

**Tidewater Community College
Chesapeake Campus**

Upward Bound Program

(Upward Bound is a Federal Funded Program through a Grant Award from the Dep. of Education)

Admission Application

(All the information on this application form will be used for the regulations compliance of our federal funded educational program and will be maintained as a confidential document.)

Participant means: an individual who is enrolled in a target school at the time of acceptance into the project (34CFR, 645.6 (b)); at the time of selection has completed the 8th grade but has not entered the 12th grade and is at least 13 years old, but not older than 19 years old (HEA, 402C (d) (4)); and is a citizen or national of the U.S.A. (34CFR, 645.3 (a) (1-5)).

Name: _____ Age: _____ S.S. #: _____ Date: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____ Citizenship: _____

Address: _____

_____ Home Phone: _____ Cell Phone: _____

Postal Address: _____

Alternate Phone (other than your home phone): _____ Ethnicity: _____

Rural: _____ Urban: _____ Target School: _____ Phone: _____

Home Room: _____ Do you work? _____ Where? _____ Why? _____

Academic Need Determination

Participant has a need for academic support in order to successfully pursue a program of education beyond secondary school (HEA, Sec. 402C (d) (3)).

Academic Need Documentation:

Middle School G.P.A. _____ High School G.P.A. _____ Transcript _____

Standardized Test Scores _____ Other _____

- | | |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Low high school grade point average | <input type="checkbox"/> Low achievement test scores |
| <input type="checkbox"/> Lack of opportunity, support, and guidance | <input type="checkbox"/> Lack of career goals and/or need for inf. on careers |
| <input type="checkbox"/> Low educational aspirations | <input type="checkbox"/> Lack of confidence, self-esteem, and/or social skills |
| <input type="checkbox"/> Limited proficiency in English | <input type="checkbox"/> Predominantly low income community |
| <input type="checkbox"/> Rural isolation | |
| <input type="checkbox"/> Other | |

Determination

- Student demonstrates a need for academic support
 Student does not demonstrate a need for academic support

Documents required for income verification

1. If you are currently employed – Income Tax Copy
2. If you don't file Income Tax but are currently employed – Retention Form and/or Letter of employer
3. If you are self employed – Affidavit stating your income
4. If your income comes from social security benefits – Form 1099 with amount received
5. If you are a Veteran – Letter from fiscal year with the pension amount
6. If your income comes from Food Stamps and/or Public Assistance - provide evidence letter
7. If your income comes from Child Support – provide court order, copy of payment, or letter from the parent that provides child support

Transcripts, Academic and Personal Information Release Authorization

I _____, legal guardian of _____, hereby authorize the Upward
(parent/guardian) (student's name)

Bound Program staff to obtain information regarding the grades, records, transcripts, test scores and any other academic or personal information of the student through the School Administration, Faculty, Social Worker, Guidance Counselor, Registrar and any other school personnel that can contribute with any information regarding my child's academic performance and/or welfare .

Student Signature _____ Date _____

Parent/Guardian/Foster Parent Signature _____ Date _____

Medical Release form

I testify as the legal guardian of _____, who is a participant student of the Upward Bound Program, that I do _____ I do not _____ hereby grant permission to the Director of Upward
(Legal guardian initials on chosen answer)

Bound Program at Tidewater Community College, Chesapeake Campus, Guidance Counselor or any other person previously authorized by the Director of the Upward Bound Program, to furnish first aid services or any other health related stabilization for my child, _____, in case of any sudden sickness or accident as
(student's name)

he/she may require, while participating in any of our program activities as well as to seek medical attention through the nearest medical facilities such as those provided on campus or those medical facilities available when students are on field trips and other authorized activities.

This authorization is conditioned upon the understanding that, in the event of a sudden or serious illness or the need for hospitalization and/or emergency procedure, (including emergency surgery) the Director will use all reasonable efforts to contact me. Failure in such efforts, (up to 30 minutes after the arrival to an emergency facility) however, should not prevent the Director assisted by a licensed Physician, from providing such emergency treatment as may be necessary for the best interest of the life of my child. The medical facility that will be used will be determined by the paramedics that will be assisting my child during his/her transportation to the emergency room.

In addition to the above authorization, I do _____ I do not _____ hereby grant permission for any blood
(legal guardian initials on chosen answer)

transfusion recommended by the licensed Physician that will be in charge of my child's health during the emergency.

If there are any expenses as a result of the injury or medical emergency, I will be held solely responsible for the medical bill related to my child's treatment or procedures, and I assume sole responsibility for the complete payment of those health-related expenses, incurred while attending to my child.

Parent/Guardian/Foster Parent Signature _____ Date _____

Health Statement

(All the health related information is protected by the HIPPA Law, and will only be used for preserving the well-being of the student)

Please list voluntarily all physical or emotional conditions that might affect your child while participating in the Upward Bound Program that you think our staff should be aware of.

Present or past health problems or conditions: _____

Medications taken regularly: (specify) _____

Allergies to medications (specify) _____

Allergies to certain food (specify) _____

Limitations on physical activities: _____

Special emotional conditions (depression, panic attacks, phobia to open/closed environment) _____

Are there any other health/emotional conditions that we should be aware of? _____

The student wears glasses or contact lenses? _____ yes _____ no

The student knows how to swim? _____ yes _____ no

Student Contract

I understand the purpose of the Upward Bound Program, which is to academically prepare participants to successfully pursue and complete a program of post-secondary education. As part of my personal effort in this preparation, I commit to Upward Bound through completion of the Bridge program, and intend to participate in all academic year and summer components of the program. I understand that attendance and performance is an integral part of participating. Therefore, I agree to attend and actively participate in all classes, meetings and activities sponsored by Upward Bound. I will comply with the rules and regulations of the Upward Bound Program, and I am aware that failure to comply could result in dismissal from the program.

Applicant's Signature _____ Date _____

Parent/Guardian/Foster Parent Contract

I understand the purpose of the Upward Bound Program, which is to prepare participants to successfully pursue and complete a program of post-secondary education, and would like to have my child's participation in it. Because parent involvement and support are major contributing factors to student success, **I agree to be involved in the following ways: 1) keep informed of my child's progress in school, 2) encourage my child to attend all Upward Bound activities, 3) allow my child to attend Upward Bound field trips, 4) participate in Upward Bound events in which parents are invited, 5) share concerns about my child's education with Upward Bound staff in their efforts on behalf of my child.** I support the mission of Upward Bound and will make it a priority to assist my child in his/her education.

I hereby attest that all information in this application is true and correct. I also understand that false statement or misrepresentation will make the applicant ineligible for the Upward Bound Program.

Parent/Guardian/Foster Parent Signature _____ Date _____

The Upward Bound Program at the Tidewater Community College, Chesapeake Campus, its Administrative Staff, Faculty, Director, and Guidance Counselor, commits to keep all information completely confidential as required by the law.

Upward Bound Director's Signature _____ Date _____

REV. AG Jan. 2006