



Upward Bound (UD-UB) Program

APPLICATION FOR ADMISSION

NOTE: TO BE COMPLETED BY STUDENT, AND PARENT(S) OR LEGAL GUARDIAN(S)

TODAY'S DATE: _____

STUDENT (APPLICANT) NAME: _____

NOTE: THIS APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING DOCUMENTS:

- 1) Completed Application (with ALL signatures) and materials
- 2) Academic Record- Copy of student's most recent Transcript
- 3) Academic Record- Copy of student's most recent Report Card
- 4) Copy of student's standardized test scores (e.g. OAT)
- 5) Copy of Parent/Legal Guardian Income Verification (Current Tax Return/Benefits)
- 6) Completed Student Essays

PARENT/LEGAL GUARDIAN RELEASE OF INFORMATION AND STATEMENT PLEASE READ CAREFULLY

I, as the parent(s) or legal guardian(s) of _____
grant permission for my child to be nominated for the University of Dayton Upward Bound (UD-UB) Program. I
grant permission for the complete release of current and future school records of my child and related family
information to the University of Dayton Upward Bound (UD-UB) Program.

I understand that this application does **NOT** guarantee that my child will be selected to become an Upward Bound
participant.

However, if my child is accepted, I will ensure that my son/daughter abides by the rules and regulations set forth by
the program staff and accept responsibility for my son/daughter's behavior while participating in the University of
Dayton Upward Bound Program. I am aware that violations of provisions in the Upward Bound Student Handbook
will result in disciplinary action and may include immediate dismissal.

DURING THE ACADEMIC YEAR: I understand that my son/daughter and I are responsible for transportation to
all MANDATORY Saturday workshops and events held once/and or twice per month at the University of Dayton
during the academic year.

DURING THE SUMMER ACADEMY: I understand that during the summer residential component, my
son/daughter will be required to live in the residence hall for six-weeks, *and my son/daughter and I are responsible
for transportation to/from home on the weekends during the Summer Academy.*

I am aware that during the program, my son/daughter will be transported to activities, events, and workshops by bus
and/or van provided by the University of Dayton Upward Bound (UD-UB) Program.

I am also aware that during my son/daughter's participation in the program I will be required to participate in the
following:

- New Student/Parent/Legal Guardian Orientation
- Financial Aid/Scholarship Seminars
- Summer Academy Orientation
- Summer Academy Move-In (Registration) and Move Out
- Parent Conferences (as needed)

I certify that all of the information given by me to the University of Dayton Upward Bound (UD-UB) Program is **true and complete** to the best of my knowledge. I promise to provide whatever appropriate information is requested. I realize that any misrepresentation of false information on these forms will lead to withdrawal of any offer for my child to join the program, or to later disqualification of my child as a participant in the University of Dayton Upward Bound (UD-UB) Program.

Signature(s) of Parent (s)/Legal Guardian (s) (if applicant is under 18) Date

Signature of Student (applicant) Date

STUDENT (Applicant) INFORMATION

Student's Full Name: _____

Address: _____

Phone: _____ Cell: _____

How did you find out about this program?

Ever participated in an Upward Bound Program? _____ Where? _____

Gender: Male / Female (circle one) Date of Birth: _____

Are you a U.S. Citizen? Yes _____ No _____ (if no, please explain on a separate sheet).

Social Security Number: _____ Place of Birth: _____

Please check which category best describes your ethnic background:

- | | |
|------------------------|----------------------------|
| _____ African American | _____ Biracial/Multiracial |
| _____ American Indian | _____ Caucasian |
| _____ Asian | _____ Hispanic |

Other (please specify) _____

What is the primary language spoken at home? _____

I currently live with (check):

Both Parents _____ Mother _____ Father _____ Legal Guardian _____

Please indicate which (if any) apply to your family situation (check):

Parents/Legal Guardians married Father remarried Father deceased
 Parents/Legal Guardians separated Mother remarried Mother deceased
 Parents/Legal Guardians divorced Single parent/guardian household

SCHOOL AND STUDENT (Applicant) INFORMATION

School _____ Grade Level: _____

GPA: _____ Counselor: _____

Favorite School Subject (SS): _____ Least Favorite (SS): _____

Name two people that have influenced you the most what is their relationship to you:

- 1) _____
- 2) _____

Plans for education immediately AFTER graduating high school (check):

- Obtaining a community college degree
- Begin at a community college and transfer to a four-year college or university
- Enter a four-year college or university
- Enter the military

In the past two years, have you been (check all that apply):

- Expelled Convicted of a crime Issued a Behavior Plan
- Suspended Written-up (referral)

If any are checked, please describe: _____

NOTE: The following questions will *not* affect an applicant's eligibility. They will be used to determine the level/type of support services necessary for the applicant. Do you:

Have a documented disability (learning, physical, emotional, mental)? Yes ___ No ___

If yes, please describe: _____

Are you currently on an Individual Education Plan (IEP) at your school? Yes ___ No ___

3 SHORT ESSAYS: For the Student (Applicant) to complete. USE SPACES BELOW

Question #1: What has been your greatest accomplishment?

