



UPWARD BOUND PROGRAM
At
THE GEORGE WASHINGTON UNIVERSITY MEDICAL
CENTER

Student Application

Name _____
(First) (Middle) (Last)

Date _____ High School _____ Grade level _____

Mailing Address _____
(Street) (Apt No.)

(City) (State) (Zip Code)

Home numbers () _____ Alternate () _____

Mother _____ Work No. () _____

Father _____ Work No. () _____

Emergency Contact _____ Number () _____

Student Email Address: _____

Parent Email Address: _____

Social Security Number _____ **D.O.B.** _____ / _____ / _____

Citizenship Status U.S. Citizen Permanent Resident

Ethnic Background (please check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Latin American | <input type="checkbox"/> White |
| <input type="checkbox"/> Recent Southeast Asian immigrant | | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Other (specify) _____ | | |

Gender Male Female

I currently live (please check one):

- with both parents
- With one parent:
 - Mother father
- Relative:
Who? _____

In a foster home

Did your mother receive a Bachelor Degree? Yes No

Did your father receive a Bachelor Degree? Yes No

Program Eligibility Status

The following information is used only to determine eligibility in the Upward Bound Program. We are mandated by the US Department of Education to provide specific eligibility status documents upon request that will verify each student's participation. In order to participate, you need to belong in the following categories:

- Low-income based on the federal guidelines
- First generation (first person in immediate family to graduate from college)
- Both categories

In addition, a copy of last year's tax form 1040, proof of AFDC, school lunch program participation or other documentation of income must be submitted with this application in order for the student to be considered for the Upward Bound Program.

I am submitting (non-returnable photocopy is acceptable):

- income tax form 1040 year of _____
if you did not file ____year tax return, then submit:
- AFDC (public assistance) –submit proof of AFDC
- Social security and /or have no source of taxable income- submit agency verification
- Not required to file because of low income status-submit copies of W-2 or IRS 1099

The number of dependents in the household (including parents): _____

Student and Parent Program Agreement

Upon reading and signing this agreement, I understand that participation in Academic year and in the 6-week summer program is REQUIRED. This commitment to take advantage of the resources and services of GWUMC-UB should be considered seriously and fully.

I understand and comply with the rules and regulations of the Upward Bound Program. I am aware that this is a high school program and will participate the length that I am in high school or move out of my target area.

I commit my time, effort, and energy to this program because I am totally committed to attending college. I understand that attendance is a huge sign of my willingness to learn and be involved in the planned activities. Should I fall short of these obligations, I will be penalized accordingly—limited participation and eligibility in social activities and stipend reduction. If my commitment is further compromised, I understand that I could be dismissed permanently from the program.

I agree to comply with the following requirements each year in Upward Bound, which will demonstrate my commitment to UB, college entrance, and my future:

1. Attend a minimum of 10 Saturday Academy sessions
2. Participate in all college visit/campus tour series
3. If tutorials are mandated, comply with 90% participation
4. Attend at least 1 Summer Residential Institute-100% attendance
5. Commit to attending at least 7 meetings/conferences

Student Signature

Date

As a parent/guardian, I am aware of Upward Bound expectations and the commitment of my son/daughter/ward. I agree to continue to be a supportive mechanism and contribute to the success of this student in all the ways I can. I will play an active role in his/her participation in this program.

Parent Signature

Date

I am available to help out in this/these ways: _____

Medical Consent Form

Dear Parent:

The law requires that parental permission be obtained for medical procedures performed on minors. The parents or legal guardians must sign the following consent form, so that such procedures can be promptly carried out. However, no major operation will be performed on any student, except in an emergency, without the parents or guardians of that student being contacted and fully informed.

I, the undersigned parent/guardian of, hereby give permission to the physician and attendant staff of The George Washington University's Health Center to perform such diagnostic, therapeutic and operative procedures for him/her as they deem necessary, and to refer him/her to an off-campus physician when deemed appropriate. I further give permission to have my son/daughter referred to a physician off campus in the event it becomes necessary on out-of-town excursions and college visits. In addition, I do hereby guarantee payment in full of any and/or all charges for medical services, not covered by school insurance or the Upward Bound Program, rendered by the GW Health Center and its affiliates on behalf of my son/daughter. I understand some student trips will be taken out of town, or out of the District of Columbia.

