



Northwestern Oklahoma State University Upward Bound Programs
Application for Participation

Dear Applicant:

The Upward Bound Programs at Northwestern Oklahoma State University are federally funded educational programs which provide **FREE** services to high school students in preparation for college and careers. The UB and UBMS programs serve students attending the following high schools: Alva, Aline-Cleo, Burlington, Cherokee, Fairview, Ringwood, Timberlake and Waynoka.

If you are interested in participating in the Upward Bound Programs, please follow the instructions below in order to complete the application process. Please note that your application cannot be processed without completing all of the requested information.

- 1. Complete the entire application by supplying all required information as outlined.**
- 2. Include a copy of your current high school transcript, 8th graders please include your latest report card.**
- 3. Complete the family Income Section and submit ONE of the following income verifications:**
 - a. Signed copy of parent/guardian's most RECENT federal tax return (1040, 1040A, 1040EZ).**
 - b. Proof of State or Foster Care**
 - c. Verification of current public assistance from a government source (food stamps, healthcare, Social Security benefits).**
- 4. Include a brief statement about yourself, hobbies, interests and future goals. (Essay page included in application).**
- 5. Student signed the front page of the application.**
- 6. Parent/Guardian Signed indicating that student's application is complete and accurate.**
- 7. Both Parent and Student Signed the Consent for Release of Academic Records form.**
- 8. Include copy of health insurance card.**
- 9. Submit (1) Counselor /Teacher Recommendation form.**
- 10. Return the completed application to: Upward Bound Northwestern Oklahoma State University, 709 Oklahoma Boulevard, Alva, OK 73717**

Once your application has been received, you will be notified by mail of your application status. If you have any questions, please contact our office at (580) 327-8114. Thank you for your interest in the Upward Bound Programs.

Sincerely,

Jaunita Dotson, M. ED

Director of UB & UBMS Programs

Privacy Statement:

The personal information that you give to the Upward Bound Programs is sent to the federal government (Department of Education). The information is protected by the Privacy Act. No one may see their information unless they work with or for the Upward Bound Programs or are specifically authorized to see the information. The information is necessary to determine if you are eligible to participate in the program and helps the government to measure your success. The Department of Education has the authority to gather information to help make our Upward Bound Programs better (20 USC 12321a)

Northwestern Oklahoma State University
Classic Upward Bound
Upward Bound Math & Science Programs
709 Oklahoma Boulevard, Alva, OK 73717
Phone: (580) 327-8114 Fax: (580) 327-8123

Application for Participation

MUST BE COMPLETED IN PEN/INK.

Name: _____

Address: _____
Last Name First Name MI
Street/ P.O. Box City State Zip Code

Home Phone: (____) _____ Student Cell Phone: (____) _____

Mom's Cell Phone: (____) _____ Dad's Cell Phone: (____) _____

Date of Birth: ____/____/____ Age: _____ Sex: Male Female

Social Security #: _____ - _____ - _____

T - Shirt Size: Small Medium Large X- Large XX -Large

Student's E-Mail: _____ Parent's E-Mail: _____

U.S. Citizen? Yes No If No, Resident Alien Number: _____

Racial /Ethnic Origin: (Please check one)

- African – American Caucasian
 American Indian (Tribe: _____) Hispanic
 Asian/Pacific Islander Other: _____

Current School:

- Aline – Cleo Burlington Fairview Timberlake
 Alva Cherokee Ringwood Waynoka

Current Grade Standing: 8th 9th 10th

Expected High School Graduation Date (month/day/year): _____

School Counselor: _____

I have submitted an application for the Oklahoma Higher Learning Access Program (OHLAP)
Please Check box: Yes No

This is to certify that all information given by me is true and correct to the best of my knowledge.

Student's Signature

Date

**NOTE: Please include a copy of your most recent high school transcript with this application
8th graders please attach your latest report card.**

Parent Information: ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

I currently live with: (check all that apply) For example: Mother and Father you'd check each box.

- Mother Father Step-father Step-mother Legal Guardian
 Aunt Uncle Grandmother Grandfather Foster parent (s)
 Other (Specify): _____

Number of family members living at home: # of Adults: _____ # of Children: _____ Total: _____

Father/Guardian Name: _____ Occupation: _____

Does your father/step-father/guardian have a degree from a 4 year college/university? Yes No

Mother/Guardian Name: _____ Occupation: _____

Does your mother/step-mother/guardian have a degree from a 4 year college/university? Yes No

For us to determine eligibility for participation in Upward Bound, federal regulations require us to obtain documentation of taxable income, **(this is NOT your adjusted gross income)**, for the *preceding calendar year*.

