

**Upward Bound Program  
Application Checklist  
Academic Year 2009-2010**

Please use this sheet to check the information you must submit. Send this with the application package. Make sure all forms are completed. **Please be sure to fill out all grey boxes. All necessary signatures must be present, or your application cannot be processed.** If you have any questions contact the Upward Bound office at (928) 777-6689.

Student Name:  \_\_\_\_\_

High School: \_\_\_\_\_

Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

*Mail or fax application to (if you fax you must also mail the original application to):*

**Upward Bound  
Embry-Riddle Aeronautical University  
3700 Willow Creek Rd.  
Prescott, AZ 86301  
(928) 777-6693 FAX**

- \_\_\_\_\_ Student Application (pages 1-3)
- \_\_\_\_\_ Proof of Residency - if not a U.S. Citizen
- \_\_\_\_\_ Essays (page 3)
- \_\_\_\_\_ Confidential Parent/Guardian Information (pages 4-6)
- \_\_\_\_\_ Parent/Guardian Consent Form (page 7)
- \_\_\_\_\_ Parent/Guardian 2008 1040 Tax Form (page 8)
- \_\_\_\_\_ Tracking Consent Form (page 9)
- \_\_\_\_\_ Recommendation Forms I, II, and III (pages 10-12) sent directly to the office or included in the application packet in signed and sealed envelopes.
- \_\_\_\_\_ High School Transcript-to be attached to Recommendation Form II
- \_\_\_\_\_ Permanent contact information
- \_\_\_\_\_ Medical Information Requests

For Official Use Only

Postmark Date: _____	Confirmation Sent: _____
<input type="checkbox"/> Missing	<input type="checkbox"/> Complete
_____	First <input type="checkbox"/> Income <input type="checkbox"/> Both <input type="checkbox"/>
Received: _____	1

## Upward Bound Application Directions

Please complete and return the application as soon as possible. Review of applications will begin immediately. You may mail or fax your application to the Upward Bound Office (see the address and fax below). Note if you fax the application you must also mail the original copy to our office. If you have questions contact us at (928)777-6689 or 928-777-3923.

### **DIRECTIONS:**

Fill out each form completely by typing or printing neatly. Where specified, attach required documents.

NOTE: In order for your application to be processed you must attach all required documentation and sign in all designated locations.

Send the completed application to the address below. Recommendations (one with high school transcript attached) may be submitted separately by mail.

### **STEP 1: STUDENT FORMS**

Forms are to be completed by the student applying for the Upward Bound program.

#### **Page 1: Personal Information**

If you are not a U.S. citizen, include proof of residency. Please include a photo for our records.

#### **Page 2: Student Information**

Specify who will be filling out Recommendation Forms. Sign and date the Student Statement of Commitment.

#### **Page 3: Essays and Extra-Curricular Activities**

Complete the essays to the best of your ability – be creative and candid. Your essay is to help us get to know you better. While you should show consideration for grammar and spelling, content is most important.

### **STEP 2: PARENT FORMS**

Forms are to be completed by the student's parent or guardian.

Page 4-7: Parent Guardian Information, Parental Statement of Commitment, Parent Income Verification, and Parent/Guardian Participation and Medical Consent Form. This section consists of two pages that *your parents/guardians must complete and sign*. Please review to ensure that all the appropriate blanks are signed and dated -- **and a copy of the 2008, 1040 tax form** (or equivalent as stated on page 5) **is included**. Complete the Parent/Guardian Consent Form on page seven.

#### **Page 8: Student Release Authorization**

This section must be signed by both the parent/guardian AND the student.

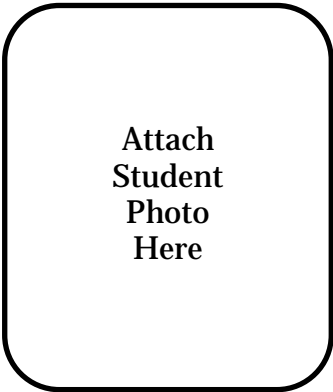
### **STEP 3: RECOMMENDATION FORMS**

#### **Page 9-11: Recommendation Forms I, II, and III**

Form I give to a high school teacher that has had you in class. Form II give to your high school guidance counselor and must be accompanied by your current high school transcript with GPA. Form III you can give to a teacher, counselor, employer, or mentor (your choice) that knows you well.

