



Dear Applicant,

Thank you for your interest in the Upward Bound Programs at Florida Atlantic University. **Upward Bound and Upward Bound Math Science** are federal programs designed to help students with academic potential who need additional preparation and motivation prepare for, enter, and succeed in college. The programs provide ongoing academic support, counseling, post-secondary preparation, cultural enrichment activities and a **UBMS Summer Bridge Program** - all at no cost to the students or the school! **The Upward Bound Programs are year-round programs.**

Eligibility to participate in the program is determined individually. However, each applicant must meet basic eligibility requirements set forth by the federal government, that require neither parent to have a four-year college degree and family's income level verification. Our program is open to students who are entering grades 9, 10, 11 & 12. FAU Upward Bound Programs have limited space available. Therefore, it is important that you complete your application as soon as possible. In the event there is no program space availability, an approved student will be placed on a waiting list for later consideration.

There is six-week summer enrichment including a one-week residential program. UB participants have an opportunity to take academic preparation courses in Math, Language Arts, Science, and Foreign Languages, Co-Curricular Workshops and Summer Bridge Program (UBMS) ONLY. For more information, please call our office.

Below you will find instructions for completing the application process. Once your application is received, you will be notified of your application status. We look forward to serving you!

Sincerely,

Sherry Bynes, Director of Upward Bound Programs

Sbynes1@fau.edu

3200 College Avenue | ES Bldg. | Davie, FL 33314 | Phone: 954-236-1318 | Fax: 954-236-1341

The Application Process:

1. Program receives completed application with all required documents.
2. Completed application packet will be reviewed by Director.
3. Student and parent will be notified of application status by email.
4. An interview will be scheduled and conducted with student and parent.

To note: If you do not receive an email with one week of submission, please call our office at 954-236-1318. We recommend keeping a copy of all application materials in case resubmission is necessary.

Student Application Checklist

As you complete the application, please check off the item that is complete so that you assure that everything is included, signed and dated. If something is not checked off, the application may be considered incomplete and entrance into the program may be at risk.

Please select the appropriate program: **Upward Bound** **Upward Bound Math Science**

First Name	Middle Initial	Last Name
High School	Student ID #	Grade Level

- Not currently enrolled** in another **TRiO** program (i.e., Upward Bound)
- Student Application Check List (complete, check off, signed and date)
- Student/Parent Information (fill out)
- Student Agreement (read, signed and dated)
- Parent/Guardian Information/Affidavit (complete – for both parents even if only one lives in the home, sign and date)
- Parent/Guardian Release Form (complete)
- Teacher Recommendation Form (**school official must complete**)
- Personal Statement
- Copy of Medical Insurance Card
- Copy of Current Transcript/Report Card
- Copy of Questionnaire

I hereby attest that all information in this application is true and correct. I also understand that a false statement or misrepresentation will make the applicant ineligible for the Upward Bound Programs.

Student Signature: _____ **Date:** ____/____/____

Parent/Guardian Signature: _____ **Date:** ____/____/____

Student Information				
School		Student ID#		Grade
First Name	Middle Initial		Last Name	
Address		City		State FL
Zip		E-mail: _____@_____		
Phone (____) - ____ - _____	Date of Birth: ____/____/____	Gender: ____ Male ____ Female	Ethnicity? <i>(Please check one)</i> <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other not listed (please specify)	
Current GPA: Weighted/Unweighted	Have you passed all required EOC's? ____ Yes ____ No		Have you passed the FSA? ____ Yes ____ No	
Place of Birth:	US Citizen? ____ Yes ____ No	If no, Please enter resident registration number:	A	
Have you considered a college education? ____ Yes ____ No	What Major? <i>(write undecided if unsure)</i>		What College? <i>(write undecided if unsure)</i>	
How would you define your interest in going to college? Very High High Average Moderate Low				
What is the most important aspect of a college education? <i>(Please check all that apply)</i> <input type="checkbox"/> Learn a Career <input type="checkbox"/> Gain Knowledge <input type="checkbox"/> Expand my Abilities <input type="checkbox"/> Gain Life Experience <input type="checkbox"/> Unknown				
How can the Upward Bound Programs assist you as a participant? <i>(Please check all that apply)</i> <input type="checkbox"/> Tutoring <input type="checkbox"/> Test Preparation <input type="checkbox"/> College Prep <input type="checkbox"/> Life Skills <input type="checkbox"/> Academic Support <input type="checkbox"/> Mentoring/Advising				
Have you participated in any other academic programs? ____ Yes ____ No		If yes, which one?		
Do you have extra Curricular Activities? ____ Yes ____ No		If Yes, what? <input type="checkbox"/> Job <input type="checkbox"/> Sports <input type="checkbox"/> Religious <input type="checkbox"/> Academic <input type="checkbox"/> Family <input type="checkbox"/> Volunteering		
<u>Program Commitment (Student)</u> I understand that I am making a year-round commitment to fully participate in all Upward Bound Programs activities, complete program requirements, to pursue the appropriate high school college preparatory classes necessary for pursuing a degree from a four-year college or university.				
Student Signature: _____ Date: ____/____/____				
Parent Information				
First Name		Last Name		
Phone (____) - ____ - _____		E-mail: _____@_____		
Adult References <i>(list two adults other than yourself whom we could contact in the event of an emergency)</i>				
Name	Address		Phone (____) - ____ - _____	
Name	Address		Phone (____) - ____ - _____	

