



EASTFIELD COLLEGE

Upward Bound Student Application

2008-2009

Eastfield College Upward Bound is funded by the U.S. Department of Education
3737 Motley Drive - Mesquite, TX 75150 - Phone (972) 860-7277, Fax (972) 860-7291

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Check one: Skyline High School_____ W.W. Samuell High School_____

Last Name_____ First Name_____ Middle Name_____

Social Security #_____/_____/_____ Student ID #_____

Phone Number_____ Age_____ Grade: _____9TH _____10TH _____11TH

Sex: _____Male_____ Female Date of Birth ____/____/_____

Home Address: _____
Number/Street City State Zip

Ethnic Background: _____African American_____Hispanic_____Caucasian_____Other

Which graduation plan are you currently following? _____ Minimum _____ Recommended _____ Distinguished

Are you a citizen of the United States? () Yes () No

If no, do you have a VISA or applied for citizenship? ID#_____ () Yes () No

Could you participate on Tuesday & Thursday from 4:00 – 5:30pm? (Skyline)

Could you participate on Monday & Wednesday from 3:45 – 5:15pm? (W.W. Samuell) () Yes () No

If you were selected could you participate all day for six weeks in the summer? () Yes () No

Do either of your parents have a four year college/Bachelors degree? () Yes () No

Are you currently taking any honors or advancement placement classes? () Yes () No

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PARENT / GUARDIAN INFORMATION
 This form to be filled out by the parent / guardian

Name of Student _____

Father / Guardian _____ Parent Age _____

Address _____

Highest Grade Completed _____ Occupation _____

Employer _____ Work Phone _____

Mother / Guardian _____ Parent age _____

Address _____

Highest Grade Completed _____ Occupation _____

Employer _____ Work Phone _____

Who does the student live with? _____

PARENT / GUARDIAN INFORMATION

Starting with the oldest, list other children

NAME	M/F	AGE	WHERE LIVING	CURRENT GRADE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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EMERGENCY MEDICAL BACKGROUND INFORMATION

Student _____ M/F _____

Date of Birth _____ Age _____ SS# _____

Address _____
Number/Street City State Zip code

Home # _____ Emergency number # _____ (Must be different from home #)

1. Is your child covered by a health insurance plan? Yes No Policy number _____

If YES, Insurance company name _____ Phone # _____

2. Does your child have ANY medical problems that we should know of (special diet, asthma, drug allergy, heart trouble, etc.)? If so, please describe: _____

3. Is your child taking any medications? Yes No If YES, please list _____

4. Should there be any limits on his/her physical activity? Yes No If YES, what limits: _____

5. At the present time, is he/she under a doctor's care? Yes No If YES, please explain: _____

6. Who is your family doctor? If no doctor, hospital do you use?

Doctor's /Hospital Name _____ Doctor's Phone /Hospital _____

Doctor's /Hospital Address _____

7.) . In the event of an emergency if the parent/guardian cannot be reached, who may we contact?

Name _____ Relationship to student _____

Home Phone # _____ Work Phone # _____

I (we) authorize the Upward Bound staff access to any and all academic/medical records available from the school(s) the applicant has attended, presently attends or from universities or colleges the applicant will attend. I (we) further authorize the Upward Bound staff to make copies of any or all of these academic/medical records with the understanding that all records will remain confidential.

Signature of parent / guardian

Date

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STUDENT CONDUCT AGREEMENT



Some general conduct standards set by the college and the Upward Bound program are outlined below. Appropriate disciplinary action, including probation or dismissal, will be the consequence of any infraction of these rules. Termination from Upward Bound could be the result of the infractions listed below.

1. Dishonesty (stealing, lying, etc.) will not be tolerated. Treat others and their property with respect.
2. Profanity is not acceptable. To avoid offending anyone, refrain from using any profane language.
3. Alcoholic beverages and illegal drugs are not permitted on campus, or at any other Upward Bound activities. (This is also a state regulation).
4. Smoking is not permitted in any Eastfield College building or vehicle, or anywhere else prohibited by law.
5. Students must have the Director or Advisor's permission before leaving any Upward Bound sponsored activity.
6. Students are to attend all scheduled activities and are to remain until the activities are over. Attendance will be checked at each activity.
7. Possession of weapons or fireworks is prohibited. (This is also a State regulation). If illegal possessions are found, they will be confiscated and turned over to the authorities.
8. Physical or verbal abuse of staff or students will not be tolerated.
9. Sexual misconduct is forbidden.
10. Any disruption of an activity, as determined by the staff, will not be tolerated.
- 11.) Unexcused absences will automatically place you on probation or termination.
- 12.) Disobeying of staff will automatically place you on probation or termination.

