



DIVISION OF STUDENT SUCCESS
THE UNIVERSITY OF TOLEDO
UPWARD BOUND

Making College Dreams A Reality

Students Pursuing Excellence Through Education

What is Upward Bound?

The Upward Bound Program is an academic pre-college program funded by a grant from the U.S. Department of Education. The purpose of the Upward Bound Program is to prepare and motivate low-income and/ or first generation students to attend an institution of higher learning, and to be successful at the college or university of their choice.

The Academic Year

During the regular school year, students receive supportive services and weekly tutoring. Additionally, the students attend Saturday Enrichment Academy (SEA) workshops. These workshops are interactive and focus on math, science, English, foreign language, history &/or life & college skills. SEA provides academic, social & personal growth that will enlighten students on college expectations and help them to be consistent in managing their study skills.

What Services Are Provided?

- Nine months of academic tutorial service and academic enrichment classes.
- Six-week Summer Residential Program.
- Assistance with the completion of ACT, financial aid & college applications.
- Monthly Saturday workshops & classroom instruction
- College visitations in & out of state
- Seniors are provided assistance locating & applying for scholarships, etc.



Students Who Are Eligible:

- 8th grade completers.
- Current high school- 9th, 10th & 11th grade.
- Willing to take college prep classes.
- Have obtained at a minimum 2.7 GPA.
- Low income and/or
- First-generation college bound.

This application is available in alternative format upon request. Please contact Upward Bound at 419.530.3811 to make a request. Requests may also be emailed to upwardbound.office@utoledo.edu or faxed to 419.530.3816.

The Summer Residential Institute

When the academic year portion of the Upward Bound Program concludes, we immediately begin our six-week Summer Residential Institute. Students are selected to reside on the University of Toledo campus. Students are placed in the classes designed to enrich their academic performance. Most students who participate in the Summer Residential Institute then have the opportunity to accompany the program on its annual College Symposium trip. In the past, the program has visited various colleges and universities in New Orleans, LA; Philadelphia, PA; Atlanta, GA; Chicago, IL; Washington, DC; Orlando, FL; New York, NY; Dallas, TX and many others.

Student Benefits

- Group visits to a variety of colleges and universities.
- Opportunities to travel out of state and live in residence halls on the college campuses.
- Participation in various conferences, seminars and workshops in and out of state.
- Improve grades, meet new friends and interact with students from other schools.
- High school social science course credit, etc.

What is the Cost of This Program?

There is *virtually* **NO Cost** to the student or their family for all of the services provided through the academic year or the six-week summer program. Most fees for transportation to field trips, housing, meals, classes and course materials are covered by the program.

Who To Contact For Assistance:

The University of Toledo
Upward Bound Program
Student Union, Room 1512
2801 W. Bancroft St., MS 407
Toledo, Ohio 43606

Phone: (419) 530.3811
Fax: (419) 530.3816





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Dear Parent(s) or Guardian(s):

Your student is being invited to participate in a nation-wide college preparatory program. I cordially invite you to read further and take advantage of this opportunity.

Upward Bound is a University of Toledo college access federally funded program designed to assist low-income and potential first generation college students and students with disabilities who are currently in high school to pursue post-secondary education upon high school graduation. Students may only be accepted into the Program at the end of the 8th grade or during their 9th, 10th or 11th grade years. Once in the Program, students remain a participant through high school graduation, must maintain no less than a 2.5 grade point average and are expected to attend services.

Upward Bound provides Individualized Tutoring (IT) services; Classroom Instruction (CI) in Math, Science, English and Foreign Language; Saturday Enrichment Academy (SEA) which offers motivational presentations and workshop on a variety of topics such as college financial planning, career and personality assessment, test taking and study skills, etc. Additionally, college and university tours, student leadership conferences and cultural events are scheduled throughout the year.

During the summer, a group of participants live on The University of Toledo campus for six weeks taking classes designed to prepare them for the next year of study in high school. While the Summer Program's focus is academic it involves a full range of social, cultural and recreational activities.

