



Student Application Packet For the 2014-2015 School Year

Upward Bound Program
Southwestern Oklahoma State University
100 Campus Drive
Weatherford, OK 73096
580.774.7029 (ph.)
580.774.7049 (fax)

www.swosu.edu/administration/upwardbound/

All information provided in this application will remain confidential and is protected by the Privacy Act. The information requested in this application will be used to determine eligibility and need. No one may see the information unless they work for or with the Upward Bound Program or are specifically authorized to see the information. All forms in this application must be completed fully to be considered.

If you have any questions regarding this application or the program, please call the Upward Bound office at the number listed above or you may e-mail us at upwardbound@swosu.edu.



UB Homepage

For more information on UB,
use your smartphone to scan
the QR codes shown here.



UB Facebook

Program Overview

What is Upward Bound?

Upward Bound (UB) is a federally funded **TRiO** program for students who are interested in postsecondary education after graduation from high school. During the school year, students attend monthly academic meetings and participate in an online tutoring program. During the summer, students live on the SWOSU campus and participate in a full schedule of academic, social (including sports), and cultural activities for six weeks. During the school year and summer, students will also receive personal and academic counseling, assistance with financial aid and college admission applications, preparation for the ACT, an ACT fee waiver, will visit college campuses, and will be exposed to professional careers and mentors.

Who may apply?

Only students whose goal it is to obtain a college degree and who **are not** a discipline problem at school need apply. Students wishing to apply must meet the following 5 criteria:

1. Be a U.S Citizen, permanent resident, or in the U.S. for other than a temporary reason and provide evidence of their intent to become a permanent resident.
2. Be from a low-income family (as determined by TAXABLE income) **AND/OR** be a potential first-generation college student (neither parent has a 4-year degree).
3. Have a **CORE** GPA of **2.50** or higher (math, English, science, history, and foreign language).
4. Be enrolled in the 9th, 10th, or 11th grade, **AND** attend one of the six following high schools:
 - Anadarko
 - Burns Flat-Dill City
 - Carnegie
 - Clinton
 - Fort Cobb-Broxton
 - Watonga
5. Be willing and able to participate in all scheduled program services and activities, unless a qualifying school activity prevents one from doing so. This includes attending the Saturday Academies during the school year and the six-week residential program each summer.

What is the “Bridge” program?

Students who remain in UB and graduate high school may “bridge” into college the summer following graduation. UB will pay for up to 6 hours of tuition, fees, books, room and board. Bridge students are still a part of UB and will continue to participate in all trips, services and activities that do not interfere with their college classes. Tutors and study labs are provided to ensure each student “bridges” successfully.

How much does Upward Bound Cost?

All services and activities are provided **FREE** of cost to all eligible participants. UB spends close to \$5,000 per student every year. The only cost to the student is to follow the rules and remain committed to the program until graduation from high school. The only cost to the parents/guardians is their cooperation and support.

How do I apply?

You may request an application from your school counselor or download an application from our website at www.swosu.edu/administration/upwardbound/. Once you have completed the application, give it to your school counselor along with your parent’s income tax return. The counselor will mail it to our office with your transcript and test scores. Only completed applications will be considered.

I’ve completed and turned in my application, now what?

UB staff will review all applications to determine eligibility. Once eligibility has been established, students will be selected based on need. Those selected will be required to, with at least one parent/guardian, meet with a staff person to discuss the program goals and requirements. Students not selected will be notified by mail. If he/she is eligible but not selected because the program is full, he/she will be placed on a waiting list. As an opening(s) becomes available, students will be selected from the waiting list based on need.

Student Information

To be completed by the Student.

Last Name: _____ First Name: _____ Middle Name: _____

Date: ____/____/____ High School: _____ Grade: 9th 10th 11th

Year of Expected HS Graduation: _____ Current GPA: _____ Current Age: _____

S.S. #: _____ - _____ - _____ Birth Date: ____/____/____ Gender: Male Female

Address: _____ Town: _____ Zip: _____

Home Phone #: (____) _____ - _____ Student Cell Phone #: (____) _____ - _____

Student E-mail Address: _____

Are you a U.S. Citizen?: Yes No If no, what is your citizenship? _____

Ethnicity/Race (✓ all that apply): Caucasian African American American Indian/Alaskan Native
 Asian Hispanic/Latino Hawaiian/Other Pacific Islander Other _____

If American Indian, which tribe(s): _____

Primary language spoken at home?: English Spanish Other _____

With whom do you reside and receive support (✓ all that apply)?: Mother Father Grandparent(s)
 Stepmother Stepfather Aunt/Uncle Foster Parents Other (specify): _____

Family Information

To be completed by the Parent/Guardian with whom the student resides.