Question #2 (see next page for additional writing space):

Give an example of a school or home situation in which you could have used better judgment.

Question #3:

University of Dayton Upward Bound (UD-UB) has an intensive Year-Round Saturday Program and a six-week Summer Academy (which includes English, math, science, and test-prep courses). Why do you think you are ready to make the commitment to this program?

MEDICAL INFORMATION/EMERGENCY CONTACT

Child's Doctor and Location: _____

Phone: _____

Please list health insurance under which the student is covered: (include medical assistance, if applicable):

(Name of Company) (Policy and/or Group Number)

Has he/she ever been (please check): Hospitalized _____ Had a serious injury? _____

Had surgery or other operations? _____ Have/had a serious illness? _____

If you checked any of the above, please explain:

Is he/she currently taking medication? Yes _____ No _____

If yes, please specify which one(s) and how often:

Please list ANY medical information that you feel is important for the Upward Bound staff to be aware of regarding your child (this includes allergies, ongoing health issues, medications, and or special dietary needs):

Please list ANY physical restrictions your child should observe:

EMERGENCY CONTACTS (other than persons listed above):

- 1) Name: _____ Phone: _____
2) Name: _____ Phone: _____
3) Name: _____ Phone: _____

ATTENTION: Upon evaluation, we will seek medical authorities for injuries and/or illness that require medical attention. **You will be billed for the costs** if your son/daughter requires medical attention while taking part in an Upward Bound activity. Your signature indicates that you are aware of this policy, and that all medical statements on this form are true and complete.

Signature(s) of Parent(s)/Legal Guardian(s) (if applicant is under 18) Date

PARENT INFORMATION (TWO PARTS---COMPLETE BOTH)

PART ONE: INFORMATION FOR (Check)

____ Mother ____ Stepmother ____ Female Legal Guardian

Name: _____ Living ____ Deceased ____

Address: _____

Home Phone: _____ Cell/Work: _____

Are you currently living with the applicant (student)? Yes ____ No ____

Highest grade completed ____ Years of College Attended ____

Have you completed a 4-year (bachelors) degree? Yes ____ No ____

Occupation: _____

Do you work: Full-Time ____ Part-Time ____

PART TWO: INFORMATION FOR (Check)

____ Father ____ Stepfather ____ Male Legal Guardian

Name: _____ Living ____ Deceased ____

Address: _____

Home Phone: _____ Cell/Work: _____

Are you currently living with the applicant (student)? Yes ____ No ____

Highest grade completed ____ Years of College Attended ____

Have you completed a 4-year (bachelors) degree? Yes ____ No ____

Occupation: _____

Do you work: Full-Time ____ Part-Time ____

FAMILY INFORMATION

1) How many people live in your household (including children away at college)?

TOTAL: _____

Please list the names of all people (including parents/legal guardians), along with their relationship to the applicant. If the person is not related but is currently living in the household, please write "unrelated." If the person is neither attending school nor employed, please put "not employed." For babies and preschoolers, please put N/A (not applicable) for school/employment boxes. *If more space is needed, please attach an additional sheet.*

	Name	Relationship to Student	Age	Name of School, College, or Place of Employment	Grade Level
1					
2					
3					
4					
5					
6					

2) Do you: Own your home _____ Rent _____ Live in Public Housing _____

INCOME INFORMATION (remember to submit income verification with your child's application)

1) **TAXABLE INCOME-PLEASE ATTACH A COPY OF PAGES 1 AND 2 OF LAST YEAR'S FEDERAL INCOME TAX RETURN (FORM 1040, 1040A, OR 1040EZ). NOTE: ELECTRONIC FILER COVER SHEET IS NOT SUFFICIENT.**

OR,

2) **Does your family receive financial assistance? (TANF, Social Security, Child Support, or any other state or federally funded subsidy) YES _____ NO _____**

If yes, please indicate: Type of assistance _____

Monthly amount: _____

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

UNIVERSITY OF DAYTON-STATEMENT ON DIGNITY:

Every person, regardless of race, color, creed, national origin, gender, sexual orientation, age or disability shall be treated with respect and dignity. No person shall be subject to any sexual, racial, psychological, physical, verbal or other similar harassment or abuse, or be denied equitable consideration for access to employment and the programs, services, and activities of the University.