



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.

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: _____ 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.*

	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 _____

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:** _____