



Dear Parent/Guardian:

Your child has indicated an interest and/or been nominated to apply for selection to the Washington State University Upward Bound (UB) Program. Upward Bound (UB) Program is a **free** college preparatory program for high school students funded by the U.S. Department of Education and sponsored by Washington State University. UB is specifically designed to strengthen the math, science, English and foreign language skills of eligible high school students to excel academically and pursue a postsecondary degree.

Year-round services provided by the WSU UB Program include:

- Instruction in math, science, English, and foreign language, including hands-on experience in laboratories, in computer facilities and at field sites;
- A 6-week summer instructional component that is designed to simulate a college-going experience that includes daily coursework in math, science, English and foreign language as well as other related activities such as field trips and special events;
- Activities that involve participants with opportunities to learn from professionals who are engaged in research on campus, or who are engaged in research or applied science at hospitals, governmental laboratories, or other public and private agencies;
- Academic advising from UB staff and individual assistance with the college admissions and financial aid application process.

In order to comply with federal regulations, all UB participants must meet the following criteria:

- Indicate an interest in attending college;
- Demonstrate academic need (low grades and/or low test scores);
- Qualify as Low Income and/or Potential First Generation College Student (neither parent has received a 4-year college degree);
- Commit to remain active in UB until high school graduation

Please complete this application and return with your child's Student Application to their school's Academic Coordinator/Upward Bound school mailbox or mail it to the address below. If you would like to know more about Upward Bound or prefer an online version of the application please visit our website at [www.collegebound.wsu.edu](http://www.collegebound.wsu.edu).

Sincerely,

Upward Bound Program

WSU Upward Bound  
P.O. Box 1689  
21 N. Ash Street  
Omak, WA 98841  
Phone: 509-826-7208



- Print clearly in ink.
- Be sure to answer all questions.

## PART I: STUDENT APPLICANT INFORMATION

DATE		NAME			
Social Security #		E-Mail			
High School/Middle School Attending		Current Grade Level	Date of Birth	Age	Gender
Mailing Address, Street, PO Box, and Apt No.			City	State	Zip
Home Phone Number			Alternative Phone Number		
<b>Citizenship:</b> <input type="checkbox"/> United States Citizen or <input type="checkbox"/> Permanent Resident – Card Number _____					
<b>Ethnic Background:</b> ____ African American or Black ____ American/Alaskan Native ____ Asian ____ Hispanic ____ Native Hawaiian or Islander ____ White ____ Other					
<b>Who do you live with?</b> ____ Mother and Father ____ Father ____ Mother ____ Guardian ____ Other Name of Guardian if you do not live with your parents: _____					
<b>What language is spoken at home?</b> ____ English ____ Spanish ____ Other, Please Specify: _____					
<b>Do you plan to work this summer or school year?</b> ____ Yes ____ No If yes, where? _____ How many hours per week? ____					
<b>What extracurricular activities are you involved in?</b> (Example: Band, sports, clubs, etc.)					
<b>What is your current GPA?</b> _____ Not Sure/Don't Know _____ What grades do you usually receive ____ A's ____ B's ____ C's ____ D's (Check as many as apply)					
<b>What colleges are you interested in attending or obtaining information from?</b> 1. _____ 2. _____ 3. _____					
<b>What are your career interests?</b> 1. _____ 2. _____ 3. _____					
<b>What type of degree do you plan to obtain?</b> You can check more than one. ____ High School Diploma ____ Vocational or Technical School Certificate ____ 4-Year College Degree ____ Master's Degree ____ Doctoral Degree					
<b>Please check below the subjects you have already taken in: MATH</b> ____ Pre-Algebra ____ Algebra I ____ Algebra II ____ Geometry ____ Pre-Calculus ____ Calculus ____ Other					
<b>Please check below the subjects you have already taken: SCIENCE</b> ____ Physical Science ____ Biology ____ Chemistry ____ Physics ____ Other: _____					
<b>Please check below the subjects you have already taken: FOREIGN LANGUAGE</b> ____ Spanish ____ German ____ French ____ Other					
<b>Please check below the following activities that interest you:</b> ____ Career Exploration ____ College visits or fairs ____ Help with college & financial aid applications ____ Tutoring or help with some classes ____ Community service and leadership activities ____ Cultural and educational field trips ____ Help preparing for pre-college tests ____ Other (Please List) _____					

[illegible]

**RELEASE/CONSENT & NOTIFICATIONS**

To the best of my knowledge, I have provided truthful and accurate information on this application.