Male Head of Household Information

Full Name: _____

Cell Phone #: (____) _____ - _____

Work Phone #: (____) _____ - _____

Occupation: _____

Employer: _____

Are you able to be contacted at work? Yes No

E-mail Address: _____

Female Head of Household Information

Full Name: _____

Cell Phone #: (____) _____ - _____

Work Phone #: (____) _____ - _____

Occupation: _____

Employer: _____

Are you able to be contacted at work? Yes No

E-mail Address: _____

Other than student who is applying, please list all children currently living in the home:

	Full Name	Age	Grade	Relationship to student
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

Male head of household's highest educational level: Less than HS GED HS Diploma
 Associate's Degree Bachelor's Degree Master's Degree Doctoral Degree

If male head of household holds a degree, from what college? _____

Is male head of household a HS dropout? Yes No A college dropout? Yes No

Female head of household's highest educational level: Less than HS GED HS Diploma
 Associate's Degree Bachelor's Degree Master's Degree Doctoral Degree

If female head of household holds a degree, from what college? _____

Is female head of household a HS dropout? Yes No A college dropout? Yes No

Other than the head of household, are there any **HS dropouts** in the family? Yes No

If yes, who? _____ Relationship to student: _____

Other than the head of household, are there any **college dropouts** in the family? Yes No

If yes, who? _____ Relationship to student: _____

Financial Information

You must attach a copy of your latest FEDERAL tax return (1040, 1040A, or 1040EZ) before this application will be considered. Do not include schedules, worksheets or an Oklahoma return. If there are two parents/guardians living in the home, then BOTH are required to sign this form.

Family's **FEDERAL TAXABLE** (not adjusted gross) income for the year 20____ is \$ _____

Family's Non-taxable benefits (✓ all that apply): Social Security VA Benefits TANF/AFDC
 Food Stamps Medicare/Medicaid Child Support Other (specify): _____

We/I certify that we/I **did not** file a federal income tax return(s) for the year 20____.

By signing below, we/I certify that all of the information given in this application packet is true and correct to the best of our/my knowledge.

Date Male Parent's/Guardian's Signature Female Parent's/Guardian's Signature

Student Survey

To be completed by the Student.

Do you use Facebook? Yes No If yes, what is your Facebook name? _____

(we use Facebook to send messages and provide updates to participants, our Facebook name is Swosu-ub Upward Bound)

Have you applied for Oklahoma's Promise? Yes No Do you have the internet at home? Yes No

Have you performed voluntary community service for future scholarship applications? Yes No

If yes, what and where? _____ When: _____

Do you plan to continue your education after high school graduation? Yes No If yes, do you plan to attend a: Two-Year College Four-Year College Other _____

List three colleges you are most interested in attending: 1) _____

2) _____ 3) _____

What is your current 1st & 2nd career choices? 1) _____ 2) _____

Extra-curricular activities you are in (✓ all that apply):

- | | | |
|---|---|---|
| <input type="radio"/> 4-H | <input type="radio"/> Choir /Vocal | <input type="radio"/> ROTC |
| <input type="radio"/> Academic Team | <input type="radio"/> Cross Country | <input type="radio"/> Softball |
| <input type="radio"/> Ag/FFA | <input type="radio"/> Drama Club | <input type="radio"/> Spanish Club |
| <input type="radio"/> Art Club | <input type="radio"/> FCA | <input type="radio"/> Student Council |
| <input type="radio"/> Band | <input type="radio"/> FCCLA | <input type="radio"/> Technology Student Assoc. |
| <input type="radio"/> Baseball | <input type="radio"/> Football | <input type="radio"/> Tennis |
| <input type="radio"/> Basketball | <input type="radio"/> Golf | <input type="radio"/> Track & Field |
| <input type="radio"/> Black Heritage Club | <input type="radio"/> Key Club | <input type="radio"/> Wrestling |
| <input type="radio"/> Business Club | <input type="radio"/> Native America Club | |
| <input type="radio"/> Cheerleading | <input type="radio"/> Power Lifting | |
| <input type="radio"/> Other Club/Organization(specify): _____ | | |

