

Murray State University Upward Bound Application Packet

Mail Application packet and other inquiries to:

**Upward Bound Program
Murray State University
244 Blackburn Science Building
Murray, KY 42071-3346**

Phone: (270) 809-4328
Toll Free: (800) 877-5662
Fax: (270) 809-3251

Email: upward.bound@murraystate.edu

Website: <http://www.murraystate.edu/secsv/upward%5Fbound/Upward.htm>

Upward Bound Fact Sheet

1. What is Upward Bound?

Upward Bound is a federally funded TRIO program sponsored by the United States Department of Education. The program is designed to generate in participants the skills and motivation necessary to complete a program of secondary education and to enter and succeed in a program of postsecondary education. Upward Bound defines postsecondary education as entering a two or four-year college immediately upon completion of high school. MSU Upward Bound service area includes the following high schools: Ballard Memorial, Calloway County, Carlisle County, Fulton City, Fulton County, Graves County, Heath, Henry County Tennessee, Hickman County, Lone Oak, Marshall County, Mayfield, Murray, Paducah Tilghman, Reidland, and Trigg County.

2. How do students qualify for Upward Bound?

Students qualify for the program in two ways: (1) Their families meet economic guidelines set by the Department of Education. (2) Their natural or adoptive parents living in their home have not completed four-year college degrees. All students must qualify in at least one of these categories. As well, students must demonstrate some need for Upward Bound services, such as tutoring, academic counseling, personal counseling, cultural enhancement, and study skills development. Two-thirds of Upward Bound Participants must meet both guidelines.

3. How are students involved in Upward Bound?

Academic Year: Mandatory meetings* are held three times monthly throughout the school year: once on Saturday and twice at or near their respective school (enrichment and school visit). These meetings may include cultural trips, guest speakers, educational activities, or tutoring. In addition to monthly meetings, tutoring is provided to those participants in their schools to assess individual progress.

Summer Program: The summer program is a mandatory four-week residential learning experience, which allows participants who have finished the 10th and 11th grades to live on the Murray State campus and to pursue a variety of personal and educational goals. Participants are enrolled in classes throughout the day and participate in activities each evening. The program concludes in a cultural trip to a major United States city for those who have excelled throughout the summer. The summer program usually begins around the middle of June and runs through the second week of July.

Bridge Component: This portion of the program helps senior participants “bridge” the gap between high school and college by providing assistance with college admissions and financial aid processes. In addition, community-based mentors are assigned to each senior to serve as a role model, advisor, and friend. During the summer program following high school graduation, Upward Bound pays for these students to enroll in MSU classes to receive seven (7) hours of college credit.

Statement

Upward Bound is a TRIO Program funded by the United States Department of Education and is within the Division of Student Affairs at Murray State University. Upward Bound does not discriminate on the basis of race, color, national origin, sex, religion, or disability in the provision of services, educational programs and activities. Upward Bound also provides, upon request, reasonable accommodations including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities. If you feel that you have been discriminated against for any reason, please contact the Murray State Office of Equal Opportunity at (270) 809-3155.

* Upward Bound requires strong commitment and participation by all students involved. The Upward Bound staff encourages students who are applying to the program to evaluate their previous Saturday commitments. To receive full benefit from participation in Upward Bound, students must be able to attend the Saturday meetings on a regular basis.

Instructions for Completing Your Application

1. Your application packet contains the forms listed below. An application to the Murray State Upward Bound Program is complete only if you return **all** of the forms. If any forms are missing, contact the Upward Bound office.

Part 1	Student Information	Application
	Social Security Card-copy	Consent to Treatment of Minor
	Birth Certificate-copy	Student Profile
	Vendor Form (fill out at interview)	Student Information Release
	Contact Sheet	Family Income (include copy of taxes)
	Permission Release Form	Needs Survey
	Medical Release Form	Participant Contract
	Medical Record Form	Parent/Guardian Contract
	Copy of Immunizations	

Part 2	Recommendations	Counselor Recommendation
		Teacher Recommendation

2. Complete **all** forms **in ink** (typing is preferred) with required signatures. Please print legibly. Application packets returned that are unreadable or incomplete will be returned for completion by the applicant. **Please note that if your parents filed taxes last year, it is mandatory for them to include a copy of them with the application packet.**
3. Mail all Part 1 forms in a single packet. The forms for Part 2 may be returned separately if your teacher and counselor prefer to return them to Upward Bound themselves. However, it is your responsibility to ensure that these recommendations are sent to us. **Make sure your counselor includes your transcript.**
4. Please include a copy of your **birth certificate** with your application.

