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| **Upward Bound Programs** Virginia Polytechnic Institute and State University (Virginia Tech)385 West Campus DriveHillcrest Hall (0146)Blacksburg VA, 24060 | C:\Users\michaelmoore\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\0BS4P7JL\OIA_Lockups_Horz_trio-edit (004).jpg |
| **UPWARD BOUND PROGRAM PARTICIPANT APPLICATION** |
| **GENERAL INFORMATION** |
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| Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  First Middle Last |
| School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA : Below 2.0 2.01 - 2.5 2.51 - 3.0 above 3.0 |
| Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_ |
|  Street City Zip Code |
| Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Parent Information** |
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| Parent/Guardian #1  |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  First Middle Last |
| Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_ |
|  Street City Zip Code |
| Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Has Parent #1 completed a college degree? Check all that apply

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| Associates | Bachelors | Masters | Doctorate |

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| Parent/Guardian #2 |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  First Middle Last |
| Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_ |
|  Street City Zip Code |
| Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Has Parent #2 completed a college degree? Check all that apply

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| Associates | Bachelors | Masters | Doctorate |

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| With whom do you currently reside?

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| Both Parents | Mother | Father | Grandparents |
| Foster Parent(s) | Other (please specifiy) |  |  |

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| **ELIGIBILITY PROFILE** |
| Please select all of the choices that apply to you and your family: Are you a Citizen of the United States of America? Are you a Resident of the United States of America? Alien Registration # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please share the courses you need academic help in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is there a language other than English spoken at home? If yes, what is that language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Do you have a current IEP or 504? Do you have a documented learning or physical disability?Do you enjoy Math and/or Science classes? After high school, what are your plans (check one)? 4 year college 2 year college Vocational/Technical school Enlist in the military Become Employed Not Sure  |
| **ELIGIBILITY PROFILE (CONT.)** |
| Do you live in any of the following situations apart from your parents, or with no financial support from them? (Please check all that apply)In a shelter, motel, vehicle or campground?On the street, in an abandoned building, or in another inadequate accommodation?Doubled-up temporarily with other people (including relatives or friends) because you have nowhere else to live?Supportiing yourself but at risk of losing housing?Are you an orphan or a ward of the court? YesNoAre you involved in the criminal justice system? YesNo |
| **INCOME VERIFICATION AFFIDAVIT** |
| **INCOME VERIFICATION** I didI did notfile taxes last year.I hereby inform the Upward Bound program that the taxable income generated in the participant’s household is $\_\_\_\_\_\_\_\_\_\_\_\_\_ and that there are \_\_\_\_\_\_\_ dependents in the household. *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PARENT SIGNATURE* |
| **CONSENT AND RELEASE** |
| **PARENT PERMISSION** I give permission for my child/student to attend the Virginia Tech Upward Bound (UB) program and all the required activities including field trips. *PARENT INITIALS \_\_\_\_\_\_\_\_\_\_\_\_\_* | **MEDICAL AND LIABILITY RELEASE** I authorize the UB staff to act on my behalf in case of an emergency, accident or illness. I release Virginia Tech, and the Virginia Tech Upward Bound staff from any liability or claims that might occur due to the participation of my child in the program. *PARENT INITIALS*\_\_\_\_\_\_\_\_\_\_ |
| **RECORDS RELEASE** I understand that my initials on this application permits Virginia Tech and the Virginia Tech UB program to collect and use all academic and extracurricular activity information on my child during high school and college. This information gathered includes but it is not limited to academic progress reports, academic transcripts, standardized testing by school, local, state or federal programs and other performance reports. All of the information gathered will be kept secure and be confidential. Also, the gathered information will be utilized to develop better services for the benefit of each participant and their specific needs. *PARENT INITIALS\_\_\_\_\_\_\_\_\_\_* | **PHOTO AND VIDEO RELEASE** I hereby grant Virginia Tech and Virginia Tech UB program permission to publish any photographs, film or data generated during my child’s participation in the program. The content collected could be published for online and printed materials such as program webpage, internal network, posters and brochures. *PARENT INITIALS \_\_\_\_\_\_\_\_\_\_* |
| **STUDENT & PARENT SIGNATURE** |
| In accordance with the Privacy Act of 1974 (Public Law No. 93.579, 5 U. S.C. 552A), you are hereby notified that the Department of Education is authorized to collect information to implement the Upward Bound program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325,sec. 402C). In accordance with this authority, the Department receives and maintains personal information on participants in the Upward Bound program. The principal purpose for collecting this information is to administer the program, including tracking and evaluation participants’ academic progress. Providing the information on this form, including Social Security number (SSN), is voluntary; failure to disclose a SSN will not result in denial of any right, benefit, or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of official duties. I understand that the Upward Bound staff will use the data provided with this application to assess my/my child’s eligibility, in accordance with federal regulations. I specifically grant permission to Virginia Tech Upward Bound to obtain information from the school system regarding my child’s academic and disciplinary record. Upward Bound Staff may obtain any and all information and documentation necessary for processing my/my child’s application and for meeting federal performance and tracking reporting requirements, including but not limited to transcripts, grade reports, and test scores. I certify that any information which I have provided herein is true and correct to the best of my knowledge.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s signature Date Parent/Guardian Signature Date |
| **Upward Bound Office Use Only** |
| SW Roanoke City Salem |