All Upward Bound services are provided at very little expense to participants. If you would like to be considered for the Program, submit the following items along with your completed application:

1. A copy of your last 1040(A) tax form. If a family member is receiving AFDC, Social Security benefits or Unemployment Compensation, submit a letter of benefits;
2. Student letter of interest - a) Why he/she would like to join the Upward Bound Program; and b) What does it mean or take to be successful in today's society?
3. Two (2) Teacher / Counselor Recommendation Forms (enclosed);
4. A copy of student's most recent grade report;
5. Copies of any Individualized Educational Plans that have been developed for student; and
6. Your student's standardized test scores (which can be obtained from your child's school).

Sincerely,

The Upward Bound Program

Enc.



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Upward Bound Program Application



TRiO
UPWARD BOUND

Upward Bound is grant funded by the US Department of Education, \$405,527 annually.



Application Information

When Filling Out Application:

- Be sure to supply all requested information accurately and completely.
- Be sure parent and student sign all signature lines.
- Be sure to fill out & sign the Confidential Financial Information page regardless of income source.

When Submitting Application:

- Be sure to attach copies of the following verification documentation:

_____ Student letter of interest – addressing: 1) Why he/she would like to join the Upward Bound Program; and, 2) What does it mean or take to be successful in today's society?

_____ (2) Teacher/Counselor Recommendations (forms enclosed);

_____ Student's most recent grade report;

_____ Student's Individualized Educational Plan, if any;

_____ Student's standardized (achievement) test scores (which can be obtained from student's school records); and

_____ Signed copy of parent(s) 1040(A) tax form (schedules not required).

OR

_____ If a family member is receiving AFDC, Social Security benefits or Unemployment Compensation, submit a copy of your letter of benefits.

Return Completed Application to:

Upward Bound Program
University of Toledo
Student Union, Room 1512
2801 W. Bancroft St.
Toledo, OH 43606

Upon receipt of the completed application and copies of the verification documentation, your student will be scheduled for an interview with the Upward Bound Program. If you have any questions, contact our office at 530-3811.



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APPLICATION

Please type or print in ink.

Date of Application _____ Expected High School Grad Year **20**□□

Student Information:

SOCIAL SECURITY NO. □□□-□□-□□□□

Name _____ Student Cell (____) _____

Address _____
City, State Zip

Birth date ____/____/____ Age ____ Home Phone (____) _____
Month Day Birth Year

Specialized instruction/services required? Yes No Is student on an IEP? Yes No

U.S. Citizen? Yes No Permanent Resident? Yes No (Please provide a copy of your Green card)

Student Email address □□□□□□□□□□□□□□□□ @ □□□□□□□□□□.□□□□

Sex: Male Female Place of Birth _____

High School Attending _____ Counselor _____

School Phone No. (____) _____ Grade _____

[Application continued on reverse side.]

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY				
App Rec'd	App Rev'd	Applicant Accepted () Yes () No	Entry Date	EGPA
		Date Notified:		No. in Family:
		If no, why?		Annual Income

Parental/Legal Guardian Information:

Mother's Name _____ Father's Name _____

Living? Yes No Living? Yes No

At home? Yes No At home? Yes No

Occupation _____ Occupation _____

Work Phone (_____) _____ Work Phone (_____) _____

Mother's Cell No. (_____) _____ Father's Cell No. (_____) _____

Parent Email address @ .

Legal Guardian, if different from above _____

Address _____ Phone No.(_____) _____

City, State Zip

Ethnic Background: This information is requested for informational purposes. The University of Toledo Upward Bound Program admits students of any race, color, creed, gender, religion, nationality or ethnic origin. Your answering is optional.