I authorize the Upward Bound Program of Washington State University to access and/or receive copies of my student's academic transcripts, grade reports, report cards, state testing scores, and any other academic information and test results necessary to complete the program's application process and the duration of my student's time in the program.

I give permission for the WSU Upward Bound project to use photographic/video images of the student named above in project newsletters, websites and promotional materials.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

WSU Upward Bound (the program) is a federal assistance program funded by the US Department of Education. We are required to determine the eligibility of all participants and to maintain student records. Under rules established by the Family Educational Rights and Privacy Act (FERPA), you are hereby notified that the program's student records and the information contained therein are kept confidential and that you (and your parents if you are younger than 18) have the right to inspect the contents of your record.

**PART III UPWARD BOUND PARENT APPLICATION**

(To be completed by Parent/Guardian)

<b>Student/Applicant's Legal Name:</b>	<b>Parent/Legal Guardian Name:</b>
<b>Student lives with:</b> <input type="checkbox"/> Two Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent/s <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relatives or other (Please Specify):	<input type="checkbox"/> Student is a ward of the State or foster child <input type="checkbox"/> Student is legally independent
<b>Mother's Name:</b>	<b>Father's Name:</b>
<b>Mother's Address:</b>	<b>Father's Address:</b>
<b>Mother's Home Phone Number:</b>	<b>Father's Home Phone Number:</b>
<b>Mother's Cell Phone Number:</b>	<b>Father's Cell Phone Number:</b>
<b>Mother's Employer:</b>	<b>Father's Employer:</b>
<b>Mother's Occupation:</b>	<b>Father's Occupation:</b>
<b>Mother's Work Number:</b>	<b>Father's Work Number:</b>
<b>Has Mother received a 4-year degree from a college or university?</b> _____ Yes   _____ No	<b>Has Father received a 4-year degree from a college or university?</b> _____ Yes   _____ No
<b>Does the student:</b> Live with her more than 50% of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No Receive financial support from her? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Does the student:</b> Live with him more than 50% of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No Receive financial support from him? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>INCOME VERIFICATION</b> <b>Please note your application cannot be processed if you do not verify income</b>	
Please provide income information for <b>current filing year taxes</b> by checking and completing <b>ONE</b> of the following: <input type="checkbox"/> 1. Current filing year tax statement. I have attached a <b>signed</b> copy of either <b>IRS 1040, 1040A or 1040 EZ</b> . <input type="checkbox"/> 2. My <b>TAXABLE</b> Family income ( <b>Line 15 of your 1040 tax form</b> ) for current filing year from all sources, was \$_____ <input type="checkbox"/> 3. I did not file taxes during the current filing year, but I received Public Assistance & have attached verification of my family income (copy of benefits letter) from: <input type="checkbox"/> DSHS <input type="checkbox"/> Social Security <input type="checkbox"/> Other _____	
<b>Size of Household:</b>	

**RELEASE / CONSENT & NOTIFICATIONS**

I give my permission for my student \_\_\_\_\_, to apply for admissions to the UPWARD BOUND Program and for program personnel to request and receive any educational records, transcripts, and test results necessary to determine eligibility, to provide effective services and to track educational outcomes for the above named applicant until such time as s/he graduates from high school.

I give permission to the WSU Upward Bound project to use photographic/video images of the student named above in project newsletters, websites, and promotional materials.

