	4	3	2	1	0
Definitely preparing.		Has prepared some.		Has had little preparation.	

7. He/she could benefit from *emotional* support for a post-secondary education?

5	4	3	2	1	0
Would benefit greatly.		Would benefit some.		Has established emotional support.	

8. He/she could benefit from *social* support for a post-secondary experience?

5	4	3	2	1	0
Would benefit greatly.		Would benefit some.		Has established social support.	

9. He/she would benefit from cultural enrichment activities which would not otherwise be available?

5	4	3	2	1	0
Would benefit greatly.		Would benefit some.		Has established cultural enrichment.	

10. He/she is in need of tutoring and/or counseling and/or other support services not generally available to him/her at this time?

5	4	3	2	1	0
Definitely needs services.		Somewhat needs services.		Does not need services.	

(Continued on reverse side)

Ohio Wesleyan University Upward Bound is designed to aid a specific type of student: low-income, potential-first-generation college students who have demonstrated academic potential. These students are often unlikely to apply for admission to, or be accepted for enrollment in an institution of post-secondary education for various reasons. By completing this form, you will assist in the identification of students eligible to participate in the program.

Please include any additional comments:

Teacher/Counselor Name (Please Print) _____

Teacher/Counselor Name (Please Sign) _____

School _____

Title _____ If teacher, what subject? _____

If separated from full application, please return to:

Ohio Wesleyan University Upward Bound

219 Phillips Hall

Delaware, Ohio 43015

740-368-3215

Totals: Questions 2 & 3

Questions 1, & 4-10

Total Score

Income Eligibility

One of the criterion for eligibility to the Upward Bound Program is based on income, as required by the U.S. Department of Education, **please attach a copy of pages one and two** of your most current 1040 federal income tax return statement (we need to see the list of dependents on page one and the line which states “Taxable Income” on page two). Make sure your signature and the date are on the bottom of page two.

If you are not employed outside of the home, and you are not required to file taxes, please attach documentation from the Department of Human Services for income verification.

Special Note

The personal information you provide for the Upward Bound Program may be sent to the federal government (Office of Education). The information is protected by the Privacy Act. No one may see the information unless they work with or for the Upward Bound Program or are specifically authorized to see the information. The information is necessary to determine if your child is eligible to participate in the program and it aids the government in measuring the program’s effectiveness. The Office of Education has authority to gather information to help make Upward Bound a better program (10 USC 1231a). If you do not make the necessary information available to the Upward Bound Program and the Department of Education, you cannot receive any benefits from the Program.

I declare that the information provided on this application is true to the best of my knowledge.

Parent/Guardian’s Signature

Date

Application Attachment Checklist:

Applicant, make sure you have. . .	
	Completed all blocks in the personal information section of the application on pages 1 and 2
	Completed the student essay on page 3
	Applicant’s and the principal’s or guidance counselor’s signature on page 3
	A copy of your most current grade card
	Requested a transcript with Ohio graduation test results from your current school as required on page 3
	Parental Release, Permission, and Signature Form on page 4 completed and signed
	Minor Student Media Release Permission Form on page 5 completed and signed
	Two Teacher/Counselor Recommendation Forms on pages 6 and 7 completed by your school
	Included the required income eligibility information as explained on page 8: signed copies of page one and two from parent/guardian’s most recent IRS 1040 tax form or Department of Human Services documents.
	Parent/Guardian signature and date on page 8

Return Application with all Attachments to:

Ohio Wesleyan University Upward Bound
219 Phillips Hall
Delaware, Ohio 43015