Do any of these extra-curricular activities require Saturday participation? Yes No

If yes, how often? _____ times per month -OR- _____ times per school year

T-shirt size for field trips (adult sizes, 50/50 cotton): S M L XL 2XL 3XL

Do you have a job? Yes No If yes, how many hours do you work per week? _____

Name of business and town job is located: _____

Are you able and willing to attend two Saturday meetings/month in the academic year? Yes No

Are you able and willing to attend the six-week summer residential program each year? Yes No

Are you able and willing to participate in online tutoring throughout the academic year? Yes No

If you checked no to any of the above questions, please explain why: _____

Medical Release

The law requires that before medical services can be performed, permission of the parents/guardians must be obtained. In the event of an emergency, every effort will be made to contact you. However, in the event that a delay in medical or surgical treatment might be detrimental to the health of the student, authorization for consultation and treatment by physicians is requested. This consent is given in advance of the occurrence of any specific event and is intended to allow SWOSU Upward Bound staff to obtain medical or dental treatment for a student in the event of an injury.

By signing, I am are authorizing any necessary medical treatment for my son/daughter that may be advised by an attending physician while my son/daughter is in the care of the SWOSU Upward Bound Program

Student's Name: _____ **S.S.#:** ____/____/____ **D.O.B:** ____/____/____

Parent(s)/Guardian(s) Name: 1) _____ 2) _____

Address: _____ **Town:** _____ **Zip:** _____

1) **Work Phone #:** (____) _____ - _____ **Cell Phone #:** (____) _____ - _____

2) **Work Phone #:** (____) _____ - _____ **Cell Phone #:** (____) _____ - _____

Home Phone #:(____) _____ - _____ **Other Alt. #:**(____) _____ - _____

Emergency contact: _____ **Phone:** (____) _____ - _____

Does your child have any physical conditions that require special considerations? Yes No

(epilepsy, diabetes, etc...)

If yes, please explain: _____

Does student have allergies? Yes No **If yes, to what?** _____

Does student have asthma? Yes No **If yes, does student carry an inhaler?** Yes No

Does student wear glasses? Yes No **Contacts?** Yes No

Please list any medication(s) the student is taking and the condition(s) that is being treated:

Is this student covered by insurance? Yes No **If yes, policy #:** _____

Name of Insurance Co.: _____ **Phone #:** (____) _____ - _____

Name of student's physician: _____ **Phone #:** (____) _____ - _____

Name of student's dentist: _____ **Phone #:** (____) _____ - _____

Parent's/Guardian's Signature: _____ **Date:** ____/____/____

Parental Consent & Release

Please read each statement carefully before signing. By signing at the bottom, you are agreeing to all statements.

Participation Consent: I give my consent for my son/daughter to participate in the activities of the Program, both social and educational, which may include but is not limited to field trips, classes, testing, and individual and group counseling sessions as required by the Upward Bound Program.

Liability Release: I agree that neither Southwestern Oklahoma State University nor its employees (which includes but is not limited to the director, dorm supervisors, teachers, counselors, peer tutors, and drivers) acting within the scope of the Upward Bound Program shall be held liable for any accident or injury while my son/daughter is participating in an Upward Bound sponsored field trip or activity (including the summer component), either at the destination or in traveling to or from said destination.

Publicity Consent: I agree to allow my son/daughter's name and likeness to be used for positive promotion of the Upward Bound Program. This usually includes carefully selected photos of program participants, but is not limited to photos. Photos may be selected to be used on the UB web page, newsletter, newspaper, Facebook, brochure, or recruitment video. Sensitive information, such as social security numbers, will never be released to the public. All photos are carefully selected to portray students in a positive academic, cultural, or recreational setting.

Information Release: I give my permission for the release of my son/daughter's class schedule, attendance data, transcript, achievement test scores, class ranking, discipline issues and other pertinent information from high school and college to the SWOSU Upward Bound staff. My permission is also given for the release of Upward Bound records to the high school.

Date

Male Parent's/Guardian's Signature

Female Parent's/Guardian's Signature

Student Release

I authorize the release of postsecondary enrollment information and transcripts to the Southwestern Oklahoma State University Upward Bound staff. This includes admission applications, enrollment information, class schedules, and financial aid documents (such as the FAFSA, student aid reports and scholarship award letters).

I understand these records are confidential and will only be used to meet the U.S. Department of Education's regulations and program evaluation. I understand that my postsecondary educational endeavors will continue to be tracked for at least six years following my exit date from the SWOSU Upward Bound Program.