Student Signature

Date

STUDENT STIPEND POLICY

During the academic school year, all participating Upward Bound students will be awarded a stipend in the amount of \$40.00 per month (\$60.00 monthly summer). If a student fails to attend a session during the week, five dollars per absence will be deducted from their monthly stipend.

There will be 8 sessions monthly

Minus \$5.00 for each unexcused absence

Excused Absence:

Each absence requires a legitimate written reason signed from a parent/guardian, teacher, coach, etc.

Unexcused Absence:

An unexcused absence is defined as an absence or missed day, which lacks written justification from the student.

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MEDICAL CONSENT

I authorize the Project Director to arrange for emergency medical treatment of my child if in his/her sole opinion, a medical emergency occurs during the time my child is enrolled in the Upward Bound program. I understand that only routine nurse's station medical services will be available on a limited basis during this program, and that I remain responsible for the health care of my son/daughter.

I do hereby authorize the performance of medical examinations and the physician may deem necessary treatments as advisable or necessary in attendance. This consent shall be in effect for the period of time that my son/daughter is enrolled as a participant in the summer component and/or academic year of the Upward Bound program.

If an emergency arises, the program or other institutional staff will attempt to reach me and be guided by my wishes, but if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate. I will agree to indemnify and save and hold harmless Eastfield College, its officers, agents and employees from and against any and all claims and liabilities which may arise out of or result from or be in any way connected directly or indirectly while participating in the program. I acknowledge that the participation of my child in this program is entirely voluntary.

LIABILITY RELEASE & PARENTAL CONSENT

Dear Parent(s) or Guardian(s):

During the time your child is in the Upward Bound program, he/she will be expected to participate in many activities such as field trips, sports, campus programs, etc. The safety of your child will be primary; however, the Eastfield College Upward Bound policy requests your signature in agreement with the following statement: I, the undersigned, in full recognition of the possible dangers and hazards inherent in any student activity of the sort the Upward Bound program normally conducts, do hereby agree to assume all the risks and responsibilities surrounding my child's participation in Upward Bound's program activities, and, further, hereby defend, hold harmless, indemnify, and release and forever discharge Eastfield College, the Upward Bound program, and its officers, agents and employees from and against any and all claims, demands, and actions, or cause of action, on account of damage to personal property, personal injury, or death which may result from my child's participation, and may result from causes beyond the control of, and without the fault or negligence of, Eastfield College, the Upward Bound program, its officers, agents, or employees, during the period of my child's participation in the Upward Bound program.

In accordance with the medical consent, I do give my unqualified consent for my child to make any and all trips under the auspices and sponsorship of the Upward Bound program at Eastfield College. I also understand that trips will be taken by motor vehicle, operated and insured as required by the laws of Texas. I authorize the adult, program officials on duty to make any decision necessary, in their sole opinion, to safeguard the health and welfare of my child.

Signature of parent/guardian

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MODEL RELEASE FORM

I, _____ hereby irrevocably consent to and authorize the use
(Parent/Guardian name)
and reproduction by Eastfield College, or anyone authorized by them, of any and all photographic materials for any purpose whatsoever without further compensation to me. I further understand that all of the photographic materials shall constitute their property solely and completely. I expressly release Eastfield College from any privacy defamation or other claims I may have arising out of the exhibition, publication, and/or broadcast of the photographic materials at any time in the future.

Model's (Student) Signature: _____

Parent/Guardian Signature: _____

**AUTHORIZATION FOR ACCESS TO
STUDENT ACADEMIC RECORDS**

I (we) authorize the **Upward Bound** staff of Eastfield College to access any and all high school and post-secondary records available from the high schools/colleges/universities the student attends or attended. This will include, but is not limited to enrollment status, academic standing, transcripts, and financial aid award information. I (we) further authorize the Upward Bound staff to make copies of any or all of these records with the understanding that all records will remain confidential. The principle purpose for collecting this information is to administer the Upward Bound program, including tracking and evaluating participants' academic progress. The information that is collected will be retained in the Upward Bound program files and will be released to the U.S. Department of Education in the performance of official duties.

(Signature of student)

(Date)

(Signature of Parent/Guardian)

(Date)

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INCOME VERIFICATION

The following is an example of the form Upward Bound requires from parent/guardian to determine low income eligibility. Must include complete copy of parent's Income Tax Form with application.