***Please include a copy of ONE of the following: filed tax return, proof of State of Foster Care, or verification of current public assistance from government.
(If you are married and filed separately please provide both tax returns).***

This is to certify that all the information provided is true and accurate to the best of my knowledge. I understand that all records will be kept in strict confidence and in accordance with the Privacy Act of 1974.

Parents / Guardian Signature

Date

Submit the completed application packet to either your high school counselor or to the NWOSU Upward Bound Office, 709 Oklahoma Boulevard, Alva, OK 73717

The Northwestern Oklahoma State University Upward Bound Programs will treat all eligible applicants equally, regardless of race, color, national origin, gender, sexual orientation, religion or physical disability. Northwestern Oklahoma State University, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Executive Order 112246 as amended, Title IX of the Education Amendments of 1972 (Higher Education Act), Americans with disabilities Act of 1990, and other federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, or status as a veteran, in any of its policies, practices or procedures. This provision includes, but is not limited to, admissions, employment, financial aid and educational services.



Northwestern Oklahoma State University
Upward Bound Programs

Consent for Release of Academic Records

I hereby authorize the release of school records for _____, which may be requested by the Northwestern Oklahoma State University Upward Bound Programs. I understand that the U.S. Department of Education funds the Northwestern Oklahoma State University Upward Bound Programs and will use these records for selection and evaluation and to provide academic advisement. I also understand that these records will be handled in a confidential manner and that they will be made available only to program staff and representatives from Federal and State Departments of Education.

I also permit the academic advisor to view online grade reports by allowing the school / or myself to provide **username and password for login procedure.**

This authorization is limited to the following records (please check each box below):

- Official School Transcript
- Student Academic Records
- Student History File with test scores
- Test Results (PSAT, SAT, PLAN, ACT, etc. if available)
- Basic Skills Test Results
- Attendance Record
- Student Grades / progress reports
- Information concerning disciplinary actions

Note: A photocopy of this record release form should be accepted as an original and the date indicated below has no bearing on when the information is requested by the Northwestern Oklahoma State University Upward Bound Programs.

Please print in ink:

Student's Name: _____

Student's Social Security Number: _____

Signature of Parent or Guardian: _____ **Date:** _____

Signature of Student: _____ **Date:** _____

Northwestern Oklahoma State University – Upward Bound Office, 709 Oklahoma Boulevard, Alva, OK 73717

Phone: (580) 327 – 8114

Fax: (580) 327 - 8123

Based on your knowledge of the applicant, please check below how you rate the student's characteristics and academic skills.

Below Average – 1 Average – 2 Above Average – 3 Outstanding – 4 No Observation – N/O

CHARACTERISTICS	CIRCLE ONE	CHARACTERISTICS	CIRCLE ONE
Academic Achievement	1 2 3 4 N/O	Organizational Skills	1 2 3 4 N/O
Math Skills	1 2 3 4 N/O	Attendance	1 2 3 4 N/O
Reading Skills	1 2 3 4 N/O	Self-motivation	1 2 3 4 N/O
Science Skills	1 2 3 4 N/O	Peer Relations	1 2 3 4 N/O
Study Skills	1 2 3 4 N/O	Respect for Authority	1 2 3 4 N/O
Writing Skills	1 2 3 4 N/O	Leadership Potential	1 2 3 4 N/O
Use of Time	1 2 3 4 N/O	Creativity	1 2 3 4 N/O
Responsibility	1 2 3 4 N/O	Extracurricular Involvement	1 2 3 4 N/O
Tolerance of Minor Disappointments	1 2 3 4 N/O	Concern for Others	1 2 3 4 N/O
Potential for Growth	1 2 3 4 N/O	Self-Esteem	1 2 3 4 N/O
Oratory Skills	1 2 3 4 N/O	Concern for Self	1 2 3 4 N/O
Enthusiasm	1 2 3 4 N/O	Sense of Humor	1 2 3 4 N/O
Honesty/Integrity	1 2 3 4 N/O	Self-Discipline	1 2 3 4 N/O

In what other capacity have you known the applicant?