Date

Student's Signature

Student's Social Security #

Student Contract

I understand that the SWOSU Upward Bound serves a student from the time they enter the program until they graduate from high school. I also understand that UB is an intensive year-round educational program with a full six-week residential summer component.

If I am selected to participate in the Upward Bound Program, I am expected to make an honest and sincere effort to:

1. Attend all possible Saturday Campus meetings and Saturday Academies (15 total — September-May). Only 4 school-sponsored activities will be excused and paid each year. Only 4 total absences (excused or unexcused) from Saturday Campus meetings and Saturday Academies are allowed each school year for you to remain in good standing.
2. Attend the summer component each year. (Must be in good standing to attend)
3. Attend school tutoring sessions as required (this is strongly recommended if you make less than a “C” in a core subject, required if you are failing a core subject course).
4. Participate in monthly online tutoring program — Comfit (everyone). Fifteen lessons per month are required of any student making a “C” or better in all core subjects. Twenty-five lessons per month are required of any student making a “D” or “F” in any core subject. One on one tutoring may also be required.
5. Make every effort to pass all of my high school course work.
6. Notify UB staff immediately if you are failing a class.
7. Cooperate with all UB faculty and staff.
8. Abide by all rules and policies of the program (available for viewing on our website).
9. Continue to enroll in college prep courses during high school.
10. Remain committed to enrolling in a postsecondary education program upon completion of high school.
11. Participate in the Bridge program after high school graduation.
12. Provide follow-up information to the UB program after graduation.

Date

Student’s Signature

Parent/Guardian Contract

I/we have read the above statements with my/our son/daughter and agree to fully support his/her participation in the Upward Bound Program. This includes making sure that he/she attends all possible Saturday Academies, participates in the summer component each year and remains committed to the program through graduation from high school.

I/we also agree to support the goals and objectives of Upward Bound to assist with my/our son’s/daughter’s successful completion of high school and entry into a postsecondary education program. I/we further agree to schedule any doctors, dentists, or family trips and vacations at times that do not conflict with the summer component.

Date

Male Parent’s/Guardian’s Signature

Female Parent’s/Guardian’s Signature

Student Needs Assessment

Student Name:

School:

Grade Level:

Academic Needs	Strong Need	Some Need	No Need
1. To learn how to complete and turn in my homework on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To improve my study skills and habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To take tests better and with less anxiety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To get better grades in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. To learn more about high school requirements for college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To listen better in class and ask more questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. To relate to and communicate better with my teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. To understand the way I learn best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. To identify, set and evaluate goals for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My academic goal is:			
Please list the subject(s) you need help in:			

Personal & Life Skills Needs	Strong Need	Some Need	No Need
1. To better understand my parents and other adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To learn to deal with conflict in a positive manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To be more accepting of my physical appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To learn how my self-esteem affects my behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. To learn to accept people who are different from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To accept greater responsibility for my actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. To learn how to spend money more wisely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. To learn how to handle pressure from friends, family, or myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. To learn how to make decisions and solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. To learn how to manage my time better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. To identify my strengths and abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. To develop more confidence in myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. To learn how to set and achieve goals in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My personal goal is:			

Career and Postsecondary Needs	Strong Need	Some Need	No Need
1. To explore a variety of career opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To learn more about job applications, resumes and interviews.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To learn more about postsecondary admissions process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To prepare for exams like the PSAT, ACT or SAT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. To visit more colleges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To learn about college costs and how to pay for college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. To understand and accept what I can realistically achieve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. To know how to decide which college is right for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. To become more aware of my educational options after high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My career goal is:			
My postsecondary (college) goal is:			

Counselor Recommendation

Before submitting the student's application, please attach a copy of the student's 1) 8th grade report card, 2) 8th grade CRTs, 3) current high school transcript, and 4) any EXPLORE, PLAN, ACT and/or EOI results available. (Required documentation by the U.S. Department of Education.)

