



TRiO Upward Bound Program

240 Blackburn Science Bldg.
Murray, KY 42071
270.809.4866 phone

Dear Parent(s)/Guardian(s):

Thank you for your interest and taking the time in filling out the application completely and legibly to Upward Bound Murray State University. Once we receive the application, your son or daughter will be considered by Upward Bound as a participant. We appreciate you providing confidential and personal information and we will abide by the Family Education Rights and Privacy Act of 1974, which states we will keep all information confidential.

Participants are selected by the following:

Section I

1. Application filled out completely
2. One letter of recommendation (attached to application) from counselor, and three recommendations' from a teacher
3. An interview held by the UB staff with student and parent(s) or guardian
4. Current GPA of 2.0 or higher, current report card, high school transcript (information obtained from counselor)
5. Copy of taxes or anything that shows student falls into income sensitive guidelines

Section II

Once application is complete and student is accepted the process is the following:

1. Student will return application to high school counselor or Upward Bound staff
2. Upward Bound staff will then contact you to set up interview mentioned above in section I with student and parent(s) or guardian.
3. Student will receive from Upward Bound a acceptance letter
4. Student will receive program information and Remind access (program to inbox and text questions)

Students remain in upward bound all through their high school years. Providing the following:

1. Meet the GPA requirements 2.0 or higher
2. Student is benefiting from the program through motivation, academic growth ,behavior and attending and participating in schedule activities, workshops and events.
3. Student is not dismissed due to breaking rules that have been outlined as automatic dismissal, **items not limited to but including (drugs, stealing, bullying, sexual activity, threatening staff or students.)**

Your child's involvement will require many field trips, overnight excursions, summer end of the year trip assuming they are passing classes and not in disciplinary trouble.

I am confident that Upward Bound will have a lasting impact on our child's life. Your student can still be in Upward Bound and not participate in the trips. They would receive knowledge and experiences with our workshops and tutoring programs. If you have any other questions about our program please feel free to contact the Upward Bound office at (270) 809-4866.

Sincerely,
Trio Upward Bound Staff

MURRAY STATE UNIVERSITY
Upward Bound

To expedite the selection process, please use this checklist to ensure you have completed ALL forms and included all REQUIRED materials for consideration.

- _____ **Part A:** Personal and Academic Information
- _____ **Part B:** Academic and Career Interests
- _____ **Part C:** Parent's Statement
 - _____ Copy of most Parent's most recent Income Tax Form
 - _____ Letter documenting other sources of income
 - _____ Letter stating that government assistance provides income to the family
- _____ **Part D:** Student Information Release
- _____ **Part E:** Permission and Medical Release
- _____ **Part F:** Needs Assessment

Additional materials are being requested by program staff, including:

- _____ 1 Letter of Recommendation by Counselor
- _____ 3 Letters of Recommendation by three CCHS Teachers
- _____ Transcript & Test Scores from counselor (ACT, PLAN, EXPLORE, State Tests)
- _____ Most Recent Report Card and/or Progress Report
- _____ Current Class Schedule

NOTE: Incomplete applications will not be considered. If you need help securing any of the required information, please contact the Upward Bound Office. Information is listed below.

ELIGIBILITY CRITERIA

1. Applicant must be enrolled in the 9th, 10th, 11th, or 12th grade.
2. Applicant must have a minimum cumulative 2.0 GPA on a 4.0 scale.
3. Applicant must be committed to spending 6 weeks during the summer with Upward Bound. This includes pre camp assignments and activities. Not all students are chosen to participate in summer programming.
4. Applicant must meet the U.S. Department of Education guidelines for taxable income and/or be a potential first generation college student (neither parent has a 4 year college degree).

RETURN COMPLETED APPLICATION TO:

Guidance Office

or

Upward Bound Program

Murray State University

240 Blackburn

Murray, KY 42071

(270) 809-4866

PART A: Personal & Academic Information

Murray State University Upward Bound Program
240 Blackburn
Murray, KY 42071

Personal Information: Please type or print legibly in black ink.