How long have you known the applicant? _____

I **Do Recommend** or I **Do Not Recommend**

This applicant for admission into the NWOSU Upward Bound Programs:

Reference Signature/Date: _____

Thank you for your time

- * Classic Upward Bound is funded \$250,000 annually 100% through the Department of Education*
- * Upward Bound Math and Science is funded \$250,000 annually 100% through the Department of Education*

**Permission / Acknowledgement of Risk / Waiver of Liability
Northwestern Oklahoma State University
Upward Bound Program**

For the Upward Bound Programs

**Signatures are required prior to attending this Program.*

A. Participation Information

Name (Last)	(Middle)	(First)
Date of Birth:	Age:	Male _____ Female _____
School:		

B. Emergency Contact(s)

Name	(Last, First)	(Relationship)
Phone	(Home) (Cell) (Work)	
E-mail		

C. Medical Insurance Information

Medical Insurance Company Name	
Policy Number	
Participant's Social Security Number	
Policy Holder's Social Security	
*Please Note: Hospitals require Social Security Numbers before providing treatment. A legible copy of the participant's insurance card must accompany this form.	

PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD FRONT AND BACK

Participation and parent(s) guardian(s) must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read carefully. Sign and return this form to Upward Bound. If you are under 18 years, this must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, am aware that participation in **UPWARD BOUND (“Program”)** may include activities that are risky and dangerous. Both participant and his/her parent(s) guardian(s) (“I”) acknowledge and accept the risks and give permission for participation in the Program. I acknowledge that participation in this Program has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury to myself, or my child, up to and including mortal injury, may occur: academic learning opportunities while on or off campus; field trips; activities supplemental to the Program, such as walking or hiking to and from sites of interest; use or operation, by myself or others, of equipment; physical and sports activities, including swimming, boating, and other water sport activities; being outside or in the presence of inclement weather conditions including, but not limited to, lightning, wind, and rock fall; contact with plants, animals or other environmental hazards; transit roads, trails, waterways, terrain, and other routes or water flows in the condition in which they are found; staying overnight on or off campus; rendering of first-aid, emergency treatment or other services; consumption of food or drink; or other unknown and unanticipated activities and risks.

In consideration of the **Northwestern Oklahoma State University (“NWOSU”)** permitting me and/or my dependent to associate with the program, **I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release NWOSU, its agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the above named Program.**

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

I hereby certify that, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why he/she is not able to participate in this program. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries and he/she may sustain while participating in any Program associated with the above named Program.

If I and/or my dependent have a disability or condition requiring accommodation, I will contact the Upward Bound Project, prior to the start of the Program. I understand that any insurance provided through this program provides only limited protection for injuries which occur while participating and that I am responsible for all medical expenses not covered by program insurance.

I agree that you may photograph my child during, and in connection with the Program. I agree that you shall be the exclusive owner of the photograph and all copyright and other rights of the photograph. I agree that you may use the photograph in any media you wish related to the NWOSU Program.

If you **DO NOT GIVE PERMISSION TO PHOTOGRAPH YOUR CHILD**, check here _____

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant’s actions and terms of the above agreement.

Participant’s Signature	Parent(s) / Guardian (s) Signature
Participant’s Name (PLEASE PRINT)	Parent/Guardian Name (PLEASE PRINT)
Participant’s Signature: X	Parent/Guardian Signature: X
Date:	Date:

HEALTH STATEMENT

Please List any and all physical conditions that your child may have which might affect or be affected by participation in this program and which the Upward Bound Staff should know about.

Present medical problems or conditions:

Medications taken regularly:

Allergies (including allergies to medications):

Limitations on physical activities:

Wears contacts? Yes No

Wears glasses? Yes No

Medical Release

Name of Upward Bound Student: _____

I do I do not hereby grant permission to the Director of Upward Bound, or the Director's authorized representative, to furnish first aid as my child (name above) may require, as well as to seek medical attention through the nearest medical facilities such as those provided on campus and those medical facilities available when students are on field trips and other authorized activities.

This permission is conditioned upon the understanding that, in the event of serious illness or the need for hospitalization and/or major surgery, the Director will use all reasonable efforts to contact me. Failure in such efforts, however, should not prevent the Director from providing such emergency treatment as may be necessary for the best interest of the life of my child.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

MEDICATION RELEASE FORM

Dear Parents:

In order for your son/daughter to receive any of the medications listed below, the Upward Bound Office needs your permission. Please check the items you will allow and sign on the signature line. Return this form to the Upward Bound Office ASAP.

Tylenol_____

Tums_____

Ibuprofen_____

Pepto Bismol_____

Prescription medication will need to be turned into the Upward Bound supervisors. Upward Bound Supervisors will hand out medication as prescribed on the label.

This information will remain in effect until your student leaves the Upward Bound Summer program or until you have notified us.

Student Name – Print Clearly Grade:

Date:

Parent Signature:

Date:

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Please attach a copy of your current insurance card. We will need both the front and back of the card copied