Student's Name: _____ School: _____

Grade Level: 9th 10th 11th Current GPA: _____ Current Class Rank: _____ of _____
(please provide only if rank is available)

1-Strongly Disagree 2-Disagree 3-Neither Agree/Disagree 4-Agree 5-Strongly Agree

Please rate this student by circling the appropriate response to the questions listed below:

1. Demonstrates responsible behavior 1 2 3 4 5
(If student has been suspended or other disciplinary action taken, please elaborate:)

2. Relates well with peers 1 2 3 4 5
3. Cooperates with school staff..... 1 2 3 4 5
4. Has a good attendance/punctuality record..... 1 2 3 4 5
5. Has special academic needs..... 1 2 3 4 5
(e.g., learning disabilities, IEP's, limited English proficiency, etc.) Please elaborate if applicable:

6. Would benefit from supplemental academic support or instruction..... 1 2 3 4 5
(e.g., tutoring, enrichment classes, study skills, time management, test preparation)
7. Would benefit from supplemental career guidance and information 1 2 3 4 5
8. Has the potential to succeed in college..... 1 2 3 4 5
9. Expresses interest in academic endeavors 1 2 3 4 5
(e.g., requests college prep schedule, honors classes, college and scholarship information)
10. If you have any knowledge of this student's academic potential, including social and family factors, please write about it here:

I recommend this student: With Reservation Somewhat Strongly Enthusiastically

Counselor's Signature: _____ Date: _____

Core Teacher Recommendation #1

Student's Name: _____ School: _____

Grade Level: 9th 10th 11th Core Subject: _____ Letter Grade: _____
(current grade in this subject only)

Upward Bound is a higher educational opportunities program offered by SWOSU for students who are interested in obtaining post-secondary education after graduating high school. Participants should have the ability to attend college even though they may not demonstrate all of the characteristics of successful students.

Teacher: Please return this completed form to the school counselor or fax it to UB at 580.774.7049. This information will be kept confidential. If you are not familiar with this student, please return this form to the student without completing it. Thank you for your time and assistance.

1-Strongly Disagree 2-Disagree 3-Neither Agree/Disagree 4-Agree 5-Strongly Agree

Please rate this student by circling the appropriate response to the questions listed below:

Student Behavior/Attitude

1. Student has a positive attitude and is interested in his/her work 1 2 3 4 5
2. Student maintains a good attitude even when difficulties are encountered 1 2 3 4 5
3. Student is attentive during class 1 2 3 4 5
4. Student seems motivated to do his/her best 1 2 3 4 5
5. Student comes to class with proper materials (e.g., books, paper, pencil, etc.) 1 2 3 4 5

Student Work Habits

1. Student works efficiently and productively to complete in-class assignments 1 2 3 4 5
2. Student follows directions 1 2 3 4 5
3. Student completes homework assignments on time 1 2 3 4 5
4. Student appears to be working to the best of his/her abilities 1 2 3 4 5
5. Student needs to improve in the following study skills (✓ all that apply):
 - Time Management Note Taking Organization
 - Memorization Writing Skills Reading
 - Listening Reasoning/Critical Thinking Test Taking

Please provide any additional comments you wish to make regarding this student: _____

I recommend this student: With Reservation Somewhat Strongly Enthusiastically

Teacher's Signature: _____ Date: _____

Core Teacher Recommendation #2

Student's Name: _____ School: _____

Grade Level: 9th 10th 11th Core Subject: _____ Letter Grade: _____
(current grade in this subject only)

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Teacher: Please return this completed form to the school counselor or fax it to UB at 580.774.7049. This information will be kept confidential. If you are not familiar with this student, please return this form to the student without completing it. Thank you for your time and assistance.

1-Strongly Disagree 2-Disagree 3-Neither Agree/Disagree 4-Agree 5-Strongly Agree

Please rate this student by circling the appropriate response to the questions listed below:

Student Behavior/Attitude

1. Student has a positive attitude and is interested in his/her work 1 2 3 4 5
2. Student maintains a good attitude even when difficulties are encountered 1 2 3 4 5
3. Student is attentive during class 1 2 3 4 5
4. Student seems motivated to do his/her best 1 2 3 4 5
5. Student comes to class with proper materials (e.g., books, paper, pencil, etc.) 1 2 3 4 5

Student Work Habits

1. Student works efficiently and productively to complete in-class assignments 1 2 3 4 5
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4. Student appears to be working to the best of his/her abilities 1 2 3 4 5
5. Student needs to improve in the following study skills (✓ all that apply):
 - Time Management Note Taking Organization
 - Memorization Writing Skills Reading
 - Listening Reasoning/Critical Thinking Test Taking

Please provide any additional comments you wish to make regarding this student: _____

I recommend this student: With Reservation Somewhat Strongly Enthusiastically

Teacher's Signature: _____ Date: _____