Ask your selected references to share with us information about your academic and overall performance. These forms can be mailed directly to our office, or you may collect them from your references in a signed and **sealed** envelope and include them with the application.

# Upward Bound Application Academic Year 2009-2010



[STUDENT FORM]

Name: \_\_\_\_\_  
Last First MI

Nickname/Name you prefer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_ City State Zip

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/19\_\_\_\_

Student Cell Phone (\_\_\_\_) \_\_\_\_\_ Parent Cell Phone (\_\_\_\_) \_\_\_\_\_

Social Security Number or Alien Registration # \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ U.S. Citizen: \_\_\_\_ yes \_\_\_\_ no

(If no, please attach proof of permanent residency; the **application can not be processed without it**)

If you have access to the Internet, please provide us with an E-mail address:

\_\_\_\_\_

## School Information

Cumulative GPA \_\_\_\_\_

High School: \_\_\_\_\_ Current Grade (circle one): 8 9 10 11

School Mailing Address: \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_ City State Zip

School Phone: (\_\_\_\_) \_\_\_\_\_ School Counselor Name: \_\_\_\_\_

School FAX: (\_\_\_\_) \_\_\_\_\_

## Ethnic Background

\_\_\_\_ Native American \_\_\_\_ Hispanic/Latino \_\_\_\_ Caucasian

\_\_\_\_ African American \_\_\_\_ Asian/Pacific Islander Other \_\_\_\_\_

Native Americans Only:

Tribe or Nation: \_\_\_\_\_ Census Number: \_\_\_\_\_

## Language Background

Language first spoken: \_\_\_\_\_ Language spoken by parents: \_\_\_\_\_

Language spoken by you at home: \_\_\_\_\_

## Upward Bound Application

[STUDENT FORM]

Favorite Subjects/Classes: \_\_\_\_\_

Are you interested in attending college and, if so, what career field interests you?

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### Recommendation Information

List the persons you have asked to complete recommendation forms for you:

Form I: High School Teacher

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Form II: High School Guidance Counselor

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Form III: High School Teacher, Administrator, Employer, Clergy, or Mentor (Your Choice)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Other Program Participation

Are you currently or have you ever been a participant of (check all that apply):

Upward Bound \_\_\_\_\_ Talent Search \_\_\_\_\_ Math/Science Regional Center \_\_\_\_\_

### Student Statement of Commitment

The Upward Bound program serves students from the time they are admitted into the program until High School graduation. Will you commit to participate in the program for that period of time?

\_\_\_\_\_yes \_\_\_\_\_no

Upward Bound is a year-round program, are you willing to commit to participate in:

Weekly meetings at your high school? \_\_\_\_\_yes \_\_\_\_\_no

1-2 weekend or evening field trips or activities each semester? \_\_\_\_\_yes \_\_\_\_\_no

6-week summer residential session at Embry-Riddle or another university? \_\_\_\_\_yes \_\_\_\_\_no

Are you willing to sign a code of conduct and academic integrity as part of your membership in the Upward Bound program? \_\_\_\_\_yes \_\_\_\_\_no

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[STUDENT FORM]

**Essay Questions – Students complete the essay questions in your own words.**

Type your answers to the following essay questions on a separate sheet of paper, put your name in the upper right corner and attach your completed essays to your application. Essays must be at least one paragraph and you should answer the question as thoroughly as possible.

**Essay #1:** We expect our students to take an active role in their own success. Based on what you know about the Upward Bound program, how do you think the program will benefit you and how do you plan to use the program to achieve your goals?

**Essay #2:** If you could have one adventure, what would it be?

**Essay #3:** What do you believe to be the four most important values/morals for a high school student to have? Why are they important?

