REQUIRED DOCUMENTATION FOR ADMISSION INTO THE UPWARD BOUND PROGRAM

Completion of Assessments

Copies of the following:

Birth Certificate

Or

Permanent Resident Card

Or

National Immigration Card

And

Social Security Card

And

Income Tax Returns such as: 1040, 1040A, or 1040EZ
(Returns must be signed by parent or parents claiming child on second page of return)

And

Medical Insurance Card

And

TAKS Scores

And

Letter of Reference from Teacher or School Counselor
Application for Admission

Name:__________________________________________________________________
Last     First    Middle Initial

Address:________________________________________________________________
P.O. Box or Street Name  City  State  Zip Code

Home Phone Number: (      )______-______ Social Security Number:_____-____-_____

Gender: (Check One) ________Male  ______Female

Birth Date:________________ Place of Birth:________________
Month/Day/Year     City                             State                     Country

Are you a United States Citizen? (Check One)  ______Yes  ______No
If No, What is your Resident Alien Card Number?_______________________________

Primary Language Spoken at Home:__________________________________________

Ethnicity (Check One):  ____African American____Caucasian____Native American
____Asian American____Hispanic____Other_______________

School Currently Attending:__________________________________ Student Number:__________

Current Classification: (Circle One)      Freshman    Sophomore    Junior    Senior

Counselor’s Name:______________________  Expected Date of Graduation__________
Month/Year

If you have attended any other High School, please provide the information below:
________________________________________________________________________
School Name   City   State  Grades Attended
________________________________________________________________________

Please provide the name of the Middle School/Junior High you attended below:
________________________________________________________________________
School Name   City   State  Grades Attended
________________________________________________________________________

Please list any extra curricular activities you are involved in________________________
________________________________________________________________________

Are you currently on the Free Lunch Program?  (Circle One)      Yes  No
Are you currently employed? (Circle One) Yes No

If yes, when do you work? (Circle One) After School Weekends Both

Place of employment:______________________________________________________

Please list in order, the careers or occupation you are most interested in:
1.______________________________________________________________________
2.______________________________________________________________________
3.______________________________________________________________________

Please list in order, the colleges, universities, or technical schools you may be interested in attending: 1.________________________________ 2._________________________
3.___________________________________________

Please circle all the academic areas you would like assistance with (you may circle more than one):
English/Literature Mathematics Science Foreign Language

Other (specify)___________________________________________________________

Please circle all the services you would like to receive (you may circle more than one):
Time Management ACT/SAT Preparation Career Development
Study Skills College Planning Job Readiness
Stress Management Scholarships/Financial Aid Using the Internet
Self-Esteem Goal Setting

Other (specify)___________________________________________________________

What are some steps you have taken on your own to prepare for college?_____________
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Parent Information (To be completed by Parent or Guardian)

<table>
<thead>
<tr>
<th>Father/Male Guardian</th>
<th>Mother/Female Guardian</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
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<td>Zip Code</td>
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<td><strong>Phone Number (   )-____</strong></td>
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<td><strong>Occupation</strong></td>
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<td><strong>Employer</strong></td>
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<td><strong>Work Number</strong></td>
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<td><strong>Highest Grade Level Completed</strong></td>
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<td><strong>Yes</strong> No</td>
<td><strong>Yes</strong> No</td>
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<tr>
<td>If yes, did you graduate? ____</td>
<td>If yes, did you graduate? ____</td>
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<tr>
<td>How many years did you attend? ____</td>
<td>How many years did you attend? ____</td>
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<tr>
<td><strong>Student Applicant lives with? (Circle all that apply)</strong></td>
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<tr>
<td>Father</td>
<td>Mother</td>
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<td>Stepfather</td>
<td>Stepmother</td>
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<tr>
<td>Guardian__________</td>
<td>Name</td>
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<tr>
<td>Other__________ Relationship/Name</td>
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</table>

Total Number of Persons in Household (including student applicant, parents/guardian, children, and any students currently attending college)__________

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<th>Is family receiving? (Circle all that apply)</th>
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<tbody>
<tr>
<td>Social Security</td>
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<td>Other (specify)___</td>
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</table>

What is your estimated family annual income? _______________

**AUTHORIZATION:**
I, hereby grant permission for my son/daughter,____________________________, if accepted, to participate in the **Sul Ross State University Upward Bound Program**, including both the academic and summer residential component. As a parent/guardian, I will fully support the goals and objectives of the program, and will help to encourage my son/daughter to be successful in all academic pursuits.