Asian African American Native American Caucasian Hispanic Other _____

Reference:

Adult (not related) who knows you well _____

Address _____ Phone No. (_____) _____

City, State Zip

How did you learn about Upward Bound? In-School Recruitment Internet Family/Friend

Advertisement Website Other, please specify: _____

Is natural/adoptive parent a High School Grad? Mother Yes No Father Yes No

First Generation Status:

Has the natural or adoptive parent, **who is the supporting parent of applicant**, received a baccalaureate degree?

Mother Yes No

Father Yes No

Student Writing Sample Required Stating:

Student must attach a letter of interest – please include 1) Why he/she would like to join the Upward Bound Program; and, 2) What does it mean or take to be successful in today's society.

TO AVOID MISUNDERSTANDINGS...

It is very important to us that students applying to this program understand the essential aspects of the University of Toledo Upward Bound Program. We consider it a wonderful opportunity for all students but experience has taught us that the students who have most enjoyed our program came in with a basic understanding of its structure and purpose. For this reason, we ask that you **initial each of the following statements and sign below**. We also ask that your parent(s) or guardian read this through with you and sign below.

- ___ I understand that this program is essentially a four-year, full year program (during my high school career) and that I am making a commitment to be proactive in the pursuit of my educational goals; further, I understand I am required to take a college prep curriculum while in high school.

- ___ I understand that this program will help me prepare for a four year college while exposing me to the opportunities available at the University of Toledo and other campuses.

- ___ I understand that the program emphasizes discipline. I understand this means that I will be supervised constantly by administrators, tutors, residential staff, teachers and program staff.

- ___ I understand that the program includes a rigorous academic curriculum such as Classroom Instruction, Tutorials, Saturday Enrichment Academy; 27 hours of class each week during the summer and 1.5 to 2 hours of supervised study hall for 6 weeks during the summer.

- ___ I understand that I must attend school on a regular basis, complete homework and tests or be dismissed from the Upward Bound Program, this expectation covers the Academic Year and Summer Residential Component.

- ___ I understand that I will be expected to regularly participate in Upward Bound activities.

- ___ I understand that I will be expected to follow program rules, policies and regulations during my entire participation in Upward Bound.

- ___ I understand that the program may, at times, include physical recreation and certify here that I do not have any physical condition that limits my participation. Further, should physical limitation become necessary, I will notify the program director, in writing, with specifics.

- ___ I understand that participation in the Summer Program involves on campus living.

- ___ I understand I am required to dress according to the guidelines set for program functions.

- ___ I understand it is my responsibility to submit a copy of my grades EACH quarter/semester/trimester.

- ___ I understand it is my responsibility to notify the Upward Bound Office promptly of any phone, address or school changes.

- ___ I understand that I am required to notify the program, in writing, of my intent to discontinue program participation as soon as I know so that another student has the opportunity to participate in my stead. I also understand that the program may still contact me for information needed for reporting to the US Department of Education.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____



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Academic Year Contract

This is my personal contract with the University of Toledo Upward Bound Program through graduation from the program. I hereby agree to participate and represent the program under the following guidelines.

1. I will attend Classroom Instruction (CI).
2. I will attend Saturday Enrichment Academy (SEA).
3. I will not miss more than two (2) days of school per nine (9) weeks, unless ill.
4. I will enroll in college preparatory classes.
5. I will enroll in college courses while in high school when eligible to do so.
6. My goal is to maintain no less than a 2.5 or above GPA in all of my academic classes.
7. Should my GPA fall below a 2.5, in addition to CI and SEA, I will attend tutorials twice weekly.
8. In the event that I maintain a 2.5 GPA, but earn a grade of D or below in any subject, I will, in addition to CI and SEA, attend tutorials.
9. I will be responsible for informing my instructors and Upward Bound staff when having problems in any of my academic classes.
10. I will complete and submit all assignments and program forms necessary for the development and execution of my curriculum plan.
11. I understand that Upward Bound is a college preparatory program and state that upon graduation from high school it is my sincere intention to go on to post-secondary education (college) to pursue an associate's or bachelor's degree.
12. I understand Upward Bound is a full-year, four year program and I will make every effort to regularly participate.
13. Areas where I need strengthening, instruction and tutorial help are:
 - a. _____
 - b. _____
 - c. _____

The above agreement will be considered as a binding contract. [Upward Bound staff expects you to fulfill your commitment.] Attitude, conduct and performance will be evaluated each nine (9) weeks to determine how serious students are in their preparation for post-secondary education. Students who are not committed to Upward Bound or are unable to complete the specified requirements should strongly evaluate whether or not post-secondary education is important or attainable for them. If not, we strongly suggest other alternatives.

