University of Dayton
Upward Bound Program
APPLICATION FOR ADMISSION
NOTE: TO BE COMPLETED BY STUDENT, AND PARENT(S) OR LEGAL GUARDIAN(S)

UD-UB

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 Report Card
  3) 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 twice per month at the University of Dayton during the
academic year. In addition, I will make every effort to ensure that my son/daughter attends tutoring.

DURING THE SUMMER ACADEMY: The Summer Academy is in two parts: The first three weeks, the students
commute, and they live on campus for the last three weeks. My son/daughter and I are responsible for on-time
transportation to/from home during the first three weeks and on the weekends during the Summer Academy.

I am aware that during the summer 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 Meetings/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

**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.*
STUDENT (Applicant) INFORMATION

Student’s Full Name: __________________________________________

Social Security Number: ___________________________ Place of Birth: ___________________________

Address: ___________________________________________________ Zip Code: _______________________

Home Phone: ___________________________ Student Cell: ___________________________

Student’s Email: ___________________________ Best way to contact you: __________________________

How did you hear about the program? __________________________________________________

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

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

Are you a U.S. Citizen or Permanent Resident? Yes __________ No ________ (if no, please explain below).

________________________________________________________________________________________

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

High School Attending: ___________________________ Grade Level (This Fall): _______________

Most Recent GPA: ______________ HS Guidance Counselor: ___________________________

Favorite School Subject: ______________ Least Favorite: ___________________________
Name two people that have influenced you the most, and what is their relationship to you:
1) ____________________________________________________

2) ____________________________________________________
Plans for education **immediately** after graduating high school (check):
- Obtaining a 2-year college degree
- Begin at a community college (2yr.) 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, and/or 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. You may add additional sheets of paper if you need more writing space.

**Question #1:** What has been your greatest accomplishment?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

**Question #2**
Give an example of a school or home situation in which you could have used better judgment.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
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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 heath 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: ______________________________________ Zip Code: ______________________
Home Phone: ___________________ Cell: ______________ Work: ____________________
Your email address: __________________________ Best way to contact you: ____________________
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: ______________________________________ Zip Code: ______________________
Home Phone: ___________________ Cell: ______________ Work: ____________________
Your email address: __________________________ Best way to contact you: ____________________
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 the student applicant and parent(s)/legal guardian(s)), 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.

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<th>Age</th>
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2) Do you: Own your home _______ Rent _______ Live in Public Housing _____

UPWARD BOUND PROGRAM HOUSEHOLD INCOME VERIFICATION SHEET

Today’s Date: _________________________________________________________________________

TOTAL YEARLY HOUSEHOLD TAXABLE INCOME:

AMOUNT$: __________________________________________

Student’s Name: __________________________________

Your Signature (Parent): __________________________________

Your Printed Name (Parent): __________________________

FOR STAFF USE ONLY (BELOW):

STATUS: ADMIT ___________________ DECLINE ___________________

REASON: ____________________________________________

DATE: ___________________ STAFF SIGNATURE: ________________