<table>
<thead>
<tr>
<th>Parent/Guardian’s Signature</th>
<th>Date</th>
<th>Parent/Guardian’s Signature</th>
<th>Date</th>
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</thead>
</table>
Upward Bound would like to know more about you! Please tell us in at least 100 words what makes you unique and special. Include what responsibility and dedication means to you, both your long-term and short-term goals and what you hope to gain from being a participant in the Upward Bound Program. This statement should be HANDWRITTEN & PLEASE PRINT. (You may attach an additional sheet of paper if needed).

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Non-Discrimination Statement
No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored by Sul Ross State University on any basis prohibited by applicable law, including but not limited to race, color, national origin, religion, sex, age, or disability.
Field Trip Permission Form

I/We do give my/our unqualified consent for my child to make any and all trips under the auspices and sponsorship of the Upward Bound Program at Sul Ross State University. I/We also understand that trips will be taken by motor vehicle, operated and insured as required by the laws of the State of Texas. I/We authorize the adult program officials on duty to make any decision necessary, in their sole opinion, to safeguard the health and welfare of my/our child.

____________________________________  ________________________  
Student’s Signature                               Date

____________________________________  ________________________  
Parent/Guardian’s Signature                         Date
UPWARD BOUND PROGRAM
Sul Ross State University
A Member of the Texas State University System

Medical History Information

Dear Parent/Guardian:

Please complete all requested information and return with the Consent form. All forms must be completed, signed, and returned before your child can enroll in the program.

Name of Student_________________________________________ Sex_____

Address_________________________________ Phone (        )________-________

City____________________________ State_________________ Zip Code________

Date of Birth____________________ Social Security Number_______-_____-________

1. Is your child covered by a health insurance plan?  (Check One)  _____Yes ______ No
If yes, give company name___________________Policy Number________________
Phone (      )  __________-_________-__________.

2. Does your child have any medical problems that we should know about (i.e., special
diet, asthma, allergies to drugs, heart trouble, epilepsy, diabetes, physical handicaps,
etc.)? Please describe:___________________________________________________
_____________________________________________________________________

3. Is your child taking medication now?  If so, please list prescriptions and dosage:
_____________________________________________________________________
_____________________________________________________________________

4. Should there by any limits on his/her physical activities?  If so, what are they?
_____________________________________________________________________
_____________________________________________________________________

5. Has he/she had any serious illness in the last three years?  If so, please explain:
_____________________________________________________________________
_____________________________________________________________________

6. At the present time is he/she under a doctor’s care?  (Check One) _____Yes _____No
If yes, please explain:____________________________________________________
_____________________________________________________________________

7. Who is your family doctor?  Name____________________Phone (        )____ -_____
Address_________________________ City_______________ Zip Code____________

8. In the event of an emergency, I can be reached form 8:00 a.m. to 5:00 p.m. at_______
___________________, and I can be reached from 5:00 p.m. to 8:00 a.m. at_______
___________________, and on the weekends, I can be reached at ________________
9. In case of an emergency, who may we contact if parent/guardian cannot be reached?
Name___________________________________Phone(        )________-__________
Relationship to Student__________________________________________________
Address______________________________________________________________

- Please include a copy of your child’s insurance card with this form.

MEDICAL CONSENT/RELEASE OF LIABILITY

I/We authorize the Program Director to arrange for the emergency medical treatment if in his sole opinion, a medical emergency occurs for my/our child during the time he/she is enrolled in the Upward Bound Program.

I/We do hereby authorize the performance of medical examinations and necessary treatments as may be deemed advisable or necessary by the physician in attendance. This consent shall be in effect for the period of time that my son/daughter is enrolled as a participant the Academic Year and/or Summer Upward Bound Program.

If an emergency arises: the Program or other Institutional Staff will attempt to reach me/us and be guided by my/our wishes, but if I/We cannot be reached, I/We authorize the attending physician to act as medical judgment may dictate.

I/We will agree to indemnify and save and hold harmless Sul Ross State University, its officers, agents, and employees from and against any and all claims and liabilities which may arise out of, or result from, or be in anyway connected directly or indirectly while participation in the program. I/We acknowledge that the participation of my/our child in this program in entirely voluntary.

_________________________________________   __________________
Parent/Guardian Signature                     Date

_________________________   __________________
Address               Phone Number
Permission for Release of School Records

High School: __________________ Request Date: ____________
Student: __________________ Date of Birth: ____________
Grade: ____________ Social Security Number: ______________
High School Counselor: __________________________________

I am a Sul Ross State University Upward Bound Program Applicant/Participant. Please release requested records to the SRSU Upward Bound Program. If you have any questions please contact the Upward Bound office at (432)837-8751.

Thank you for your assistance.

________________________________________
Student Signature

________________________________________
Parent/Guardian Signature