Student Signature

Upward Bound Director

Parent Signature



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Confidential Financial Information

(Fill out and sign this page regardless of income amount or source)

Date _____ Student's Name _____

1. Taxable income for the year (1040 line 43, 1040A line 27).....\$ _____
 Submit SIGNED copy of 1040/1040A only, do not submit any schedules or attachments.

2. Number of Dependents claimed _____

Number of family members supported by this income _____

3. If your family was not large enough to require that you
 file an income tax return, please indicate the approximate
 amount of your family income \$ _____

The number of family members supported by this income _____

4. Does your family live in federally subsidized housing _____

5. Are any members of your family on state/federal welfare/
 social security/unemployment compensation programs? _____

If yes, you must submit a letter of your benefits.

6. In order for your son/daughter to qualify for Upward Bound, you must be able to show that you could not afford to pay for such services yourself. Usually, this decision is based on your last year's income, but in special cases, it can be based on this year's income. If you can show there has been a major change in your family's financial condition since last year, (i.e., one or more family members being out of work) explain your situation in the following space or attach a letter of explanation.

Signature of Parent/Guardian(s)



DECLARATION OF FIRST-GENERATION STATUS*

Date: _____

I/We, _____ and
(Name, Please Print)

_____, am/are the custodial parent(s) of
(Name, Please Print)

_____. Further, I declare that:
(Name, Please Print)

- I and/or my spouse HAVE as of the date of this application a bachelor's degree.**
- I and/or my spouse DO NOT HAVE as of the date of this application a bachelor's degree.**

Parent Signature: _____ Date: ____/____, 20__

*Answer form on the status of the custodial parent(s) with whom the student/applicant actually resides.



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Release of High School/College Information

Expected High School Grad Year **20**□□

Privacy Act: In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U. S.C. 552A), you are hereby notified that the Department of Education is authorized to collect information to implement the Upward Bound program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, sec. 402C). In accordance with this authority, the Department receives and maintains personal information on participants in the Upward Bound program. The principle purpose for collecting this information is to administer the program, including tracking and evaluating participants' academic progress. The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of official duties.

TO THE UNIVERSITY OF TOLEDO UPWARD BOUND PROGRAM:

I/We (circle one) _____ and _____ do hereby authorize you to release information including the comprehensive and cumulative school records of my/our child, _____ (student's name) school identification number _____, such as grades, class, rank, school attendance, school activities, teacher evaluations, standardized test scores, academic performance and official transcripts, to bona fide representatives of the **University of Toledo Upward Bound Program** for Upward Bound data collection/ follow-up and general informational purposes. This information can be released whether or not the student mentioned above is in regular enrollment or when the student has transferred to a new location.

I/We, certify that **I/We** am/are the parent(s), custodial parent(s), or guardian(s) of _____ (student's name) and that **I/We** signed this release form of the University of Toledo Upward Bound Program on the _____ day of _____, 20____.

I, _____, **the student**, understand that The University of Toledo Upward Bound Program is a grant funded program by the US Department of Education that is required to track student college enrollment progress **SIX YEARS AFTER high school graduation**; thus, this Release of Information will be in effect up to six years after high school graduation.

Applicant/Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian (optional)

Date



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Permission and Release Consent

My/Our, son/daughter, _____, (student's name) has my/our permission to participate in the University of Toledo Upward Bound Program for the summer (June-July) and the Academic components (September-May).

