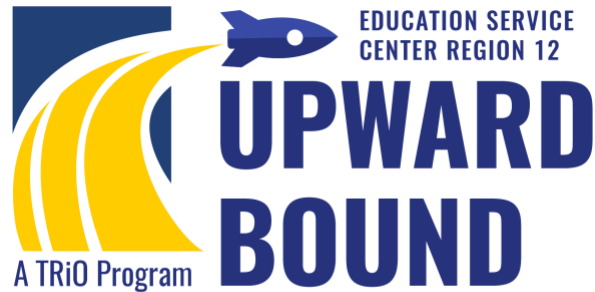




OFFICE USE ONLY

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

Application Submitted: \_\_\_\_\_



# Upward Bound Application Packet

2101 W. Loop 340  
P.O. Box 23409  
Waco, TX 76702

Site Coordinator for Waco:  
Stephanie Bailey  
(254) 218-5971  
E-Mail: [sbailey@esc12.net](mailto:sbailey@esc12.net)

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ School ID#: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Name of High School: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: M  F  Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### ETHNIC BACKGROUND

- Asian
- Black/African-American
- Hispanic/Latino/Mexican- American
- White/Caucasian
- Other \_\_\_\_\_

### CITIZENSHIP STATUS

- US Citizen
- US Permanent Resident
- Permanent Resident Number : \_\_\_\_\_
- Other \_\_\_\_\_

### HIGH SCHOOL COURSES

(Check all that apply.)

- Regular
- Pre-AP/AP
- Gifted & Talented
- Dual Credit
- IB

### SCHOOL ACTIVITIES

Organizations: \_\_\_\_\_

Sports: \_\_\_\_\_

Are you a participant in another Upward Bound program? \_\_\_\_\_

### EMPLOYMENT

- Not employed
- Weekends Only
- Part-Time
- Full-Time

Hours Per Week: \_\_\_\_\_

**CAREER ASPIRATIONS:** What career or type of job are you interested in? \_\_\_\_\_

**ACADEMIC ASPIRATIONS:**  High School Only  Technical School  Military  
 2 Year College  4 Year College  Graduate School

**ACADEMIC/NON-ACADEMIC NEEDS AREAS:** (Check all areas in which you need help.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Career Planning                   | <input type="checkbox"/> College Information         | <input type="checkbox"/> Financial Aid/Scholarships   |
| <input type="checkbox"/> Class Scheduling                  | <input type="checkbox"/> Tutoring                    | <input type="checkbox"/> Study Skills                 |
| <input type="checkbox"/> Personal Counseling               | <input type="checkbox"/> ACT/SAT Preparation         | <input type="checkbox"/> Professional Etiquette       |
| <input type="checkbox"/> Learning About Cultural Diversity | <input type="checkbox"/> Test-Taking Skills          | <input type="checkbox"/> Goal Setting/Time Management |
| <input type="checkbox"/> Self-Image                        | <input type="checkbox"/> Communication Skills        | <input type="checkbox"/> Science                      |
| <input type="checkbox"/> Mathematics                       | <input type="checkbox"/> Foreign Language            | <input type="checkbox"/> Business                     |
| <input type="checkbox"/> Social Studies                    | <input type="checkbox"/> English (Reading & Writing) |   |

**FATHER OR MALE GUARDIAN**

|                                  |   |
|----------------------------------|---|
| Relationship to applicant: _____ | Highest grade completed: _____                |
| Name: _____                      | (Check all that apply.)                       |
| Address: _____                   | ___ Did not earn a high school diploma or GED |
| City, State, Zip: _____          | ___ High School diploma/GED                   |
| Home Phone: _____                | ___ Attended college but did not earn degree  |
| Cell Phone: _____                | ___ College certificate                       |
| Work Phone: _____                | ___ Technical school degree                   |
| E-Mail: _____                    | ___ Associate's degree                        |
| Employer: _____                  | ___ Bachelor's degree                         |
| Occupation: _____                | ___ Advanced degree                           |

