



# UPWARD BOUND “STRIVING FOR EXCELLENCE”

## **NOMINATION FORM**

**(To be completed by Guidance Counselor)**

This form is for the use of schools referring students to the Lincoln University Upward Bound Program. Please answer **all** questions below, giving special attention to those on page 2. Please forward completed application to:

Upward Bound Program - M.S.C. #49  
P.O. Box 179  
Lincoln University  
Lincoln University, PA 19352-0999

1. Applicant: \_\_\_\_\_  
Last Name First Name Middle Name
2. High School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_
3. If your position is other than a guidance counselor, please indicate your position and relationship/general involvement with this student.
4. Is the applicant's home in an urban or rural area?
- 5) One of the most important requirements for this program is that each student have significant potential for academic/personal growth. It is desirable that the student feel that one of the conditions of his future development is a post-secondary education, whether or not his/her talents and interests center ultimately in academic pursuits. Any data which will help us estimate this potential in prospective students is relevant. In answering the following questions, please feel free to add any such information.

- a) **Please list and/or attach all available standardized test scores for the student, including 8<sup>th</sup> grade PSSA results. Indicate raw scores as well as percentiles (include I.Q. data, if available). Also indicate the complete name of the test instrument for which scores are being reported.**

_____	_____
_____	_____
_____	_____

- b) **Please attach a copy of the student's most recent report card and a transcript for courses completed.** In what areas has the student shown special interest or aptitude?

- c) Do you feel that the above information represents a valid reflection of this student's abilities?

- d) What is the student's current G.P.A. (if available)? \_\_\_\_\_ Class Rank? \_\_\_\_\_ out of \_\_\_\_\_

- 6) Are you in a position to discuss this student's self-image? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please do so below.

- 7) What factors in this student's psychological make-up or environment have helped or hindered his/her development, academic and otherwise?

- 8) Please indicate and discuss student's present grade level in reading. Is the student in need of remedial help in reading or writing?

- 9) Discuss student's potential to perform on the college level.

- 10) Please indicate the racial composition (%) of your school.
- |                        |                 |                       |
|------------------------|-----------------|-----------------------|
| _____ African American | _____ Caucasian | _____ Native American |
| _____ Asian            | _____ Hispanic  | _____ Other           |

- 11) Is this student a member of your school's ethnic "**Majority Group**"?

Yes \_\_\_\_\_ No \_\_\_\_\_

- 12) How might you characterize this student's general school performance?
- 13) Is this student a participant in any extra-curricular activities at your school?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If answer is yes, describe activities and list names of school personnel supervising the specific activities.
- 14) Additional information for the Upward Bound Staff, such as unusual strengths and weaknesses, learning disabilities, physical handicaps, etc., should be attached to this form by way of a summary statement.
- 15) Do you recommend this student for Upward Bound? (Please check:)
- |                          |                                   |
|--------------------------|-----------------------------------|
| _____ Strongly Recommend | _____ Recommend with Reservations |
| _____ Recommend          | _____ Do Not Recommend            |

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code + 4  
Counselor's Phone #: ( ) Ext. Fax # ( )

**Upward Bound Program Application  
Section II**

**STUDENT EVALUATION FORM**  
**(To be completed by an Academic Subject Teacher)**

**Student:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **Course:** \_\_\_\_\_

**Directions: Please write a sentence or two in response to the items listed.**

- 1) Attitude toward school and study habits:
  
  
  
  
  
- 2) Academic strengths:
  
  
  
  
  
- 3) Academic weaknesses:
  
  
  
  
  
- 4) Potential to perform on college level:
  
  
  
  
  
- 5) Based on your experience and observations, discuss problem areas, other than those indicated above, that may hinder this student's performance in school.
  
  
  
  
  
- 6) Would you be willing to assist the Upward Bound Project in monitoring this student's performance on a periodic basis while school is in session?  
  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes contact number: \_\_\_\_\_

Thank you.

**Teachers: Please return completed form to Guidance Office.**

**Upward Bound Program Application**  
**Section III**  
**(To be completed by Student and Parent(s)/Guardian(s))**

**NOTE TO PARENT(S)/GUARDIAN(S) AND STUDENTS:**

The personal information given to the Upward Bound Project is protected by the Privacy Act. No one may access the information unless they work with or for the Upward Bound Project or are specifically authorized to review the information. The information is necessary to determine if applicants meet the U.S. Department of Education guidelines for eligibility to participate in the program. The project is required to submit information to the U.S. Department of Education in order to maintain compliance with the Code of Federal Regulations. Failure to provide complete and accurate information will delay the processing of the application.

In accordance with Title VI of the Civil Rights Act of 1964 (P.L. 88-3521), no person in the United States shall, on the grounds of race, color, religion, age (within the statutory limits), disability, national origin, or sex be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in relation to any activities sponsored and/or supported by the Upward Bound Program.