Permission for Field Trips

I/We give permission for _____ (student's name) to participate in field trips for educational benefits of the University campus as planned and supervised by members of the Upward Bound staff. I/We understand that the Program will ordinarily provide transportation for trips, but in some cases, the student may be asked to provide his/her own transportation.

Release from Liability

I/We release the University of Toledo and its employees from any liabilities for accidents or normal health difficulties which may occur during the course of the field trips and program activities. I/We will notify the Program Director in writing of any medical or dental problems my/our child has had that will limit his/her activities.

Release Consent

I/We, parent/guardian(s) of _____ (student's name) SS# _____ consent to the release of any and all information regarding the health and physical conditions of my/our child to a bona fide representative of the University of Toledo Upward Bound Program.

Picture Release

I/We give permission for _____ (student's name) picture to be taken in connection with the activities of the Project: Upward Bound at the University of Toledo, and its agencies to be used in newspapers, television, magazine articles and talk concerning the project.

Program Research Consent

I/We give permission and consent of my minor child to participate in any Upward Bound Program and/or TRiO Program research involving surveys, questionnaires etc. I am aware that participation is voluntary and will have no detrimental effect on my child's participation and relationship with Upward Bound and TRiO Programs. Also, I am aware that my child's name will never be used or associated with any project research.

Parent Participation

I/We understand that in order for my/our son/daughter to participate, I/We may be asked to participate in Upward Bound activities during the year.

Parent Visitations

I/We understand that I/We am/are welcome at all times to visit the campus, inspect facilities, observe activities, and confer with the Program Director, Faculty, and staff.

Parent/Guardian(s) Signature _____

Date _____

Parent/Guardian(s) Signature _____

Date _____

Student Signature _____

Date _____



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Visitation and Travel Consent
 Hold Harmless Agreement

The University of Toledo Upward Bound Program offers a unique opportunity to participate in field experiences for educational purposes. The program relies on the cooperation and goodwill for various private businesses, individuals, organizations, and government entities. Because of our obligation to those persons and agencies, and because we understandably cannot assume responsibility for the various persons and agencies, which are in different ways connected with our program, we ask that you adhere to the following terms and conditions of participation. Your dated signature indicates that you understand and agree to the terms and conditions.

Agreement and Release

Whereas I/We, _____, parent(s)/guardian of _____, (student's name) a student registered for and desiring to participate in activities associated with the Upward Bound Program; and

Whereas I/We parent/guardian(s) of _____, do hereby provide authorization for my/our child to travel on all Upward Bound sponsored trips and affairs in vehicles and other modes of transportation supplied by the Upward Bound Program for the entire period in which my/our child is enrolled in the University of Toledo Upward Bound Program. This authorization covers absences from school which will be deemed excused since these activities are educationally sound. I/We understand that the Upward Bound Program will not be held responsible when my/our child chooses to ride in cars or other modes of transportation **NOT** officially provided by the Upward Bound Program; and

Whereas I/We further understand that the student is subject to the behavioral directions of the leaders of this trip and that the consumption of alcohol and use of cigarettes and/or drugs is strictly prohibited. Behavior detrimental to the activity, as determined by the trip leaders, will result in dismissal from the Upward Bound Program.

I/We further understand that the Upward Bound Program will, in most cases, cover transportation and lodging for each student. I/We, parent(s) or guardian(s) of said student, will be responsible for covering his/her expenses including food costs when appropriate. The University of Toledo is not liable for injuries, theft, etc., during the trips.

Now therefore, I/We agree to hold the Upward Bound Program staff, drivers of vehicles; supervisors of this program; the University of Toledo; its Board of Trustees; officers and employees harmless for any direct, indirect, special or consequential damages which I/We may incur or be held liable for as a result of _____'s (student's name) participation in the activities. I/We have read the above terms of this agreement and understand and agree to the terms and conditions. This Agreement/Release shall be binding upon heirs, administrators, executors and assigns, of the undersigned.