Student Agreement

I understand the purpose of the Florida Atlantic University’s Upward Bound Programs is to prepare participants to successfully complete high school and college. As a part of my personal effort in this preparation, I commit to Upward Bound programs participation in academic year and summer components of the program. I understand that attendance is an important part of my participation and is a major contingency for receiving a stipend. Therefore, I agree to attend and actively participate in all classes, meetings, tutorial sessions and cultural enrichment activities sponsored by the program. In order to remain an active member of the Upward Bound Programs, students must participate in at least 51% of all activities.

Non-active members will not receive stipends and risk being expelled from the program. Additionally, when participants are accepted into the Upward Bound Programs, their acceptance is probationary – 10 days during the Summer Program, 60 days otherwise. Participants are NOT eligible for stipends during their probationary period or during periods when there is no academic programming.

I will comply with all rules and regulations of the Upward Bound Programs and FAU Student Code of Conduct. I am aware that failure to comply may result in dismissal from the program.

Below is a list of prohibited activities:

1. Violence or threat of violence to others or against oneself
2. Any form of bullying, harassment, or behavior which can reasonably be seen to cause another student embarrassment or distress (including behaviors which take place through social media, ie. Facebook/Twitter).
3. Theft, conversion, misuse, damage, or destruction of University property of member of the University community
4. Interfere with the freedom of movement of any member or guest of the University
5. Interfere with rights of others to carry out their activities of the University
6. Interfere with the academic freedom and freedom of speech of any other member or guest of the University
7. Non-compliance with written or oral request or orders of authorized University personnel in the performance of their official duties. Such orders may include, but shall not be limited to, orders given by authorized University facilities managers or campus police to vacate campus premises
8. Providing false information to the University officials, the withholding of required information, or the misuse of University documents
9. The possession, use and or consumption of alcoholic beverages, drugs or other controlled substances
10. Possession of fireworks, explosives, or weapons on campus
11. Other violations of University rules, regulations or policies

I understand that I may be dismissed from the program without prior warning for the actions listed above or any other behaviors deemed dangerous or unrepresentative of the Upward Bound Programs by its Director.

As a participant, I will behave in a respectful manner at all times and will follow instructions of staff and representative of FAU and Upward Bound. I will come to class prepared to participate and will not use profane, vulgar or abusive language. I will dress appropriately at all times and will not use electronic devices in classrooms (including cell phones) without the approval of Upward Bound staff.

Student Signature: _____ **Date:** ____/____/____

Parent/Guardian Signature: _____ **Date:** ____/____/____

Parent/Guardian Income Affidavit

First Generation Eligibility Verification
(Answer for both parents even if you live with only one)
 *Please note that income level is only one factor for eligibility and will not be the only factor of acceptance into the program.

Father/Guardian		Mother/Guardian	
Name		Name	
Employer		Employer	
Employer Address		Employer Address	
Work (____) - ____ - ____		Work (____) - ____ - ____	
Please indicate the highest educational level reached <i>(Check one)</i>		Please indicate the highest educational level reached <i>(Check one)</i>	
<input type="checkbox"/> Elementary (K-8) <input type="checkbox"/> High School Diploma (9-12) <input type="checkbox"/> Vocational/Career <input type="checkbox"/> Some College	<input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Unknown	<input type="checkbox"/> Elementary (K-8) <input type="checkbox"/> High School Diploma (9-12) <input type="checkbox"/> Vocational/Career <input type="checkbox"/> Some College	<input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Unknown

Household Income

How many people live in your household? _____ My yearly adjusted gross income is \$_____

Parent/Guardian Signature: _____ **Date:** ____/____/____

Parent/Guardian Release

I, _____, give my child _____

PRINT (Parent/Guardian Name)
PRINT (Student's Name)

permission to participate in the Upward Bound Program at Florida Atlantic University.