Date of Birth: _____ Age: _____ Sex: ___M ___F

Legal Name: _____
Last First MI

Home Address: _____
Complete Street or P.O. Box City State Zip

Home Phone or cell: (parent) (____) _____ - _____ (student) (____) _____ - _____

Email Address (parent): _____

Email Address (student) _____

Social Security Number (student): _____ - _____ - _____ (student's full social security # is needed for stipend check)

How does the student's name appear on Social Security card? _____

Physical Handicap/Learning Disability: ___ Yes ___ No (If yes, please explain nature of handicap): _____

Citizenship Status

U.S. Citizen or permanent resident: ___ Yes ___ No

Are you in the United States for other than a temporary purpose and provides evidence from the Immigration and Naturalization Service of his or her intent to become a permanent resident: ___ Yes ___ No

Are you a permanent resident of Guam, the Northern Mariana Islands, or the Trust Territory of the Pacific Islands: ___ Yes ___ No

Are you a resident of the Freely Associated States - the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau: ___ Yes ___ No

Ethnic Origin: _____ Black or African-American _____ Caucasian _____ Asian _____ Hispanic or Latino
_____ American Indian/Alaskan Native _____ Native Hawaiian or Pacific Islander _____ More than one race reported

Do you plan to attend college? ___ Yes ___ No

If not, what are your plans after high school? _____

EMERGENCY INFORMATION:

Give the name, address and phone number of two adults (relatives or friends) who do not live with you, but can be contacted in the event of an emergency. **A TELEPHONE NUMBER IS MANDATORY!**

1. Name: _____ Relationship to student: _____
 Address: _____
 ___ Complete Street or P.O. Box City State Zip
 Home Telephone#: (____) _____ - _____ Work Telephone#: (____) _____ - _____

2. Name: _____ Relationship to student: _____
 Address: _____
 ___ Complete Street or P.O. Box City State Zip
 Home Telephone#: (____) _____ - _____ Work Telephone#: (____) _____ - _____

Academic Information (Please ask for assistance from Counselor if you cannot answer the question)

Current Grade Level: _____ Cumulative G.P.A (4.0 scale): _____

High School Address: **220 Glass Avenue Hopkinsville, Kentucky 42240**

Most Recent Test Scores: EXPLORE _____ PLAN _____ ACT _____
PSAT _____ SAT _____ State Test _____

What area of study do you anticipate majoring in when you enter college?

Check the appropriate program, if any, in which you currently participate:

(Other than Upward Bound with Murray State University)

___ **Upward Bound** ___ **Educational Talent Search** ___ **Upward Bound Math/Science (A.I.M.S)**

If any are checked, please provide the following information:

Program Director: _____

College/University: _____

Email Address: _____ Telephone: (____) _____ - _____

PART C: Parent's Statement

Murray State University Upward Bound Program
 240 Blackburn Science Building
 Murray, KY 42071

Parents Statement: (To be completed by parents or guardians you live with).

The following information is provided in order to establish my child's eligibility to participate in an Upward Bound Program. I understand the information concerning my child and me will be kept confidential and will not be revealed to anyone except Upward Bound personnel in accordance with the Family Educational Rights and Privacy Act.

Applicant's Name: _____

Guardian #1 Last name: _____ First Name: _____ Phone: _____

Indicate relationship: ___ parent ___ foster-parent ___ guardian

Did you receive a **4-year** college degree? ___ Yes ___ no

Guardian #2 Last name: _____ First Name: _____ Phone: _____

Indicate relationship: ___ parent ___ foster-parent ___ guardian

Did you receive a **4-year** college degree? ___ Yes ___ no

Did the family file a federal income tax report last year? ___ YES ___ NO

If YES, complete Section A. If NO, Complete Section B.