Application will NOT be considered without pages 1 & 2 of Income Tax Form.

Page 1

Page 2

Form 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2002 (99) 95 Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2002, or other tax year beginning 2002, ending 20

Label (See instructions on page 21.)
Your first name and initial Last name Your social security number
If a joint return, spouse's first name and initial Last name Spouse's social security number

Use the IRS label. Otherwise, please print or type.
Home address (number and street). If you have a P.O. box, see page 21. Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 21.

Presidential Election Campaign (See page 21.)
Note. Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? Yes No Yes No

Filing Status
1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here.
4 Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child (your spouse died). (See page 21.)

Exemptions
6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.
b Spouse.
c **Dependents:** (1) First name (2) Dependent's social security number (3) Dependent's relationship to you (4) Qualifying child for child tax credit (see page 22).
If more than five dependents, see page 22.
d Total number of exemptions claimed.

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
b Tax-exempt interest. Do not include on line 8a
9 Ordinary dividends. Attach Schedule B if required
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
14 Other gains or (losses). Attach Form 4797
15a IRA distributions
16a Pensions and annuities
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits
21 Other income. List type and amount (see page 29)
22 Add the amounts in the far right column for lines 7 through 21. This is your **total income**

Adjusted Gross Income
23 Educator expenses (see page 29)
24 IRA deduction (see page 29)
25 Student loan interest deduction (see page 31)
26 Tuition and fees deduction (see page 32)
27 Archer MSA deduction. Attach Form 8853
28 Moving expenses. Attach Form 3903
29 One-half of self-employment tax. Attach Schedule SE
30 Self-employed health insurance deduction (see page 33)
31 Self-employed SEP, SIMPLE, and qualified plans
32 Penalty on early withdrawal of savings
33a Alimony paid b Recipient's SSN
34 Add lines 23 through 33a
35 Subtract line 34 from line 22. This is your **adjusted gross income**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 78. Cat. No. 113208 Form 1040 (2002)

Form 1040 (2002) Page 2

Tax and Credits
35 Amount from line 34 (adjusted gross income)
36a Check You were born before January 2, 1939, Blind Total boxes checked 36a
b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here 36b
37 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
38 Subtract line 37 from line 35
39 If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35
40 Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-
41 Tax (see page 38). Check if any tax is from: a Form(s) 8814 b Form 4972
42 Alternative minimum tax (see page 38). Attach Form 6251
43 Add lines 41 and 42
44 Foreign tax credit. Attach Form 1116 if required
45 Credit for child and dependent care expenses. Attach Form 2441
46 Credit for the elderly or the disabled. Attach Schedule R
47 Education credits. Attach Form 8863
48 Retirement savings contributions credit. Attach Form 8880
49 Child tax credit (see page 40)
50 Adoption credit. Attach Form 8839
51 Credits from: a Form 8396 b Form 8859
52 Other credits. Check applicable box(es): a Form 3800 b Form 8871 c Specify
53 Add lines 44 through 52. These are your total credits
54 Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-
55 Self-employment tax. Attach Schedule SE
56 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
57 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required
58 Advance earned income credit payments from Form(s) W-2
59 Household employment taxes. Attach Schedule H
60 Add lines 54 through 59. This is your total tax

Other Taxes
61 Federal income tax withheld from Forms W-2 and 1099
62 2003 estimated tax payments and amount applied from 2002 return
63 Earned income credit (EIC)
64 Excess social security and tier 1 RRTA tax withheld (see page 56)
65 Additional child tax credit. Attach Form 8812
66 Amount paid with request for extension to file (see page 56)
67 Other payments from: a Form 2439 b Form 4136 c Form 8885
68 Add lines 61 through 67. These are your total payments

Refund
69 If line 58 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid
70a Amount of line 69 you want refunded to you
b Routing number
c Type: Checking Savings
d Account number
71 Amount of line 69 you want applied to your 2004 estimated tax
72 Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57
73 Estimated tax penalty (see page 58)

Third Party Designee
Do you want to allow another person to discuss this return with the IRS (see page 58)? Yes. Complete the following. No
Designee's name Phone no. Personal identification number (PIN)

Sign Here
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature Date Your occupation Daytime phone number
Spouse's signature: If a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Use Only
Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
Firm's name (or yours if self-employed) address, and ZIP code EIN
Phone no.

Form 1040 (2002)

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