Steps in Application Process

- Application packets are accepted by Upward Bound year-round.
- All applicants take the entrance tests. Only applicants who have completed their packets are sent notification of testing dates.
- Interviews are scheduled and conducted with applicants who demonstrate need for the program. Interviews with the parent and applicant must be scheduled before applicant is admitted to the program.
- Successful applicants are notified of acceptance into Upward Bound. Some students are placed on a waiting list and accepted as openings occur in Upward Bound enrollment (enrollment is limited to 85 participants).
- **Trial Period.** There is a sixty-day trial period for new participants to adjust to Upward Bound. After the sixty days the staff will determine full participation of the participant.

Upward Bound Program
Murray State University
244 Blackburn Science Building
Murray, Kentucky 42071-3346

For Office Use Only:		
Accpt	Ref	Date
LIFG	LI	FG

Student Application (Please complete neatly, thoroughly, and in ink.)

Name: _____ Telephone: () _____ - _____

Mailing Address: _____
PO Box or Street Address

City _____ State _____ Zip _____ Social Security Number: _____ - _____ - _____

School: _____

Date of Birth (m/d/y): _____ Sex (please circle one): M F

Person to contact in case of an emergency: _____

Relationship to Applicant: _____ Phone: () _____ - _____

Second person to contact in case of an emergency: _____

Relationship to Applicant: _____ Phone: () _____ - _____

Current Grade:
____ 8th
____ 9th
____ 10th
____ 11th
____ 12th

Ethnic Background:
____ African American
____ Caucasian
____ Asian
____ American Indian
____ Hispanic
____ Other

Are you a citizen of the United States?
____ Yes
____ No

If you are not a citizen, are you a permanent resident?
____ Yes
____ No

Does either of your parents have a 4-year college degree? ____ Yes ____ No
If so, what University? _____ Location? _____

Based on the household where you live, list all family members, their relationship to you and their occupation. Please include yourself on this list. Use the back of page if needed.

Name	Relationship to you	Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I understand that the information that I provide in this application packet is confidential. Withholding information or giving false information on any forms included will make me ineligible for participation in the Upward Bound Program. I certify that the information I have provided to Upward Bound is correct and verifiable.

Student Signature Parent/Guardian Signature Today's Date

Birth Certificate

Vendor Form

CONTACT INFORMATION

This information will be used in the event that we would need to contact someone during an Upward Bound event. It is important that we know how to get in touch with you or someone that you approve of. Please fill out the following information.

Parent Name(s)

Address

Daytime Phone Hours at this number

Evening Phone Parent Cell phone Student Cell phone

Contact Person in the event you cannot be reached

Name

Address

Daytime Phone Hours at this number Evening Phone

Other Information/ Contact Person

Murray State University

Upward Bound Permission/Release Form

I/we hereby give my/our consent for (student name) _____ to attend Upward Bound sponsored activities away from his/her school campus. These activities may include field trips, cultural events, workshops, campus visits and summer camps. I/we understand my/our child will be provided transportation to and from these events; therefore, it is not necessary for me/us to drive except to meet the bus at its loading and unloading locations. As parent(s) and the natural guardian(s) of the above-named student, I/we release Murray State University, its president, officers, agents, employees, the Director of Upward Bound and any staff members from Upward Bound from any and all liability for injury to the above named child, including death, which may arise from any causal factor including negligence. In the event my/our underage child should subsequently bring legal action and obtain judgment against Murray State University, its Director, officers, agents, employees, or the Director of Upward Bound or Upward Bound staff, I/we hereby bind and obligate myself/ourselves to indemnify Murray State University, its directors, officers, agents, employees or Upward Bound staff up to and including the full amount of the judgment.

Furthermore, I/we understand that I/we, my/our heirs, executors, and administrators, forever release the Director of Upward Bound of any staff members of Upward Bound, Murray State University, its directors, officers, agents or employees from all claims, damages, actions, or causes of actions which may occur due to any decisions made with respect to the medical care of treatment of my/our child.

This permission and release form is entered into voluntarily and of my/our own free will and volition. We further understand and agree that this agreement is intended to be as broad and inclusive as is permitted by Kentucky law, and that if any portions of this agreement are held invalid, the balance shall continue in full legal force and effect My/our signature(s) indicate(s) that the above named child resides in my/our home, and I/we are the custodial parent(s)/guardian(s).

This, the ____ day of _____, 20____.

Parent/Guardian Signature

Parent/Guardian Signature

I hereby witness the above parent/guardian signature(s); by signing, I am indicating that I am an adult, 18 years of age or older.