<p>SECTION A: (Complete this side if family filed a federal income tax report last year). ___ Yes, a copy of last year's federal income tax report will be included with this Application. ___ Yes, a signature has been placed on the included tax form copy.</p> <p>Indicate the tax form used & TAXABLE INCOME from the tax form (reference line). ___ 1040EZ (line 6) ___ 1040-A (line 27) ___ 1040 (line 43)</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Family Size</th> <th style="text-align: left;">Taxable Income (refer to "Taxable Income" line on tax form)</th> </tr> </thead> <tbody> <tr> <td>___ 1</td> <td>\$0 - \$18,210 ___</td> </tr> <tr> <td>___ 2</td> <td>\$18,211 - \$24,690 ___</td> </tr> <tr> <td>___ 3</td> <td>\$24,691 - \$31,170 ___</td> </tr> <tr> <td>___ 4</td> <td>\$31,171 - \$37,650 ___</td> </tr> <tr> <td>___ 5</td> <td>\$37,651 - \$44,130 ___</td> </tr> <tr> <td>___ 6</td> <td>\$44,131 - \$50,610 ___</td> </tr> <tr> <td>___ 7</td> <td>\$50,611 - \$57,090 ___</td> </tr> <tr> <td>___ 8</td> <td>\$57,091 - \$63,570 ___</td> </tr> </tbody> </table> <p><i>Family units with more than eight members, add the following amount for each additional family member \$6,480.</i></p>	Family Size	Taxable Income (refer to "Taxable Income" line on tax form)	___ 1	\$0 - \$18,210 ___	___ 2	\$18,211 - \$24,690 ___	___ 3	\$24,691 - \$31,170 ___	___ 4	\$31,171 - \$37,650 ___	___ 5	\$37,651 - \$44,130 ___	___ 6	\$44,131 - \$50,610 ___	___ 7	\$50,611 - \$57,090 ___	___ 8	\$57,091 - \$63,570 ___	<p>SECTION B: Complete this side only if family <u>did not file a Federal Income Tax Report last year.</u> (Please provide <u>documentation of income sources. i.e. award letter, etc.</u>) List all sources of income, below: \$ _____ FOOD STAMPS \$ _____ K-TAP \$ _____ CHILD SUPPORT \$ _____ RETIREMENT \$ _____ UNEMPLOYMENT \$ _____ DISABILITY \$ _____ SOCIAL SECURITY \$ _____ VETERAN BENEFITS \$ _____ OTHER (please specify): Total Income for last year: \$ _____</p>
Family Size	Taxable Income (refer to "Taxable Income" line on tax form)																		
___ 1	\$0 - \$18,210 ___																		
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___ 8	\$57,091 - \$63,570 ___																		

I verify by signing this document and submitting the requested documentation that the information I have provided is accurate to the best of my knowledge. I understand that the Upward Bound Program at Murray State University will hold this information in complete confidence.

 (Signature of Parent/Guardian)

 (Date)

DO NOT WRITE ON THIS PAGE-For Office Use Only

<p>To determine your TAXABLE INCOME, refer to your 2017 Federal tax return: line 6 on 1040 EZ line 27 on 1040A line 43 on 1040</p>	<i>Effective January 18, 2018 until further notice:</i>	
	Size of Family Unit	Taxable Income less than:
	1	\$18,210
	2	\$24,690
	3	\$31,170
	4	\$37,650
	5	\$44,130
	6	\$50,610
	7	\$57,090
8	\$63,570	
<i>**for each additional family member add \$6,480</i>		

DO NOT WRITE BELOW THIS LINE – For Office Use Only

M# M00 _____

Last Name: _____ First Name: _____ MI: _____ DOB: _____

Preferred Name: _____ SSN _____ U.S. Citizen Yes No

Sex: Male Female Race/Ethnicity: Black or African-American Caucasian Asian Hispanic or Latino American Indian/Alaskan Native Native Hawaiian or Pacific Islander More than one race reported