Name (print) _____

Address _____ City/State/Zip _____

Parent/Guardian(s) Signature _____ Date _____



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Emergency, Insurance, and Medical Care Information

TO BE COMPLETED BY PARENT/GUARDIAN:

STUDENT NAME: _____ D.O.B _____ SS# _____

In case of an emergency, parent(s)/guardian(s) or the two alternate persons listed below should be contacted:

Parent(s)/Guardian(s) Name _____

Address _____ City _____

State _____ Zip _____

Day Phone (____) _____ Evening Phone (____) _____

Alternate 1 Name _____

Address _____ City _____ State _____ Zip _____

Day Phone (____) _____ Evening Phone (____) _____

Alternate 2 Name _____

Address _____ City _____ State _____ Zip _____

Day Phone (____) _____ Evening Phone (____) _____

SPECIAL CARE REQUIRED

Listed below is special personal, medical, or dental care required for my child that will limit his/her activities. **Matters of a confidential nature may be communicated to the director in a separate letter.**

I GIVE THE UPWARD BOUND PROGRAM STAFF THE AUTHORITY TO DISPENSE FIRST AID CARE AND/ OR EMERGENCY MEDICAL CARE TO MY SON/ DAUGHTER AS DEEMED NECESSARY.

Parent(s)/Guardian(s) Signature(s) Date

Parent(s)/Guardian(s) Insurance Information

Human Services/ ADC case number: _____

Health Insurance Information

As the health care provider for students at the University of Toledo, the Student Medical Center will offer on-Campus Summer programs, a means by which to provide medical/nursing care to program participants while they are on our campus. Providing accessible, customer-oriented service to program participants is our primary goal.

As part of this arrangement, we will provide participants with medical care while on campus as outlined below:

1. The Student Medical Center shall provide accessible, quality treatment and service for minor illnesses and injuries during our normal summer business hours.
2. The Student Medical Center shall provide such services for a nominal fee. Upon agreement of this proposal, program participants will pay for any fees incurred. The fee for each office visit is \$36 as of 4/30/03, however fees may increase. Additional fees are assessed for procedures, laboratory testing, medicine, and certain medical supplies.

The Upward Bound program will supply the Student Medical Center with the Agreement for Services, Consent to Treat forms and billing information.

Program Participants utilizing the Student Medical Center services will also be required to sign for the receipt of a Notice of Privacy Practices brochure. This brochure describes how medical information may be used and disclosed, and how to access the information.

INSURANCE INFORMATION

Insurance Carrier: _____

Address: _____

Policy # _____ Group # _____

Subscriber / Policyholder: _____

Social Security # _____ Relationship to Patient _____

Address: _____

Place of Employment: _____

Address: _____

ACKNOWLEDGMENT: I hereby assign my insurance benefits to be paid directly to me not to The University of Toledo Upward Bound Program. I understand that I am responsible for all services not covered.

Signature: _____ (Subscriber/Policyholder) _____ (Date)

Release: I authorize The University of Toledo Health Services to release any information to process any claim.

Signature: _____ (Parent) _____ (Date)



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Upward Bound is an academic program which provides fundamental support to low- income, first-generation or students with disabilities in their precollege performance to increase access to higher education. Upward Bound’s goal is to increase the rate at which participants complete high school and enroll in and graduate from *any* college with an associate’s or bachelor’s degree. Thus, we are looking for students who have academic potential but are unlikely to apply for admission to an institution of post-secondary education for various reasons. By completing the following, you are helping us identify sound academic students eligible to participate in the program. Any information that we receive will be used for Upward Bound purposes only and will be kept confidential.