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 Parent / Legal Guardian or independent student signature

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 Date

WSU Upward Bound (the program) is a federal assistance program funded by the US Department of Education. We are required to determine the eligibility of all participants and to maintain student records. Under rules established by the Family Educational Rights and Privacy Act (FERPA), you are hereby notified that the program's student records and the information contained therein are kept confidential and that you (and your parents if you are younger than 18) have the right to inspect the contents of your record.

**PART IV EMERGENCY MEDICAL RELEASE**

In an emergency requiring medical attention or a situation reasonably believed to be an emergency by Washington State University (WSU) authorized agents including Upward Bound project staff; I authorize WSU and its authorized agents to obtain emergency medical care for my child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

**NOTE: Minors may consent to certain services in Washington.**

**I hold harmless and agree to indemnify Washington State University, its authorized agents and employees and the project staff from decisions to seek emergency treatment.**

Student Participant:		Date of Birth:		
Parent or Guardian:	Mailing Address:	City:	State:	Zip:
Phone number:		Email:		
<b>Health Care Providers</b>				
Name of Participant's Primary Doctor(s):		Doctor Phone Number:		
Name of Participant's Dentist(s):		Dentist Phone Number:		
Name of Participant's Orthodontist(s):		Orthodontist Phone Number:		
Additional Health Care Provider(s) name(s) and Contact Numbers:				
<b>Allergies/Medical Issues:</b>				
<b>Medical Insurance Information</b>				
This participant is covered by family medical and/or hospital insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Primary Insurance Company:		Policy Number:		
Primary Person Insured:		Insurance Company Phone Number:		
Secondary Insurance Company:		Policy Number:		
Primary Person Insured:		Insurance Company Phone Number:		
<b>Emergency Contact</b>				
Emergency Contact Name:		Emergency Contact Phone Number:		
Emergency Contact E-mail:		Emergency Contact's Relationship to Participant:		

**I voluntarily sign this authorization in consideration for permission for my child to participate in the WSU Upward Bound Program. I have read it and I understand its content and significance.**

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Signature of Parent/Guardian

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Date

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Signature of Participant

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Date

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Witness Signature

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Date

**PART V RECOMMENDATION FORM**

(To be completed by a Teacher or Counselor)

**WSU-Upward Bound  
21 N. Ash Street  
P.O. Box 1689  
Omak, WA 98841  
Phone: 509-826-7208**

Dear Teacher/Counselor:

The student listed below is applying for admissions into the Upward Bound Program (UB) of Washington State University. Your assessment of the student's conduct, character and academic need for program services is an integral element in the admission process. Please give us your honest assessment of this student's desire and ability to learn. Please return completed Recommendation form to your school's Upward Bound Academic Coordinator or our Upward Bound school mail box. Please feel free to contact the UB Program Office at 509-826-7208 or visit our website at [www.collegebound.wsu.edu](http://www.collegebound.wsu.edu). The time and effort you have taken to complete this form is sincerely appreciated.

Student's Name \_\_\_\_\_ Grade Level \_\_\_\_\_ School \_\_\_\_\_

Class/Course Subject \_\_\_\_\_ Current Class Grade \_\_\_\_\_

Place an "x" in the appropriate column for each characteristic listed below:

STUDENT CHARACTERISTICS	EXCELLENT	AVERAGE	FAIR	POOR
CONDUCT IN CLASS				
WILLINGLY PARTICIPATES IN CLASS				
RESPECTS OTHERS AND THEIR PROPERTY				
ABILITY TO FOLLOW INSTRUCTIONS				
COMPLETES ASSIGNED WORK ON TIME				
STUDY SKILLS/HABITS				
ANALYTICAL THINKING SKILLS				
MATURITY/INTEGRITY				
PUNCTUALITY				
ABILITY OR WILLINGNESS TO GET HELP WHEN NEEDED				

Please provide comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the student's performance in the Upward Bound Program. Additional comments may be written on the back.

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Teacher/Counselor Printed Name & Title

School Telephone number

Teacher/Counselor Signature

Date