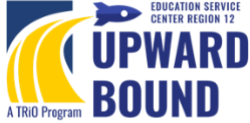
**MOTHER OR FEMALE GUARDIAN**

|                                  |   |
|----------------------------------|---|
| Relationship to applicant: _____ | Highest grade completed: _____                |
| Name: _____                      | (Check all that apply.)                       |
| Address: _____                   | ___ Did not earn a high school diploma or GED |
| City, State, Zip: _____          | ___ High School diploma/GED                   |
| Home Phone: _____                | ___ Attended college but did not earn degree  |
| Cell Phone: _____                | ___ College certificate                       |
| Work Phone: _____                | ___ Technical school degree                   |
| E-Mail: _____                    | ___ Associate's degree                        |
| Employer: _____                  | ___ Bachelor's degree                         |
| Occupation: _____                | ___ Advanced degree                           |

**FAMILY INFORMATION**

|   |  |
|---|--|
| Who does the applicant currently live with? _____                             | Primary language spoken at home? _____                 |
| Does home have access to computer? __ Yes or __ No                            | Does home have access to the Internet: __ Yes or __ No |
| Does the family qualify for free/reduced lunch? ___ Yes or ___ No ___ Unknown |  |





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

Student ID: \_\_\_\_\_

High School: \_\_\_\_\_

### Consent for Release of Student Records

I authorize the staff of the ESC Region 12 Upward Bound Program to access academic and personal information in my/my student's legitimate educational interest. This information may include but is not limited to: public assistance, free & reduced lunch documentation; standardized test scores (PSAT, STAAR, AP, SAT, ACT, TSI, GED); report cards; unofficial transcripts; official transcripts; attendance and disciplinary records; information about the status of post-secondary education admission/enrollment; financial aid documentation including Texas Common Application information, FAFSA pin information code, SAR, and financial aid award letters in accordance with The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99). I understand this information is essential in assisting me/my child in preparation for post-secondary education. *I further understand all information received is for Upward Bound use only and is held strictly confidential.*

I understand that these records may contain identifying data, grade reports, high school and future college transcripts, test scores, immunization records, and teacher evaluations. Parent or student may examine a copy upon request.

I understand that these records will only be used by the project on an individual basis. I also understand that compiled records on a group basis may include any and all of these records. Compiled information will be used to meet federal regulations of program evaluation.

Furthermore, I give permission for Upward Bound to access and collect this information **for a period of ten years or until I/my student successfully completes a program of post-secondary education.** However, if I choose to withdraw this permission, I can call the Program Director at 254-297-1217.

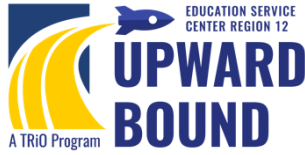
\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

***The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, and the Texas Public Information Act, Texas Government Code §552.001 et seq., are respectively federal and state laws providing for the review and disclosure of student educational records. ESC Region 12 Upward Bound will not permit access to or the release of personally identifiable information contained in student educational records to any party without the written consent of the student and parent (if applicable), except as authorized by FERPA.***



**UPWARD BOUND FIELD TRIP**  
Authorization for Student Participation

**THIS FORM COVERS ALL FIELD TRIPS FROM**  
**September 1, 2018 - August 31, 2019**

**\*\*\*\*Parents, please complete all of the following information:\*\*\*\***

**Student's Name:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**A. Parent/Guardian Permission**

I understand that my son/daughter is not required to attend this ESC Region 12 field trip. I give permission for participation in the activity. I agree to release Education Service Center Region 12 and its officials, officers, and employees from liability for any and all claims of injury which might occur while my son/daughter is participating in this field trip activity.

**B. Emergency Medical Authorization**

Should a medical emergency arise while my son/daughter is participating in this activity, I will be notified at the above number in order to approve medical treatment. In the event that I or one of the emergency contacts listed below cannot be reached, I give permission for immediate treatment as required in the judgment of the attending physician. I understand and agree that I will be responsible for the cost of such treatment.

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Group/Policy Number: \_\_\_\_\_

Allergies/Special Health Considerations: \_\_\_\_\_

\_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

## CONSENT TO PUBLICATION & PHOTO RELEASE FORM

for Education Service Center Region 12

I hereby give permission for my child, \_\_\_\_\_, to be videotaped and/or photographed during educational activities with the Upward Bound program of the Education Service Center Region 12 for the duration of the student's participation in Upward Bound.