**Extracurricular Activities, Honors and Accomplishments**

Note: If you require additional space or wish to list your activities, clubs, sports, and leadership positions on a separate sheet of paper and attach, please do so.

**Activities, Clubs, and Sports (list years and leadership positions held, if any):**

<i>Example: Key Club (9-11, Secretary – 10<sup>th</sup> grade)</i>	

**Community Activities and Volunteer Work, Musical Instruments, Hobbies:**


**Honors, Awards, and Achievements:**




[PARENT FORM]

**Parental Statement of Commitment**

Are you willing to allow your student to attend:

- Weekly meetings at his/her high school? \_\_\_yes \_\_\_no
- 1-2 weekend or evening field trips or activities per semester? \_\_\_yes \_\_\_no
- A 6-week residential summer session at Embry-Riddle where students will be living in residence halls, attending classes, evening study sessions and activities, and weekend programs? \_\_\_yes \_\_\_no
- Are you interested in having your student participate in an Upward Bound exchange program for the 6-week residential summer session at another University? \_\_\_yes \_\_\_no
- Do you plan on your student attending college? \_\_\_yes \_\_\_no
- Are there plans for your student to change high schools? \_\_\_yes \_\_\_no
- Do you foresee any barriers to your student’s participation in the program? \_\_\_yes \_\_\_no
- If yes, please comment on these barriers: \_\_\_\_\_

**Confidential Parent/Guardian Information**

How many dependent children do you have? \_\_\_\_\_

Please give their names and ages below. Please begin with the applicant:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

If more than six, please list on a separate page.

Do you have any other relatives living in your home? \_\_\_Yes \_\_\_No

If yes, how many? \_\_\_\_\_ Relationship to you? \_\_\_\_\_

**EMBRY-RIDDLE**  
 Aeronautical University  
 PRESCOTT, ARIZONA  
**Upward Bound Application**

[PARENT FORM]

**Please complete the following. Please write 0 in any category that does not apply.**

	2007 INCOME	
	Monthly	Annual
Income from Employment (Before Deductions)	\$ _____	_____
Welfare Benefits	\$ _____	_____
Social Security Benefits	\$ _____	_____
Disability Benefits	\$ _____	_____
Veteran's Benefits	\$ _____	_____
Other Income or Benefits	\$ _____	_____

**You must attach a signed copy of your 2008 income verification IRS 1040 (If none was filed then provide a social services statement, handwritten and signed statement or other proof of 2008 income). **We must have your income verification to process your student's application. Please include the first two pages of your return that specifies "Taxable Income".****

Your signature certifies, to the best of your knowledge, that the information supplied above is correct.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

**Upward Bound Programs**  
**STUDENT RELEASE AUTHORIZATION**  
**2009 - 2025**

**By signing this form:**

- I agree to participate in the college tracking/retention program of the Upward Bound Programs, a department of Embry-Riddle Aeronautical University.
- I understand that college tracking/retention of Upward Bound Programs' participants is required by the U.S. Department of Education to determine the effectiveness of Upward Bound Programs.
- I authorize the Upward Bound Programs at Embry-Riddle Aeronautical University to have access to and receive copies of my academic records through my secondary and postsecondary education. In addition, I grant permission for my grades to be released to the high school of my attendance so that the high school may award credits earned in the Upward Bound academic year and summer sessions.

**Please print or type**

[Redacted area]

Student Last Name (Print) \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_

[Redacted area]

Date of Birth \_\_\_\_\_

Student Signature \_\_\_\_\_

[Redacted area]

Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

[Redacted area]

Date \_\_\_\_\_

Parent/Guardian Signature  
(if student under 18 years)

Date \_\_\_\_\_

***Our grant requires that we track each student's progress in high school and through college!***

[PARENT FORM]