## Upward Bound Program Application

All of the following questions are to be **answered by the student** with the assistance of the parent(s)/guardian(s) and/or person referring the student to the program.

**(PLEASE PRINT)**

Name: \_\_\_\_\_

Last Name

First Name

Middle Name

Home Address \_\_\_\_\_

Street

City

State

Zip Code + 4

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Race/Ethnicity**(*optional-check all that apply*) ☐Hispanic/Latino ☐American Indian/Alaskan Native ☐Asian ☐Black/African American ☐White ☐Native Hawaiian or Other Pacific Islander

**Gender**

☐ Male

☐ Female

**T-Shirt Size**

S

M

L

XL

2XL

3XL

*Circle One Size*

Home Telephone #:(\_\_\_\_) \_\_\_\_\_ Cell No#:(\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade \_\_\_\_\_

School Guidance Counselor: \_\_\_\_\_ Telephone #:(\_\_\_\_) \_\_\_\_\_

1) Father's Name: \_\_\_\_\_

Living

Deceased

Place of Employment: \_\_\_\_\_ Work #:(\_\_\_\_)

E-mail Address: \_\_\_\_\_

Check highest level of school completed:

\_\_\_\_ K-8

\_\_\_\_ 9-12

\_\_\_\_ Associate Degree

\_\_\_\_ Technical Degree

\_\_\_\_ Bachelor's Degree

\_\_\_\_ Master's Degree  
or higher

2) Mother's Name: \_\_\_\_\_

Living

Deceased

Place of Employment: \_\_\_\_\_ Work#:(\_\_\_\_)

E-mail Address: \_\_\_\_\_

Check highest level of school completed:

\_\_\_\_ K-8

\_\_\_\_ 9-12

\_\_\_\_ Associate Degree

\_\_\_\_ Technical Degree

\_\_\_\_ Bachelor's Degree

\_\_\_\_ Master's Degree  
or higher

3) Does either parent with whom you reside have a 4-year college degree (Bachelor's Degree)? \_\_\_\_\_ Yes \_\_\_\_\_ No

4) Check if parents are: Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Never Married \_\_\_\_\_

5) List any brothers and sisters living in household, giving their age, grade or occupation:

<u>Name</u>	<u>Age</u>	<u>School Grade or Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6) List any other persons living in your household:

<u>Full Name</u>	<u>Age</u>	<u>Relationship</u>	<u>School Grade or Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7) With whom do you make your home now? (Please check **one** of the following):

☐ Both Parents  
☐ Mother Alone  
☐ Father Alone  
☐ Mother and Stepfather  
☐ Father and Stepmother  
☐ Other Relative(s): indicate relationship and Name \_\_\_\_\_  
☐ Foster Parents: (Name) \_\_\_\_\_  
☐ Other: please specify \_\_\_\_\_

**Please give total number of persons in household:** \_\_\_\_\_

8) What do you do to relax in your free time?

9) What area of study or activity at school or outside school has been most important to you and why?

10) How did you spend last summer?

11) What social networks do you use (circle all that apply)?

Facebook      Twitter      Instagram      Myspace



12) How have the schools and teachers you have experienced either helped or hindered your personal growth?

13) What area(s) have you considered for your future career?

14) **In three well-developed paragraphs write an autobiographical essay of your life. This must be completed before application is considered. Use back of page or attach separate sheet.**

15) Please list high school/community/athletic activities in which you are a participant. Include place of employment and scheduled days and hours, if applicable.

_____	_____
_____	_____
_____	_____

16) a. In what type curriculum are you presently enrolled?  
(Please check one of the following).

_____ Business	_____ College Preparatory (Honors/Advanced Placement)
_____ General/Basic	_____ Vocational
_____ Other: _____	
Please Specify	

b. Are you willing to enroll or continue in a demanding college preparatory program?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

c. If answer is no, please give reason: \_\_\_\_\_  
\_\_\_\_\_

17) Citizenship Status: (Please check)

U.S. Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please submit a copy of birth certificate with application regardless of status.**

If no, indicate country of citizenship and status below:

Country of Citizenship: \_\_\_\_\_  
\_\_\_\_\_ Permanent Resident  
\_\_\_\_\_ Green Card # \_\_\_\_\_ (please submit copy)  
\_\_\_\_\_ Other (specify Visa type) \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

## **AUTHORIZATION FORM**

For student's participation and care while enrolled in Lincoln University's Upward Bound Program:

1. I hereby authorize the Director/Staff of the Lincoln University Upward Bound Program to provide any necessary preventative, corrective, routine and/or emergency medical or dental services required by my daughter/son or ward \_\_\_\_\_ while enrolled as a student in the program.  
Print Student's Name
2. I give permission for my daughter/son to participate in all activities of the Upward Bound Program.
3. I agree to confer with the Upward Bound Staff regarding the placement of my daughter/son in the high school academic courses required of students participating in the program. I also understand that an unwillingness to follow the required academic curriculum may result in program dismissal.