Witness

Witness

Medical Release

This Upward Bound agreement will authorize the Director of Upward Bound at Murray State University, or any staff member of Upward Bound designated by the Director, to carry out the following actions regarding the medical care of

Student Name

This authorization shall extend to anytime said student is enrolled in Upward Bound or participating in the Upward Bound Program.

First, I authorize Upward Bound to select and employ a qualified physician and to use the nearest legitimate medical facility for the treatment of an illness or accident.

Second, I authorize Upward Bound staff members to render such information as required by hospital admissions rules and to sign, as a competent adult, forms permitting examination and possible treatment.

I understand that (A) Physicians and hospitals are reluctant and sometimes unwilling to examine and treat patients without such an authorized signature, and (B) Upward Bound will permit only routine and emergency procedures, to include preventive and corrective treatment. However, I understand that major or prolonged treatment will be undertaken only with specific permission, except when such permission is impossible to obtain within the limitation of time or other conditions.

I understand that, in the event of accident or illness, all actions of Upward Bound, its regular and medical staff and agents, as well as my own, will be guided by the best interests of my child.

Furthermore, I understand that I, my heirs, executors, and administrators, forever release the Director of Upward Bound or any staff members of Upward Bound from all claims, damages, actions, or causes of actions which may occur during any decisions which they make with respect to medical care and treatment of my child.

I, _____, certify that I am the parent of, custody parent of, or guardian of (Student Name) _____ and that I sign this release and authorization on the ____ day of _____, 20____, in the presence of the witness signing below.

Witness

Parent, Custody Parent, Guardian

Witness

Director of Upward Bound

Student Medical Record

Murray State University
Upward Bound

Student Name _____

Murray State University Health Services is available to provide primary health care for your son/daughter during the Upward Bound Summer Program. The following information, signed below is required before any UB participant can receive services.

1. Describe any history of serious illness or operations.

2. Is the student on any medication? If so, please list.

3. Does your son/daughter have any allergies? If so, please list.

4. Please complete immunization history.

Diphtheria _____ (date)
 Tetanus _____ (date)
 Polio _____ (date)
 Measles _____ (date)

5. Test for Tuberculosis

Skin Test _____ (date) Results:
 X-ray _____ (date) Results:

On medication for tuberculosis? (please circle one) No Yes

6. Test for Sickle Cell Anemia? (please circle one) No Yes

7. Date of last Tetanus shot: _____

I hereby consent for my child to be seen at Murray State University for diagnosis and treatment with the appropriate laboratory tests. Immunizations will be administered at the Calloway County Health Department, i.e. tetanus for injuries.

Signature of Parent/Guardian

Date

Director of Upward Bound

Authorization to Consent to Treatment of Minor

Date _____ I/we, the undersigned, parent(s) or legal guardians of

(Print or type full name of minor)

a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the supervision of any licensed physician/surgeon, whether such accredited treatment is rendered at the office of a physician or at YOUR HOSPITAL.

I/we, understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon in the exercise of his/her judgment may deem advisable.

These authorizations will be in effect until my son/daughter is no longer a participant in the Upward Bound program.

Signature of Parent or Legal Guardian

Address _____ Phone _____

City _____ State _____ Zip _____

Minor's date of birth _____ Date of last tetanus shot _____

Allergies _____

Special medications or medical problems _____

Family Physician(s), name and phone _____

Medical Insurance carrier _____

Policy number, agent _____

Student Information Release
for
Murray State University Upward Bound

The information you provide to Upward Bound is for Upward Bound and the U.S. Department of Education use only. The information provided in this application is necessary to determine your eligibility for the program and may be used for follow-up study data requirements. This may be true whether your son or daughter is accepted into the program or not. The information provided will also be used to conduct a follow up report after your graduation from the program. Upward Bound personnel, U.S. Department of Education personnel, high school counselors, and MSU offices of Accounting, Registrar, and Student Affairs have access to these records.

I give consent to release the following information to the Upward Bound program as requested:

- Standardized Test Results (ACT, SAT, CTBS, PSAT, etc.)
- High School Grade Reports
- High School and College Transcripts
- College Admission and Financial Aid Records
- Follow-up Study from application date to postsecondary graduation

Further, I give consent for Upward Bound staff, Social Services staff, Mental Health staff and my school representatives to discuss my academic progress, overall wellbeing and general school activities for the purposes of identifying needs, coordinating services, and documenting my overall scholastic progress.

I give consent for Upward Bound to use photographs of me for news releases and other information about the program released to the public. I also give Upward Bound permission to use photographs of me on their website for informational purposes.