Eligibility: LI/FG LI FG HR Entering Status: F SO JR SR

Academic Need (Counselor recommendation): Yes No

Project Entry Date _____ First School Enrollment Date _____

GPA: _____ Developmental Courses Yes No Cohort _____

Academic Status: Probation Warning Restricted Conditional Unconditional Project Exit Date: _____

PART D: Student Information Release Form

**STUDENT INFORMATION RELEASE
FOR
MURRAY STATE UNIVERSITY
Upward Bound**

The information you provide to Upward Bound Program and/or Murray State University is for Upward Bound Murray State University, and the U.S. Department of Education use only. The information provided in this application is necessary to determine eligibility for the program and may be used for research purposes. Only Upward Bound, Murray State University personnel, and U.S. Department of Education personnel have access to these records.

PLEASE INITIAL EACH AREA OF CONSENT:

_____ I give consent to release the following information to Upward Bound /Murray State University program as requested:

- Standardized Test Results (ACT, SAT, CTBS, PSAT, etc.)**
- High School Grade Reports**
- High School Transcripts**
- College Admission and Financial and Aid Records**
- College Grade Reports and Transcripts**

_____ I give consent for Upward Bound /Murray State University staff and my child’s school representatives to discuss my child’s academic progress and general school activities for the purposes of identifying needs, coordinating services, and documenting my child’s overall scholastic progress. I and my child, fully understand that Upward Bound will track my child’s academic progress and admission status until he/she is no longer attending an institution of higher learning.

_____ I give consent for Upward Bound/Murray State University to use **photographs** of my child for news releases, publicity, and other information about the program released to the public.

_____ I give consent for this release to remain in effect until my child’s completion of college and/or post-graduate work is completed, if selected as an Upward Bound Program participant. If not selected for the Program, I give consent for the information provided in this application and information released as described above to be used by Upward Bound for research projects.

Name of Student (printed)

Student Signature

Date

Name of Parent (printed)

Parent Signature

Date

PART E: Permission & Medical Release Form

MURRAY STATE UNIVERSITY Upward Bound PERMISSION/RELEASE FORM

I/we hereby give my/our consent for _____ to attend Upward Bound sponsored activities at Murray State University. I also have checked/or not checked the movie categories I allow for my child to watch. ___ **Rated G**, ___ **Rated PG** and ___ **Rated R**. I have checked the box(s) of the movies I approve to watch. I also acknowledge the Upward Bound activities may include **field trips, cultural events, and workshops**. I understand that my child can/will be transported by all means of transportation. These means will be car, van, bus (school and charter), plane and train. I/we understand my/our child will be provided transportation to and from these events and hereby agree to same. As parent (s) or the natural guardian (s) of the above named student, I/we release Murray State University, its Board of Regents and individual Regents, directors, officers, agents, and employees, the Director of Upward Bound and any staff member of Upward (hereinafter referred to as "released parties") 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 under-age child should subsequently bring legal action and obtain judgment against the released parties, or any of them, I/we hereby bind and obligate myself/ourselves to indemnify said released parties up to and including the full amount of the judgement.

Furthermore, I/we understand that I/we forever release the released parties from all claims, damages, actions, or causes of actions which may occur due to any decisions made with respect to the **medical care or treatment** of my/our child. I/we further authorize agents of the Upward Bound Program and/or employees/agents of Murray State University to **authorize emergency medical treatment** for my/our child in the event that I/we are unavailable to provide such consent and hereby agree to hold said released parties harmless as to any and all decisions in regard to said medical care.

This release is unlimited in duration, and applies to any and all Upward Bound sponsored activities in which the above named individual participates.

This permission and release form is entered into voluntarily and of my/our own free will and volition. I/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 portion of this agreement is 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) of said child.

This the _____ day of _____, _____.

