Upward Bound
Madison East
APPLICATION FOR
ADMISSION

Please complete in pen.

FORWARD SERVICE CORPORATION

FINANCED BY THE US DEPARTMENT OF EDUCATION
STUDENT INFORMATION

Please print.

1. Full Name: _______________________________________________________________________________________________________
   (First) (Middle) (Last)

2. Home Address: ___________________________________________________________________________________________________
   (Number and Street) (City) (Zip)

3. Mailing Address: ___________________________________________________________________________________________________
   (P.O. Box/Number and Street) (City) (Zip)

4. County of Residence: __________________________________________

5. Student’s Social Security No.*: ___  ___  ___  —  ___  ___  —  ___  ___  ___  ___  Current Age: _______
   * Why do we request your Social Security number? See the last page of this application for an explanation.

6a. Birth Date: _____ / _____ / _______ 6b. Gender:     Male _____ or Female _____

7a. Your Cell Phone: ( _______ ) ________________ 7b. Your Home Phone: ( _______ ) ________________

7c. Email: _____________________________________________________

8. I am a student at: ___________________________________________ Current Grade: _______

9. Are you Hispanic or Latino?     Yes _____ or No _____

10. Please identify your ethnicity (choose all that apply):

    American Indian/Alaskan Native _____  Asian _____  Black or African American _____

    White _____  Native Hawaiian or Other Pacific Islander _____  None of the above _____

11. Student’s Primary Spoken Language:  English _____  Spanish _____  Other (specify): _____________________________

12. Disability Disclosure: Applicants with disabilities or any other barriers are encouraged to self-disclose their disability in the space provided below. This information is voluntary and for reporting purposes only. All information will be kept confidential and will not be used to deny you services.

   _____ Yes, I would like to disclose a disability

   _____ No, I would not like to disclose a disability

If yes, please explain any accommodations you require:
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

13. I currently participate in:     PEOPLE Program  AVID  ITA  None of these programs  □
UPWARD BOUND SELF-EVALUATION

1. I feel my grades are (check all that apply):
   _____ lower than they should be   _____ average   _____ above average
   _____ a poor indication of my abilities   _____ an accurate reflection of my abilities

2. Are your grades as good as they could be?  _____ Yes  or  _____ No

2a. If "no", why are your grades not as good as they could be?
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

3. On a scale of 1-5 (1=very poor, 5=very good), I rate my ability in each of these subjects as follows:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Very Poor</th>
<th>Average</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Math</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Foreign Language (e.g., Spanish, French, German)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Science</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Social Studies (e.g., History, Government)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

4. Two occupations I find interesting are: 1. _________________________________________________________________________
   2. _________________________________________________________________________

5. While in high school, I plan to take the following number of years for each class below:

<table>
<thead>
<tr>
<th>Subject</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Math</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Foreign Language (e.g., Spanish, French, German)</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
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<td>Science</td>
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<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

6. After high school, I think I have the ability to attend (check all that apply):

   Trade School/Technical College _____  2-Year College _____  4-Year College _____
   Other (specify): ____________________________________________  No further schooling _____
7. In the classroom, I (check all that apply):
   _____ ask few questions  _____ can't wait for class to be over
   _____ ask many questions  _____ do not pay attention
   _____ am shy          _____ interact well with my teachers
   _____ am disruptive   _____ interact well with my classmates
   _____ do not participate  _____ participate in classroom discussions

8. Last year, I was absent from school (excused and unexcused):
   _____ less than 1 week  _____ 1-2 weeks  _____ 2-4 weeks  _____ more than 4 weeks

9. When I’m with classmates I tend to feel (check all that apply):
   _____ stupid         _____ anxious         _____ outgoing, talkative  _____ disliked
   _____ quiet          _____ respected       _____ like a follower  _____ smart
   _____ happy          _____ trusted         _____ like an outsider  _____ popular
   _____ shy            _____ very confident  _____ like a leader   _____ bored

10. The following best describes the extent of my travels:
    _____ Locations 1 to 2 hours from my home
    _____ Various towns/cities throughout Wisconsin
    _____ Locations primarily in the Midwest (e.g., Wisconsin, Michigan, Minnesota, Illinois)
    _____ Locations outside of the Midwest (name states): ____________________________________________________________
    _____ Locations outside of the U.S. (name countries): ______________________________________________________________