Applicant’s Name: _____

From your observation and interaction with the applicant, would you say that he/she:	Yes	No
Has the academic potential for post-secondary education?		
Would probably apply to a post-secondary institution without the assistance of the Upward Bound Program?		
Would probably be accepted by a post-secondary institution without the help of the Upward Bound Program?		
Currently lacks motivation?		
Currently lacks goals and/or direction?		
Has an academic need for the program?		
Has a social need for the program?		
Has a personal need for the program?		
Demonstrates behavior which you believe is counter-productive to his/her educational success?		
Would benefit from cultural enrichment activities which are available in the program?		
Is in need of tutoring and/or advising and/or other support services at this time?		
Do you believe this student needs the additional academic services Upward Bound has to offer?		
Do you recommend this student for participation in The University of Toledo Upward Bound Program?		

Your Name Printed _____ Title _____

Signature _____ School _____

Please include any additional comment you believe would be helpful in evaluating students’ academic need to participate in Upward Bound on the reverse side of this form.



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Applicant's Name: _____

From your observation and interaction with the applicant, would you say that he/she:	Yes	No
Has the academic potential for post-secondary education?		
Would probably apply to a post-secondary institution without the assistance of the Upward Bound Program?		
Would probably be accepted by a post-secondary institution without the help of the Upward Bound Program?		
Currently lacks motivation?		
Currently lacks goals and/or direction?		
Has an academic need for the program?		
Has a social need for the program?		
Has a personal need for the program?		
Demonstrates behavior which you believe is counter-productive to his/her educational success?		
Would benefit from cultural enrichment activities which are available in the program?		
Is in need of tutoring and/or advising and/or other support services at this time?		
Do you believe this student needs the additional academic services Upward Bound has to offer?		
Do you recommend this student for participation in The University of Toledo Upward Bound Program?		

Your Name Printed _____ Title _____

Signature _____ School _____

Please include any additional comment you believe would be helpful in evaluating students' academic need to participate in Upward Bound on the reverse side of this form.



Statement of Confidentiality and Understandings

•**Statement of Confidentiality** – "The personal information you give to the Director of Upward Bound may be sent to the Department of Education. The Privacy Act protects the information. No one may see the information unless he or she works with or for the Upward Bound Program, or is specifically authorized to see the information. The information is necessary to determine if the applicant is eligible to participate in the program and helps the federal government to measure your success. The Department of Education has the authority to gather information to help make Upward Bound a better program. If you do **not** give this information to the Upward Bound Program and the Department of Education, you **cannot** receive any benefits from the program."

•We recognize that the Upward Bound Program is a major investment by the U.S. Department of Education and we understand that if the student is accepted and wishes to attend, he or she will be required to be in attendance the **entire academic year** (nine months) **and summer program** period (six weeks). (In **very special** circumstances, exceptions may be made. Contact the Director if you have any questions/conflicts.)

•Stipends, room, board, books, accident insurance, and laboratory fees, etc. are provided free of charge to the participants. We understand that the student's family or guardian must assume responsibility for providing **medical release forms** and any information needed to complete them. (These forms are supplied in student regular and summer application.)

•We understand that should students sign up for events, field trips, conferences, etc. and **not show up without officially cancelling his/her attendance within 48 hours** to allow the program the opportunity to invite another student in your place, **parents and students will assume the expense of such lost fairs, admissions, registrations,** etc. Further, the program may, at its discretion, deduct such lost fees from student's stipends. Your 48-hour advance cancellation of your attendance to an event, field trip, conference, etc., assists the program in making good use of funds.

•We agree that the student, if accepted into the Upward Bound Program, and parent(s) may participate in answering **questionnaires** and other appropriate and approved research projects done as a part of the program's evaluation. We also agree that photographs of the student taken during the program, papers written by the student during the program, and similar items may be used in reports and public information materials. We further agree to allow Upward Bound to release, for educational and/or promotional purposes, photographs and video recordings, with or without audio, of program activities involving the student.

•We agree to cooperate with the UB program staff in follow-up activities, **including the release of needed school records.** These follow-up activities will continue throughout high school and college.

CERTIFICATION and AGREEMENT: I(We) hereby certify (1) that I/we have read the Statement of Confidentiality and (2) that the information provided or amended in this application is true and correct to the best of my(our) knowledge.

Parent Printed Name

Parent Signature

Date