Father/Guardian Signature & Date

Home Telephone (Father)

Work Telephone (Father)

Mother/Guardian Signature & Date

Home Telephone (Mother)

Work Telephone (Mother)

Relative /Telephone

Alternate /Telephone

Neighbor /Telephone

**Murray State University Upward Bound Programs
MEDICAL & MEDICATION CONSENT FORM**

**This form will serve as the ONLY waiver valid for ALL Upward Bound (UB) Program activities occurring
September 1, 2018 through August 31, 2019**

Because your son/daughter is below the legal age of consent (18 yrs.), the law requires that we have parent permission to obtain medical service should the need arise. Your signature on this consent form will authorize us to provide medication should the need occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions.

UB STAFF IS NOT ALLOWED TO ADMINISTER PRESCRIBED MEDICATION AT ANY TIME.

Student Name: _____ Grade Level: _____

Parent and Emergency Contact Information:

Parent (I) Name: _____ Phone: _____

Parent (II) Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

(Someone other than a parent)

As parent or guardian, I authorize Upward Bound personnel to obtain needed emergency care as listed below:

Medical Insurance: _____ Policy #: _____

Medicaid/Medicare #: _____ Policy #: _____

Medical Doctor: _____ Phone: _____

Preferred Hospital: _____

Student's Date of Birth _____ Blood Type _____ Date/Last Tetanus Shot _____

List any medications your child will be taking daily: _____

List major medical conditions/allergies, behavioral issues, recent injuries, sight or hearing impairments (if any):

Are there any limits on his/her physical activity: If so, what are they? _____

Please circle all over-the-counter medications we are allowed to provide to your student:				
Acetaminophen (Tylenol)	Aspirin (Bayer)	Cough Drops (Halls)	Eye Drops (Visine)	Ibuprofen (Advil)
Anti-histamine (Benadryl)	Bismuth (Pepto-Bismol)	Magnesium (Mylanta)	Antacid (Tums)	
Please list any over-the-counter medications or other allergens (i.e. seafood, peanuts) your child is allergic to:				

Student's Printed Name	Student's Signature	Date
Parent or Legal Guardian's Printed Name	Parent or Legal Guardian's Signature	Date

PART F: NEEDS ASSESMENT

Applicant's Name: _____

Academic Needs

1.	Do you need help with study skills?	Yes	No
2.	Do you need assistance improving your academic skills?	Yes	No
3.	Do you need help in science?	Yes	No
4.	Do you need help in computer-aided instruction?	Yes	No
5.	Do you need Tutoring?	Yes	No
	If so, what subjects? _____		
6.	Do you need assistance with academic counseling?	Yes	No
7.	Do you need assistance with test taking skills?	Yes	No
8.	Are your parents involved in your education?	Yes	No
9.	Do you need assistance in improving your writing skills?	Yes	No
10.	Do you need practice in critical thinking skills?	Yes	No
		Total	_____

College Preparation

10.	Do you need help in applying for financial aid?	Yes	No
11.	Do you need information on scholarships for college?	Yes	No
12.	Do you need information on college admissions?	Yes	No
13.	Do you need assistance with ACT/SAT preparation?	Yes	No
14.	Do you need to learn some "college survival skills"?	Yes	No
15.	Do you need information about various colleges/universities?	Yes	No
		Total	_____

Career Needs

16.	Are you interested in conducting research?	Yes	No
17.	Are you interested in a Math or Science related career?	Yes	No
18.	Do you need assistance in career planning?	Yes	No
19.	Do you need to explore jobs related to your interests?	Yes	No
20.	Do you need to be aware of the employment outlook in your area of interest?	Yes	No
		Total	_____

Personal Development

21.	Do you need to participate in more cultural activities?	Yes	No
22.	Do you need activities designed to help you with goal setting?	Yes	No
23.	Do you need to practice decision-making skills?	Yes	No
24.	Do you need to learn team-building skills?	Yes	No
25.	Do you need to become more familiar with people of other cultures?	Yes	No
26.	Do you need to learn more about drug and alcohol abuse?	Yes	No
27.	Do you need to learn more about sex and AIDS?	Yes	No
		Total	_____