11. Check all circumstances which might prevent you from attending college (check all that apply):
    _____ Lack of financial aid   _____ Housing concerns   _____ Family obligations
    _____ Lack of transportation  _____ Poor grades     _____ Lack of money for living expenses
    _____ Lack of motivation     _____ Lack of emotional support
    _____ No one to help me through the process
    _____ Parents/Guardians do not want me to attend
    Other (specify): _________________________________________________________________________________________________

12. Rate how much you like school: 1  2  3  4  5

13. Rate how you think teachers care about you as a student:

14. If you took a field trip with Upward Bound, what is the maximum number of nights away from home you think you would be comfortable?
   0  1  2  3  4  5+

15. Do you believe you will attend the on-campus, six-week summer program?
    _____ Yes  _____ No  _____ Unsure
16. Why do you want to be in the Upward Bound program?
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

17. Thinking about areas of your life outside of the classroom:
17a. What do you consider one of your personal strengths?
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

17b. What do you consider one of your personal weaknesses?
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

17c. How do you think the summer program will benefit you?
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

18. What are your current plans for after high school? Is there anything that may prevent you from going to and succeeding in college?
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

19. Do you think you will graduate from your current high school?  _____ Yes  or  _____ No
19a. If "no", why not?
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

20. Tell us about a person who had a big influence on your life? What character traits best describe them?
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

Student’s Signature  ________________________________________  Date

Note: You may use additional paper if you need more room for questions 16-20.
Print student’s full name: ____________________________________________________________________________________________

Is this student a legal citizen or permanent resident of the United States? _____ Yes or _____ No

Please check all that apply:

<table>
<thead>
<tr>
<th>Section A</th>
<th>Section A Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student:</td>
<td>If you checked the box in Section A, complete the income statement using the tax return of the parent(s) with whom you reside.</td>
</tr>
<tr>
<td>□ resides with natural or adoptive parents</td>
<td>If you only live with one parent, your other parent’s income is NOT included anywhere in the Income Statement.</td>
</tr>
<tr>
<td></td>
<td>Taxable income is found on line 10 of the IRS 1040.</td>
</tr>
<tr>
<td></td>
<td>Family unit includes all persons who receive at least half their support from the parent signing this form.</td>
</tr>
<tr>
<td></td>
<td>The parent completes the signature portion of this page.</td>
</tr>
<tr>
<td></td>
<td>If you are unsure, contact the UB staff.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B</th>
<th>Section B Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student:</td>
<td>If you checked any boxes in Section B, complete the income statement using the student’s income or tax return and family unit of 1.</td>
</tr>
<tr>
<td>□ has been or is in foster care</td>
<td>The student completes the signature portion of this page.</td>
</tr>
<tr>
<td>□ has deceased parents</td>
<td></td>
</tr>
<tr>
<td>□ is a ward of the court</td>
<td></td>
</tr>
<tr>
<td>□ is in legal guardianship</td>
<td></td>
</tr>
<tr>
<td>□ is homeless</td>
<td></td>
</tr>
<tr>
<td>□ is in kinship care</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C</th>
<th>Section C Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student:</td>
<td>Contact the UB staff for further instructions.</td>
</tr>
<tr>
<td>□ resides with grandparents</td>
<td></td>
</tr>
<tr>
<td>□ resides with other relative (specify):</td>
<td></td>
</tr>
<tr>
<td>□ resides with someone else (specify):</td>
<td></td>
</tr>
</tbody>
</table>

Income Statement: The statement must be written in the exact format listed below. **Do not include any additional information.**

Taxable income is found on line 10 of the IRS 1040

There are 3 people in my family, and our taxable income was $14,510.00 for 2018.

Application will not be considered unless your income for 2018 is written out and includes this information.

- If any boxes in **Section A** are checked, the parent must sign below.
- If the box in **Section B** is checked, the student must sign below.
- If any boxes in **Section C** are checked, contact the UB staff.

I certify that the information provided on this page is accurate.