Signature of Parent/Guardian

Date

In case of an emergency, notify: _____ at () _____

Address _____

Allergies: _____ Allergies to medications? _____

Illnesses/Diseases/Conditions: _____

Current Medications: _____

Family Physician: _____

Phone Number: _____

Address: _____

Upward Bound - GWUMC

Essay Question

***Directions:* Please submit essay between 250 – 650 words. Student must choose one question below to answer. Essay must be computer generated.**

1. If an Upward Bound staff member was to interview one of your closest friends, what outstanding personal attribute would this person say is especially important for the staff member to know about you?
2. What book, play, or movie would you recommend to an Upward Bound Program participant or another peer? Why?
3. Explain the path that has led you to pursue placement in an Upward Bound Program as the next step in your high school career and/or personal development. Describe your short and/or long term post-secondary educational goals.
4. Describe an activity or interest that is especially important to you and how it has contributed to your individuality and personal growth.

Transcripts Authorization

Transcript Waiver

I hereby give my permission for my child, _____, to participate in the activities of the Upward Bound Program at The George Washington University Medical Center. I understand that the purpose of the Program is to improve the motivation and academic performance of my child so that he/she will complete secondary school and successfully pursue a postsecondary educational program.

I hereby authorize Upward Bound staff to have access to and make photocopies of my child's academic records, including standardized test scores, report cards, and progress reports, through the completion of the 12th grade. I understand that these records will be kept in confidence and under a locked file cabinet and will be used to follow my child's progress in secondary education or to determine when extra scholastic services are needed in his/her behalf.

I authorize the employees of the Program to have access to the student's academic records, to render academic services, as necessary.

Parent/Guardian Signature

Date

Student Signature

Date

**Upward Bound - GWUMC
Official Grade Point Average**

Directions: Please submit this document to school counselor in order to have official GPA on file with Upward Bound office. The counselor must sign and affix school stamp if available. Please Print.

Student _____

Social Security Number _____

High School _____

Counselor _____

I certify that the above students' official overall grade point average is
_____.

Counselor Signature _____

School Stamp:

*Document may be mailed to Upward Bound or returned to student. Thank you.

Upward Bound - GWUMC
2300 K Street, NW
Warwick Building, Room 308
Washington, DC 20037

Mrs. Ivy DeShield, Director

Mr. Tomas C. Varela, Academic Advisor

Ms. Diahna Brown, Senior Secretary

Recommendation Form

Instructions to Applicant:

Enter your name and social security number below and give this form to a teacher, counselor, or extracurricular activity advisor at your high school. You may also decide to give this form to any individual—community member or employer—who can comment on your interest and commitment to college entrance and success.

Name _____

Social Security No. _____

Instructions to Individual Completing this Form:

This nomination identified a potential student who may benefit from the academic advising, supplemental instruction, and tutoring provided by the Upward Bound Program at the George Washington University Medical Center. This does not commit the nominating agency to any legal responsibility or liability.

_____ recommends _____

Nominating School/Organization

Applicant's Name

The person whose name appears above has applied for admission to the Upward Bound Program at the George Washington University Medical Center. The Selection Committee would appreciate your answering the questions below in a specific and candid manner, noting in particular incidents that illustrate his/her maturity, initiative, and academic potential to succeed.

Your name _____ Date _____

Title _____ Phone No. _____

Fax No. _____ Email _____

Mailing Address _____

Number

Street

Apartment

City

State

Zip Code

If your relationship with the applicant does not allow you to make an evaluation of any time, please indicate “N/A” or not applicable. Please understand that this document may be made available for inspection at the student’s request, pursuant to the Family and Educational Rights and Privacy Act of 1974 and related laws and regulations.

1. How long have you known the applicant? _____Month(s)/Year(s)
Under what circumstances?

2. Based on your knowledge of the applicant, check how you rate his/her academic skills and potential to succeed.

	Outstanding	Above Average	Average	Needs Improvement
Academic Achievement				
Writing Skills				
Reading Skills				
Math Skills				
Academic Potential				

	Strongly Agree	Agree	Agree Somewhat	Disagree
Has positive self-image				
Demonstrates leadership capability				
Self-starter, has intellectual curiosity				
Is highly motivated				
Survives frustrating experiences, is tolerant of minor disappointments				
Has potential for growth				

3. What other qualities come to mind that best describe the applicant?

4. What do you perceive to be the needs of this applicant so to assist him/her to succeed in college?

5. Are you aware of any current circumstances or problems, which might affect applicant's performance in high school (e.g. financial background, family responsibilities, educational preparation, and health)?

6. What is your assessment of the student's potential and motivation to succeed in high school? What is your evaluation of the applicant's capability for undertaking high school work and college matriculation?

Signature_____

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Signature _____