Any exceptions may be noted below:

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Signature: \_\_\_\_\_  
(Parent/Guardian)

Print Name: \_\_\_\_\_  
(Parent/Guardian)

Address: \_\_\_\_\_  
Street

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

## **MEDICAL/DENTAL INFORMATION FORM**

I. Medical Information: Does student have a family doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

A. If yes, enter name of family doctor: \_\_\_\_\_

1. Doctor's address: \_\_\_\_\_

City State Zip Code + 4

2) Doctor's telephone #: (\_\_\_\_) \_\_\_\_\_

B. Date of last physical examination: \_\_\_\_\_

C. Is student presently receiving treatment from a doctor for any reason?

Yes \_\_\_\_\_ No \_\_\_\_\_

D. Is student presently taking any medication(s) which must be taken or administered on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and provide name of medication: \_\_\_\_\_

\_\_\_\_\_

II. Dental Information: Does student have a dentist? Yes \_\_\_\_\_ No \_\_\_\_\_

A. If yes, enter name of dentist: \_\_\_\_\_

1) Dentist's address: \_\_\_\_\_

City State Zip Code + 4

2) Dentist's telephone #: (\_\_\_\_) \_\_\_\_\_

B. Date of last dental examination: \_\_\_\_\_

C. Is student presently receiving treatment from a dentist for any reason? Yes \_\_\_\_\_

No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

III. Insurance Information:

A. Is student covered by a health insurance policy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following and please attach a copy of the card to this page.

1) Insurance Company Name: \_\_\_\_\_

2) Identification #: \_\_\_\_\_ Group #: \_\_\_\_\_

3) Policy is from employer of: Mother \_\_\_\_\_ Father \_\_\_\_\_

B. 1) Does student have a Medical Assistance Card? Yes \_\_\_\_\_ No \_\_\_\_\_

2) Does student have an HMO card? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to B1 or B2 is yes, please attach a copy of card to this page.

## RELEASE OF SCHOOL RECORDS

**(PLEASE PRINT)**

Re: Student:

[illegible]

I hereby authorize the \_\_\_\_\_ School District to release all school records, or copies thereof, of the above named student including grade transcripts, health records and psychological and social reports of a pertinent nature. Information received shall remain in strict confidence and be used by professional staff only.

This release form shall remain in effect throughout the above named student's length of participation in the Lincoln University Upward Bound Program.

A photostat copy of this release form shall be considered valid.

Signature: \_\_\_\_\_  
Student

Signature: \_\_\_\_\_

Parent/Guardian

Print Name: \_\_\_\_\_  
Parent/Guardian

**Mail all records to:** Upward Bound Program - M.S.C. # 49  
P.O. Box 179  
The Lincoln University  
Lincoln University, PA 19352-0999

**Guidance Staff:** Please submit this original form with the application and keep a copy for the student's school file.

Thank you.

## Lincoln University Upward Bound Program

### STATEMENT OF INCOME

I hereby certify that the following figure is a true and correct statement of **total family income** for the calendar year January \_\_\_\_\_ through December \_\_\_\_\_, 20\_\_\_\_.

**Total Income** (all sources) \$ \_\_\_\_\_

Source of Income (check those that apply):

_____ 1) Employment \$ _____	_____ 4) Workman's Compensation \$ _____
_____ 2) Public Assistance \$ _____	_____ 5) Other Retirement or Pension \$ _____
_____ 3) Social Security \$ _____	_____ 6) Other sources of income \$ _____

I authorize Upward Bound to verify the above with the appropriate federal or state government agency, if necessary.

Signature: \_\_\_\_\_

Parent/Guardian

Name: \_\_\_\_\_

(PLEASE PRINT)

Address: \_\_\_\_\_

Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code + 4

Parent or guardian's **signature must** be on this form if daughter/son is to be considered for Upward Bound. Please attach appropriate forms or letters showing present family income.

**Parents or guardians of applicants must submit one of the following forms as verification of income eligibility:**

- 1) Copy of most recent Federal Income Tax Form (1040; 1040A)
- 2) Written letter from courts, social agencies, etc. stating source of support.  
**On agency letterhead only** (ex: D.P.A.; S. S. Benefits; Veteran's Benefits; etc.)

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**My signature below indicates that I understand that the omission or misrepresentation of facts or failure to provide information will be cause for denial of admission consideration or cancellation of admission if discovered subsequently.**

**Applicant's Signature:** \_\_\_\_\_

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_