PART G: Recommendations & Attachments

RECOMMENDATION FORM (Completed by School Counselor)

_____ has applied to Murray State University as a potential participant in the Upward Bound Program. The Upward Bound Program introduces high school students with interests in obtaining a four year college degree to a 6 weeks of a the summer and assist with academic and career counseling throughout their academic career. Your evaluation is requested with the assurance that all statements will be kept confidential. This form is a part of the application so **please return it as soon as possible**.

IN MY OPINION...

	Strongly Disagree			Strongly Agree	
I know this student well.	1	2	3	4	5
This student has a tendency to make mature decisions.	1	2	3	4	5
This student has the ability to live away from home for three weeks.	1	2	3	4	5
This student is cooperative with teachers and adults in authority.	1	2	3	4	5
This student is a team player (works well in a group).	1	2	3	4	5
This student has the internal motivation to be successful in this program.	1	2	3	4	5
In my opinion behavior would not affect program participation/dismissal.	1	2	3	4	5

Does the student take developmental courses? Yes or No

If so which subject(s)? _____

Please check one that best describes this student

Academic Need	
1.Diagnosed learning disability	
2.Lack of career goals and/or need for accurate information on careers	
3.Lack of confidence, self-esteem and/or social skills	
4.Lack of opportunity support and or guidance to take challenging college preparation courses	
5.Limited English Proficiency	
6.Low educational aspirations	
7.Predominately low income community	
8.Rural Isolation	

Are you aware of any current circumstances or problems which may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, health concerns)? _____

____ I recommend this student without reservation for participation in the Upward Bound Program.

____ I recommend this student with reservation(s) for participation in the Upward Bound Program (Please explain on the back)

____ I do not recommend this student for participation in the Upward Bound Program (Please explain on the back)

Please print name/Phone

Signature/Date

Name of school

Address

RETURN COMPLETED RECOMMENDATION TO: Guidance Office or UB Staff

RECOMMENDATION FORM (Completed by a School Teacher)

_____ has applied to Murray State University as a potential participant in the Upward Bound Program. The Upward Bound Program designed to help prepare qualified high school students to enter and succeed in college. Your evaluation is requested with the assurance that all statements will be kept confidential. This form is a part of the application so **please return it as soon as possible.**

IN MY OPINION...	Strongly Disagree				Strongly Agree
I know this student well.	1	2	3	4	5
This student has a tendency to make mature decisions.	1	2	3	4	5
This student has the ability to live away from home for six weeks.	1	2	3	4	5
This student is cooperative with teachers and adults in authority.	1	2	3	4	5
This student is a team player (works well in a group).	1	2	3	4	5
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Are you aware of any current circumstances or problems which may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, health concerns)? _____

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- ____ I do not recommend this student for participation in Upward Bound (Please explain on the back)

Please print name/Phone

Signature/Date

Name of school

Address

What class did you have this student in _____

If not in class, how do you know this student _____

RETURN COMPLETED RECOMMENDATION TO: Guidance Office or UB Staff

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Please print name/Phone	Signature/Date
Name of school	Address

What class did you have this student in _____

If not in class, how do you know this student _____

RETURN COMPLETED RECOMMENDATION TO: Guidance Office or UB Staff

RECOMMENDATION FORM (Completed by a School Teacher)

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This student is cooperative with teachers and adults in authority.	1	2	3	4	5	
This student is a team player (works well in a group).	1	2	3	4	5	
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 ____ I do not recommend this student for participation in Upward Bound (Please explain on the back)

Please print name/Phone

Signature/Date

Name of school

Address

What class did you have this student in _____

If not in class, how do you know this student _____

RETURN COMPLETED RECOMMENDATION TO: Guidance Office or UB Staff