Verifying Signature ____________________________ Date ____________________________

Print Name ___________________________________
ELIGIBILITY VERIFICATION – FIRST GENERATION

Print student’s full name: ____________________________________________________________________________________________

FIRST-GENERATION VERIFICATION

Your first-generation status is determined based on your natural or adoptive parents only. Do not use stepparent, grandparent, or legal guardian information to answer this question. If you regularly reside with only one natural or adoptive parent, only provide information for that parent.

<table>
<thead>
<tr>
<th>Natural or Adoptive Parent #1</th>
<th>Natural or Adoptive Parent #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ______________________</td>
<td>Name: ______________________</td>
</tr>
<tr>
<td>Parent #1 has earned a 4-year college degree</td>
<td>Parent #2 has earned a 4-year college degree</td>
</tr>
<tr>
<td>(Bachelor’s degree) Yes _____ No _____</td>
<td>(Bachelor’s degree) Yes _____ No _____</td>
</tr>
</tbody>
</table>

- If any boxes in Section A are checked, the parent must sign below.
- If the box in Section B is checked, the student must sign below.
- If any boxes in Section C are checked, contact the UB staff.

I certify that the information provided on this page is accurate.

► Verifying Signature ___________________________________________ Date ___________________________________________

Print Name

FOR OFFICE USE ONLY

Status:
- Independent
- Dependent
- Other (specify): _____________________________________________________________________________________________

Person responsible for providing signature and permission: _______________________________________________________

Relationship to student: _______________________________________________________________________________________

Responsibility verified by: _______________________________________________________________________________________

Comments: _____________________________________________________________________________________________________

_________________________________________________________________________________________________________________
## CONTACT INFORMATION

### PARENT / LEGAL GUARDIAN / RESPONSIBLE PERSON

*(designated above)*

<table>
<thead>
<tr>
<th>(First Name)</th>
<th>(Middle Initial)</th>
<th>(Last Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Same Address as Student’s ☐

<table>
<thead>
<tr>
<th>(Mailing Address)</th>
<th>(City)</th>
<th>(Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mobile/Home Phone: ___________________________  Alternate Phone: ___________________________

Work Phone: ___________________________  Email: ___________________________

### ADDITIONAL CONTACT

Relationship to Student: __________________________________________________________

<table>
<thead>
<tr>
<th>(First Name)</th>
<th>(Middle Initial)</th>
<th>(Last Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Same Address as Student’s ☐

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<tr>
<th>(Mailing Address)</th>
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<th>(Zip)</th>
</tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Mobile/Home Phone: ___________________________  Alternate Phone: ___________________________

Work Phone: ___________________________  Email: ___________________________
AUTHORIZATION TO DISCLOSE INFORMATION TO
FORWARD SERVICE CORPORATION

Student's Name: _____________________________________________________________

Student's Date of Birth: _______________________________________________________

WHAT: I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange) of all
education records and other information directly or indirectly related to my child’s education and career
development. This includes specific permission to release:

✓ Progress records, including official student academic/administrative records (identifying
   information, grade level completed, grades, class rank, attendance records, and group aptitude and
   achievement test results)
✓ Medical and/or related health records
✓ Psychological evaluations or social work reports
✓ Law enforcement records
✓ Multidisciplinary team evaluations and related reports
✓ Individual education programs
✓ Behavioral records
✓ National Student Clearinghouse data for enrollment verification and tracking purposes

____ Other (specify): ___________________________________________________________________________________

FROM WHOM: School district my child is enrolled (please name): _____________________________________________________

TO WHOM: Forward Service Corporation employees assigned to the Upward Bound program.

PURPOSE: To determine Upward Bound program eligibility, to develop and implement an Upward Bound program
plan, and to evaluate progress in the program for the student named above.