## PARENT/GUARDIAN PARTICIPATION AND MEDICAL CONSENT FORM

I hereby give permission for (Print Student's Name) \_\_\_\_\_  
to participate in the Yavapai County Upward Bound Partnership program which includes all related field trips and activities throughout the entire time he or she (listed within) is enrolled in the Upward Bound program, including the six-week summer session to be held at ERAU, Prescott Campus. I understand that Embry-Riddle Aeronautical University, Yavapai College, the ERAU Board of Trustees, the Yavapai College Board of Trustees, the U.S. Department of Education, and all employees of the Yavapai County Upward Bound Partnership are not liable for accidents, injuries, or any other circumstance that may arise through a program function. In the case of an injury, I grant permission for the student afore mentioned to receive any medical attention deemed necessary, by qualified medical personnel, during the entire time that he or she (listed within) is enrolled in the Yavapai County Upward Bound Partnership program. Permission is also granted for the staff and employees of Upward Bound to transport the student to events associated with the program, or to use any hired third party transportation, as deemed appropriate by the director or staff of the program.

PARENT/GUARDIAN: Every reasonable precaution will be taken to provide for the safety and care of your son or daughter. Every effort will be made to notify you in the event of an accident or injury, which may require emergency care. If you cannot be contacted, permission is granted to the Director or other Upward Bound personnel, to seek medical attention. All financial responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by you.

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

Day Phone: (\_\_\_\_) \_\_\_\_\_

Evening Phone (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Recommendation Form I: High School Teacher**

Dear Teacher:

Please fill out the recommendation form below. The more you can tell us about a student, the better we will be able to evaluate their application. Your recommendation may address the student's attitude, maturity level, motivation, behavior in class and school, family situation, goals, and their need for our program. Please be candid. Provide the information on the reverse of this page or attach an additional sheet. Either mail the recommendation to us at the address at the bottom of the page or return to the student in a sealed envelope. Thank you for your assessment!

Student Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Relationship to Student: \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Recommendation Statement**

Your signature certifies, to the best of your knowledge, that the information supplied here is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Recommendation Form II: **High School Guidance Counselor**

Dear Guidance Counselor:

Please fill out the recommendation form below and SUBMIT WITH A COPY OF THE STUDENT'S CURRENT HIGH SCHOOL TRANSCRIPT, SHOWING GPA. The more you can tell us about a student, the better we will be able to evaluate their application. Your recommendation may address the student's attitude, maturity level, motivation, behavior in class and school, family situation, goals, and their need for our program. Please be candid. Provide the information on the reverse of this page or attach an additional sheet. Either mail the recommendation to us at the address at the bottom of the page or return to the student in a sealed envelope. Thank you for your assessment!

Student Name: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ of \_\_\_\_\_ Attach PSAT/ACT/SAT Scores: \_\_\_\_\_

**Student's High School Transcript and Eighth Grade Transcript Attached (please check):** \_\_\_\_\_

Does the student have a positive attendance record? \_\_\_\_\_

Is the student on track to graduate? \_\_\_\_\_

Has the student had any disciplinary problems in the last year? \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

High School: \_\_\_\_\_

Office Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **Recommendation Statement**

Your signature certifies, to the best of your knowledge, that the information supplied here is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Recommendation Form III: High School Teacher, Administrator,  
Employer, Clergy, or Mentor (Your Choice)**

Dear Sir or Madam:

Please fill out the recommendation form below. The more you can tell us about a student, the better we will be able to evaluate their application. Your recommendation may address the student's attitude, maturity level, motivation, behavior in class and school, family situation, goals, and their need for our program. Please be candid. Provide the information on the reverse of this page or attach an additional sheet. Either mail the recommendation to us at the address at the bottom of the page or return to the student in a sealed envelope. Thank you for your assessment!

Student Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Relationship to Student: \_\_\_\_\_

Office Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Recommendation Statement**

Your signature certifies, to the best of your knowledge, that the information supplied here is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMBRY-RIDDLE**  
Aeronautical University  
PRESCOTT, ARIZONA  
**Upward Bound Programs**  
**Permanent Contact Form**

Our office needs to be able to follow your academic and career progress throughout high school and college. Over the next few years, we expect that you may move several times. Please provide us with information on 3 people who will always know exactly where you live so he/she may serve as a liaison for us.

=====  
Contact #1  
Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

=====  
Contact #2  
Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

=====  
Contact #3  
Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
=====