I give consent for this release to remain in effect until I have completed a program of postsecondary education. If not selected for the program, I give consent for the information provided in this application and information release as described above to be used by Upward Bound for follow-up study purposes designed to document the effectiveness of Upward Bound services.

I understand that information collected about my son or daughter is **CONFIDENTIAL**.

Student Signature

Date

Parent Signature

Date

Witness or UB Staff

Date

Copy of tax information

Teacher Recommendation

The Upward Bound program is designed to help prepare qualified high school students to enter and succeed in college. To evaluate students, we have each student ask his/her counselor and a teacher to complete recommendations. The information that you provide on this form is confidential and will be shared only with the Upward Bound staff. You may return the form to the following address:

Upward Bound, Murray State University, 244 Blackburn Science Building, Murray, KY 42071-3346

Name of Student: _____ Date: _____

Please rate the applicant on each of the characteristics listed below.

Characteristics	Superior	Excellent	Good	Average	Poor
Intellectual ability					
Problem solving ability					
Judgement and common sense					
Ability to deal with others					
Sensitivity to the needs of others					
Communication skills					
Emotional stability and maturity					
Independence					
Integrity					
Dependability and reliability					
Industry and persistence					
Leadership					
Motivation for college enrollment and graduation					

1. In which class do you have this student? _____

Current Grade in your class _____ A _____ B _____ C _____ D _____ F

2. What are this student's strengths? Weaknesses?

3. Describe what contact you have with this student outside of class.

What is your overall recommendation of the student?

- Strongly recommend
- Recommend
- Recommend with the following concerns: _____
- I do not recommend
- Insufficient contact to make a recommendation

Teacher's Signature _____ Date _____

School _____

Counselor Recommendation

The Upward Bound program is designed to help prepare qualified high school students to enter and succeed in college. To evaluate students, we have each student ask his/her counselor and a teacher to complete recommendations. **If you are not familiar with this student, please give this form to another counselor (middle school counselors, if necessary) who may know the student better.** The information that you provide on this form is confidential and will be shared only with the Upward Bound staff. You may return the form to the following address:

Upward Bound, Murray State University, 244 Blackburn Science Building, Murray, KY 42071-3346

Name of Student: _____ Date: _____

1. **Please attach the student's most current transcript and any current standardized test results.**
2. What is the student's current GPA? _____
3. What curriculum is the student following?
College Preparation _____ Vocational _____ General _____ Special Education _____
4. Has this student taken any of the following assessments: PLAN, EXPLORE, ACT? If so please attach a copy of the scores.
5. What are this student's strengths? Weaknesses?
6. Does this student require any special accommodations? If yes, please explain?
7. Does this student work with a resource teacher? If yes, what is his/her name?
8. Has this student ever been enrolled in special education classes?

Please rate the applicant on each of the characteristics listed below.

Characteristics	Superior	Excellent	Good	Average	Poor
Intellectual ability					
Problem solving ability					
Judgement and common sense					
Ability to deal with others					
Sensitivity to the needs of others					
Communication skills					
Emotional stability and maturity					
Independence					
Integrity					
Dependability and reliability					
Industry and persistence					
Leadership					
Motivation for college enrollment and graduation					

What is your overall recommendation of the student?

- Strongly recommend
- Recommend
- Recommend with the following concerns: _____
- I do not recommend
- Insufficient contact to make a recommendation

Counselor's Signature _____ Date _____

School _____

Upward Bound Needs Survey

Murray State University

Student Name _____ Date _____

This survey contains a number of statements about student needs. Your answers will be helpful in determining the future services offered to you by Upward Bound. Please give your honest opinion, regardless of what others may think. Your answers are confidential. In the blank next to each statement indicate whether the statement is a need of yours. Write "T" in the blank if the statement is true of you; write "F" in the blank if you feel the statement is not true of you.

ACADEMIC

- _____ I need to hand in homework on a more consistent basis.
- _____ I need to learn test-taking strategies.
- _____ I need to learn relaxation strategies to reduce my test anxiety.
- _____ I need to learn how to manage my time more effectively.
- _____ I need to develop a better attitude toward learning.
- _____ I need to receive guidance in selecting academic courses.
- _____ I need to understand how courses I am taking relate to my career plans.
- _____ I need to be enrolled in more college prep courses.
- _____ I need to learn more about the pre-college curriculum.
- _____ I need to know more about high school graduation requirements.
- _____ I need to listen better in class.
- _____ I need to learn to be more assertive in class so that I will be more confident in asking questions.
- _____ I need to communicate better with my teachers.