For all participants regardless of age:

_______________________________________________________________________
Print Student’s Name

►

_______________________________________________________________________   ___________________________________________________________________________________
Student’s Signature  Date

For all participants under the age of 18:

_______________________________________________________________________
Print Parent/Legal Guardian/Other

►

_______________________________________________________________________   ___________________________________________________________________________________
Signature of Parent/Legal Guardian/Other  Date
CONTRACT AGREEMENT
To Be Completed by the Student and the Parent/Legal Guardian/Responsible Person

Student’s Name: _____________________________________________________________

Student’s School: ____________________________________________________________

Participant Contract

Participation in Upward Bound (UB) is a privilege and a commitment. If I am accepted into the UB program, I understand that participation requires:

1. Participate fully in the academic year program.
   a. Attend weekly meetings with your UB instructor.
   b. Meet with UB staff when conferences are scheduled.
   c. Attend all group meetings and required events.
   d. Abide by the rules and regulations of the program.
   e. Maintain respect for yourself, staff, and other students.
   f. Participate in required standardized academic testing and try to earn the highest score you are capable of.
   g. Maintain attendance and demonstrate effort in improvement in your grades at school.
   h. Enroll in postsecondary preparatory curriculum in your high school (postsecondary preparatory courses are those classes which will facilitate and enable students to attend a four-year college or university).
   i. Provide postsecondary enrollment information to UB staff as needed for our Department of Education mandated Annual Performance Report up to 5 years following high school graduation.

2. Maintain my enrollment in the program until I graduate from high school.

I have read and understand the above listed requirements for the Upward Bound program and have discussed these requirements with my parent/legal guardian/responsible person. I want to be enrolled in the program and agree to the terms above.

► _____________________________________________________________   ________________________________________

Student’s Signature  Date

I understand the obligation of my child in the UB program and agree to the terms in which he/she will enroll. I further understand my responsibility to cooperate with members of the program throughout my child’s enrollment.

► _____ Yes    _____ No

► _____________________________________________________________   ________________________________________

Signature of Parent/Legal Guardian/Other  Date
Release for Outreach Purposes

In consideration of my association with Forward Service Corporation (FSC), I hereby give my consent for FSC to photograph, video record, use a written statement, and voice record me and/or the organization where I am employed.

I understand that the term "photograph" as used herein encompasses both still photographs and motion picture and video footage. I also understand the term “video” will encompass such elements as, but not inclusive of, voice and still images.

I consent to the use of some or all photographs, videos, written statements, and/or voice recordings to further Forward Service Corporation involvement in community/volunteer initiatives, for use in videos, in press releases, in print outreach collateral, in email outreach, for use on Forward Service Corporation website and social media sites, or for other business purposes. This includes providing images and details to funding sources of FSC programs.

I further consent to the reproduction and/or authorization by Forward Service Corporation to reproduce and use in all domestic and foreign areas. I hereby release FSC and any of its associated or affiliated companies, their directors, officers, agents, employees and customers from all claims of every kind on account of such use.

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time by notifying Forward Service Corporation in writing, but the revocation will not have any effect on any actions the company took before it received the revocation.
- This release remains in effect indefinitely unless revoked by me.

__________________________
Print Name

__________________________  ________________________
Signature                      Date

__________________________  ________________________
Parent/Guardian Signature (if person is under the age of 18)  Date

☐ I do not give my consent to Forward Service Corporation to record, video, or photograph me.
TO BE COMPLETED BY PARENT/LEGAL GUARDIAN/RESPONSIBLE PERSON

1. Where do you see your child at the age of 25? What do you hope they will have accomplished by that time?

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

2. How do you see Forward Service Corporation’s Upward Bound helping your child reach these goals?

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

WHY DO WE REQUEST YOUR CHILD’S SOCIAL SECURITY NUMBER?

Upward Bound requests your child’s Social Security number. This number is used for the following three reasons:

1. According to grant stipulations, Upward Bound is required to track each student’s progress in the program and report this information annually to the U.S. Department of Education, our grant provider. The Department of Education asks that students’ Social Security numbers be provided on our annual reports.

2. According to government grant regulations, we are required to report on your child’s participation in a postsecondary education after high school for multiple years. We perform this follow-up by using a service that provides a student’s postsecondary enrollment status. We access this information using your child’s Social Security number. Prior to the availability of this service, we were required to contact you or your child to determine their educational pursuits after high school. By using this tracking service, we are able to provide more complete and accurate information and are able to do so without having to contact you or your child.

3. When providing emergency health care to your child, some health care facilities require a Social Security number prior to providing services.

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