I understand that my child will be identified by his/her first name only. The name of the class, school and city in which my child is located may be identified during the videotaping and/or photography or in any corresponding reproductions in publications and the Internet.

I further understand that these videotapes and/or photographs are property of the Education Service Center Region 12, 2101 W. Loop 340, Waco, Texas 76712. The videotapes and/or photographs will be used only to explain Education Service Center Region 12 programs and services, and/or to illustrate teacher instruction activities during professional development events. Publication purposes include permission and consent to reuse, disseminate, copyright, print, reproduce, publish and republish, for any commercial, advertising and public purposes.

I hereby release and discharge the Education Service Center Region 12 staff from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including defamation, invasion of privacy or violation of any statutory right.

\_\_\_\_\_

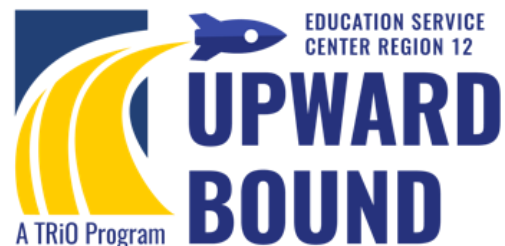
Signature of Parent or Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

(Witness) ESC Region 12 Specialist



**Federal Trio Programs**

Student name: \_\_\_\_\_

**Current-Year Low- Income Levels**(Effective **January 18, 2018** until further notice)

| Size of family Unit | 48 Contiguous States, D.C., and Outlying Jurisdictions | Alaska   | Hawaii   |
|---------------------|--|----------|----------|
| 1                   | \$18,210   | \$22,770 | \$20,940 |
| 2                   | \$24,690   | \$30,870 | \$28,395 |
| 3                   | \$31,170   | \$38,970 | \$35,850 |
| 4                   | \$37,650   | \$47,070 | \$43,305 |
| 5                   | \$44,130   | \$55,170 | \$50,760 |
| 6                   | \$50,610   | \$63,270 | \$58,215 |
| 7                   | \$57,090   | \$71,370 | \$65,670 |
| 8                   | \$63,570   | \$79,470 | \$73,125 |

For family units with more than eight members, add the following amount for each additional family member: \$6,480 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions; \$8,100 for Alaska; and \$7,455 for Hawaii.

The term "low-income individual" means as individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The U.S. Department of Health and Human Services, in the Federal Register, published the poverty guidelines on January 18, 2018.

I verify that my family's annual income is \$ \_\_\_\_\_ and that there are \_\_\_\_\_

**Members in my family unit.**

\_\_\_\_\_  
Print Name of Parent/ Guardian

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

\_\_\_\_\_  
Date



**UPWARD BOUND PARENT / STUDENT CONTRACT**

Acceptance into the Upward Bound Program brings with it several responsibilities for **both students and parents.**

**PLEASE REVIEW CAREFULLY THE UPWARD BOUND HANDBOOK AND THE FOLLOWING CONDITIONS FOR PROGRAM PARTICIPATION:**

**The student pledges:**

1. To participate in the summer session each year, including attending all classes and special activities. Summer participation may be optional for some students depending upon budgetary limitations.
2. To participate in the academic program during the school year by attending tutoring sessions, attending Academic Saturdays, meeting with UB mentor, and completing assignments.
3. To show continued individual effort in regard to school attendance, citizenship, and scholarship.
4. To participate in special activities, trips, meetings, and events sponsored by Upward Bound.
5. To fulfill commitments made regarding the attendance of activities, trips, meetings, and events sponsored by Upward Bound. **Failure to do so will result in administrative action.**

**Discipline:**

In order to maintain a positive atmosphere whereby each student can achieve maximum academic and social development while enrolled in Upward Bound, all participants must conduct themselves in an orderly and respectful manner at all times. Therefore, they must pledge themselves to the following:

1. To respect all teachers, tutors, tutor advisors, and members of the Upward Bound staff. (Failure to do so may result in immediate dismissal.)
2. To follow all rules and regulations as outlined in Upward Bound school year and summer handouts.
3. To come to class and tutoring sessions prepared to engage in serious academic study.