CAREERS

- _____ I need to know how to prepare for careers that interest me.
- _____ I need to know more about possible careers and the world of work.
- _____ I need to talk to people employed in my interest areas.
- _____ I need to know how to apply and interview for jobs.
- _____ I need to do an in-depth exploration of jobs related to my interests.
- _____ I need to be aware of the employment outlook in my interest areas.
- _____ I need to talk with a counselor about my career plans.

NEEDS SURVEY (CONTINUED)

COLLEGE PREPARATION

- _____ I need to learn more about financial aid for college.
- _____ I need to become more aware of educational opportunities after high school.
- _____ I need to learn more about college admission requirements.
- _____ I need to understand the college application process.
- _____ I need to decide which type of college/university to attend.
- _____ I need to learn to write college scholarship essays.
- _____ I need to gather information about various college/universities.
- _____ I need to develop skills for taking the ACT/SAT.

PERSONAL DEVELOPMENT

- _____ I need to learn more about my strengths and weaknesses.
- _____ I need to understand what I can realistically achieve.
- _____ I need to understand my interests and abilities.
- _____ I need to experience more cultural activities.
- _____ I need to become more familiar with people of other cultures.
- _____ I need to understand and accept myself.
- _____ I need to understand how my feelings affect my behavior.
- _____ I need to be more accepting of my physical appearance.
- _____ I need someone to listen to my problems.
- _____ I need to learn to tell others how I feel.
- _____ I need to be a better listener and respond better to others.
- _____ I need to better understand adults.
- _____ I need to become more accepting of others.
- _____ I need to build trusting relationships with others.
- _____ I need to know how to get along with members of the opposite sex.
- _____ I need to become more tolerant with people whose ideas are different from mine.
- _____ I need to set goals for my life.
- _____ I need to know how to assess and evaluate my goals.
- _____ I need to understand more about sex and AIDS.
- _____ I need to learn more about drug and alcohol abuse.
- _____ I need to learn better decision-making skills.
- _____ I need to learn to accept responsibility for my actions.
- _____ I need to learn better problem solving skills.

UPWARD BOUND PARTICIPANT CONTRACT

Please read carefully the statements below:

1. I commit to regular attendance at Saturday College, Enrichment, tutoring, and school visits as recommended by the Upward Bound Staff.
2. I commit to maintaining my grades at a minimum of 2.5 GPA (based on a 4.0 scale). I understand that it is my responsibility to deliver grade reports every grading period to the Upward Bound central office.
3. I commit to appropriate and respectful behavior with the Upward Bound staff, other UB participants, and guests while attending program-sponsored events.
4. I commit to timely arrival and departure directives from the Upward Bound staff.
5. I commit to participating fully in Upward Bound activities.
6. I commit to attending the four-week Summer Program after my sophomore, junior and senior years of high school.
7. I commit to attending standardized tests, seminars, and other informational workshops.
8. I commit to maintaining my current college-preparation curriculum.
9. I commit to earning a composite ACT score of 18 and graduating in the top half of my high school class.

Upon signature of this contract, the application process is complete. By signing, you agree to abide by all commitments listed above, as well as amendments made during your participation in the Upward Bound Program. If accepted into the program and you refuse to comply with the above statements, termination from the program may result.

Signature of Participant

Date

Signature of Parent/Guardian

Date

Signature of Upward Bound Director

Date

**Parent/Guardian Commitment
Murray State University
Upward Bound Program**

As the parent/guardian of _____ I agree to the following statements while my child is in the Upward Bound Program at Murray State University:

1. I agree to provide transportation for my child to and from the designated bus stop/pick-up points. I realize that these locations may be in Murray, Paducah, or other locations.
2. I agree to attend parent/guardian conferences when requested by the Upward Bound staff.
3. I agree to contact the Upward Bound staff regarding any academic or non-academic concerns with my child.
4. I agree to transport my child to and from the designated location of the Enrichment meetings. I am aware that these dates may be during the week or on a Saturday. (Enrichment meetings are the 2-hour meeting once a month.)
5. I agree to support that stipend checks are based on participation. I am aware that Upward Bound staff may withhold some or all of the stipend check. I understand that participation includes but is not limited to behavior, sleeping, lateness, leaving early, absenteeism, and following directions.
6. I agree to attend the scheduled Summer Program Planning Meeting held every year prior to the Summer Program. I will be responsible for filling out forms and providing insurance information.
7. I agree to transport my child during the summer program. I am aware that transportation to Murray is required every Sunday evening during the Summer Program.
8. I understand that activities and/or circumstances may require my participation.

Parent/Guardian Signature

Date

Upward Bound Director Signature

Date