I/We hereby release from liability and hold the Florida Atlantic University Board of Trustees, Florida Atlantic University, and its officers, employees and agents (including Florida Atlantic University's Upward Bound/ Upward Bound Math Science) (the "Releasees") harmless from any and all claims, damages, liabilities and causes of action, including personal injury or property damage or loss, which might arise out of any activity conducted by or under the control of the Releasees. I also understand that my child will be photographed or videotaped for program documentation purposes and release all rights to such photographs and videos. I acknowledge that I am foregoing substantial rights by signing this form, and I do so knowingly, and I freely assume the risk in doing so.

Parent/Guardian Signature: _____ **Date:** ___/___/___

Parent/Guardian Medical Release

I/We hereby authorize Florida Atlantic University personnel on or off University property to obtain and give consent to emergency medical treatment for my child that such personnel deems necessary, including the administration of anesthesia and surgery; and do hereby release from liability and hold the Florida Atlantic University Board of Trustees, Florida Atlantic University, and its officers, employees and agents (including Florida Atlantic University's Upward Bound/ Upward Bound Math Science) (the "Releasees") harmless from any and all claims, damages, liabilities and causes of action, including personal injury or property damage or loss, which may arise from such personnel obtaining and consenting to said medical treatment for my child. **In case of an emergency, 911 will be called and parent(s) will assume all related cost.** I acknowledge that there is no reason that my child cannot, for health reasons, adequately participate in the Upward Brown program.

Is the student currently under medical care? ___Yes ___No Is the student currently on medication? ___Yes ___No

Brief medical history (if any) and current medical conditions: _____

In case of emergency, please notify: _____ Relationship: _____ Phone: _____

Home Phone (____) - ____ - _____ Cell Phone (____) - ____ - _____

Please list any insurance policy covering your child _____ Policy No. _____

Please provide copy of insurance card

Physician's Name: _____ Phone (____) - ____ - _____

Parent/Guardian Signature: _____ **Date:** ___/___/___

Academic Record Release

I/We hereby give authorization/permission to school personnel to obtain and release academic data (*i.e. report cards, progress reports, transcripts*) and demographic data regarding my child to Upward Bound Program personnel. The information will be used for academic evaluation and assessment purposes.

Parent/Guardian Signature: _____ **Date:** ___/___/___

Teacher Recommendation

The Florida Atlantic University Upward Bound Programs seeks applicants who have an interest in attending a post-secondary institution upon completion of high school. These students should also exhibit an academic need, are motivated to succeed, are independent thinkers and learners, and can be positive role models.

First Name	M.I.	Last
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School	Student ID#	Grade
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Would you recommend this student to participate in the **Upward Bound /Upward Bound Math Science** Program at Florida Atlantic University? ___Yes ___No

Please indicate the student's greatest academic needs. *(Check all that apply)*

- Low grade point average
- Low achievement test scores
- Low Educational Aspirations
- Low grade point average and low educational aspirations
- Low grade point average and low achievement test scores
- Low achievement test scores and low educational aspirations
- Lack of opportunity, support and/or guidance to take challenging college preparation course
- Lack of career goals and/or need of accurate information on careers
- Limited English proficiency
- Predominately low income community
- Rural Isolation
- Interest in careers in math and science
- Diagnosed learning disability
- Other: _____

Please indicate the student's greatest academic strengths.

Has student expressed an interest in a math or science career? ___Yes ___No ___ Unaware

Does the student have a behavioral problem at school? ___Yes ___No ___Unaware

Please rate the student's relationship with school personnel. ___ Excellent ___ Good ___ Average ___ Fair ___ Poor

Please rate the student's relationship with peers. ___ Excellent ___ Good ___ Average ___ Fair ___ Poor

Please share any additional information you may have about this student participating in the Upward Bound Programs.

Print Name (<u>school official</u> completing recommendation)	Title
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Signature (<u>school official</u> completing recommendation)	Date: ___/___/___
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Student Questionnaire

Students will be given scores of 1 – 10. Students will be selected based on the following three criteria below, with students scoring the higher scores being accepted:

1). The strength of their application and interview, 2). The likelihood of the student benefiting from the program; considering grade level, current GPA, and desire to actively participate in the program, 3). Additional salient factors determined by the Upward Bound staff and/or target school representative.

1. What do you know about the Upward Bound Programs?

2. What career(s) would you like to pursue upon your graduation from high school?

3. Why is college test preparation important if you want to attend college?

4. Are you able to commit to actively participating in afterschool enrichment at least once or twice a week? Yes No

If no, please explain. _____

5. List your strongest and weakest subject (s).

Strongest _____ Weakest _____

6. Are you involved in any ex-curricular activities (i.e.; sports, clubs or organizations)?

If yes, please list. 1. _____ 2. _____ 3. _____

7. Do you currently work or plan on working after school? Yes No

If yes, where: _____

8. How do you handle a disagreement with someone?

9. Have you ever been suspended? If yes, please explain.

10. What has been your greatest achievement?