**Parent Responsibilities:**

1. To attend scheduled parent meetings and student conferences as necessary.
2. To cooperate with the Upward Bound administration in resolving problems and conflicts regarding his/her child while in the program.
3. To provide transportation for your student as needed in support of your child's participation in the Upward Bound program.

**Probationary Period:**

The probationary period for an Upward Bound student is 60 days. During this period, if a student fails to actively participate in every aspect of the program, he / she will be dropped from the program at the close of the probationary period. **Students are not eligible for stipends during the probationary period.**

**The student and parent hereby acknowledge having read and comprehended the "Upward Bound Parent/Student Contract" and the "Upward Bound Student Handbook" and are in agreement with and pledge to abide by its provisions. A written copy is available through the website [https://www.esc12.net/page/grants\\_1home](https://www.esc12.net/page/grants_1home)**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

## Upward Bound Teacher/Counselor Recommendation Form

To be completed by School Counselor, Teacher, or Administrator

The following student has applied to participate in the Education Service Center Region 12 Upward Bound Program, a college preparation program for high school students who come from a low-income household and/or who are potential first generation college students. Your assessment of this student's need for academic support and potential for postsecondary enrollment would be greatly appreciated.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

**Person Completing this Form:**

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

How long have you known this student? \_\_\_\_\_

How well do you know this student?

- Very well
  Somewhat well
  Not very well

**1. Based on your observations, please compare this student's performance and/or potential with other students of comparable age.**

|  | Above<br>Average | Average | Below<br>Average | Unknown |
|--|------------------|---------|------------------|---------|
| <b>Overall academic performance</b>                  |                  |         |                  |         |
| <b>Overall academic potential</b>                    |                  |         |                  |         |
| <b>Social skills/peer relations</b>                  |                  |         |                  |         |
| <b>Demonstrated leadership skills</b>                |                  |         |                  |         |
| <b>School or class attendance</b>                    |                  |         |                  |         |
| <b>Progress toward graduation</b>                    |                  |         |                  |         |
| <b>Determination/motivation for academic success</b> |                  |         |                  |         |
| <b>Potential for success in Upward Bound</b>         |                  |         |                  |         |

**2. Other comments or information that will assist us in assessing the needs and potential of this student.**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send your information to:**  
Stephanie Bailey, Upward Bound Site Coordinator  
(254) 218-5971  
**FAX:** (254) 666-0823  
sbailey@esc12.net

## Applicant Checklist



Before returning this application form, please review the Applicant Checklist. All supplementary documents must be submitted to be considered for admission. Incomplete applications will not be evaluated.

Completed Upward Bound Packet

\_\_\_ Applicant Information

\_\_\_ Consent for Release of Student Records

\_\_\_ Upward Bound Field Trip/Medical Form

\_\_\_ Consent to Publication & Photo Release Form

\_\_\_ Federal TRIO current Low-Income Levels Form

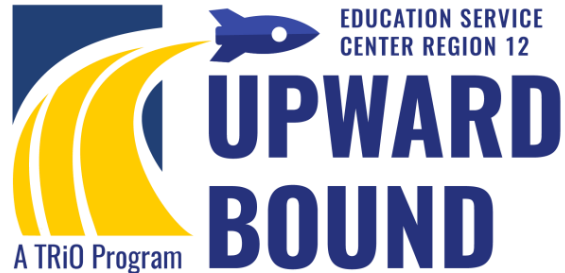
\_\_\_ Upward Bound Parent/Student Contract

\_\_\_ Upward Bound Teacher /Counselor Recommendation Form

\_\_\_ Read and Review Student Handbook at the following link :

[https://www.esc12.net/page/grants\\_1home](https://www.esc12.net/page/grants_1home)

\_\_\_ Current Report Card and Transcript



**Completed application with all forms should be returned to your ESC Region 12 Upward Bound Coordinator.**

Waco UB Coordinator  
Stephanie Bailey  
sbailey@esc12.net  
(254) 218-5971