

Eastfield College Upward Bound



Student Application

EASTFIELD COLLEGE
Upward Bound Student Application
2011-2012



Check one: Skyline High School _____ W.W. Samuell High School _____

Last Name _____ First Name _____ Middle Name _____

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

Student Cell Number _____ Grade: _____ 9TH _____ 10TH _____ 11TH

Sex: _____ Male _____ Female Date of Birth _____ / _____ / _____ Age _____

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 4:15 – 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

Eastfield College Upward Bound is funded by the U.S. Department of Education
3737 Motley Drive - Mesquite, TX 75150 - Phone (972) 860-7284 Fax (972) 860-7363

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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 _____ Male _____ Female _____

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?

Doctor's/Hospital name _____ Doctor's/Hospital Phone # _____

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

Date

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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.

**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) IRS Use Only—Do not write or staple in this space. OMB No. 1545-0074

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 _____
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. _____

Important!
You must enter your SSN(s) above.

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 (year 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.
6b Spouse
6c **Dependents:** (1) First name _____ Last name _____ (2) Dependent's social security number _____ (3) Dependent's relationship to you _____ (4) If qualifying child for child tax credit (see page 22)
6d **No. of children on 6c who:** died with you did not live with you due to divorce or separation (see page 29) Dependents on 6c not entered above
6e **Add numbers on lines above:** _____

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2 _____ 7
8a Taxable interest. Attach Schedule B if required _____ 8a
8b Tax-exempt interest. Do not include on line 8a _____ 8b
9 Ordinary dividends. Attach Schedule B if required _____ 9
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24) _____ 10
11 Alimony received _____ 11
12 Business income or (loss). Attach Schedule C or C-EZ _____ 12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here _____ 13
14 Other gains or (losses). Attach Form 4797 _____ 14
15a IRA distributions _____ 15a b Taxable amount (see page 25) _____ 15b
16a Pensions and annuities _____ 16a b Taxable amount (see page 25) _____ 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E _____ 17
18 Farm income or (loss). Attach Schedule F _____ 18
19 Unemployment compensation _____ 19
20a Social security benefits _____ 20a b Taxable amount (see page 27) _____ 20b
21 Other income. List type and amount (see page 29) _____ 21
22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** _____ 22

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

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 76. Cat. No. 113208 Form 1040 (2002)

Form 1040 (2002) Page 2

Tax and Credits
35 Amount from line 34 (adjusted gross income) _____ 35
36a Check You were born before January 2, 1939, Blind Total boxes checked 36a
If: Spouse was born before January 2, 1939, Blind checked 36b
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) _____ 37
38 Subtract line 37 from line 35 _____ 38
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 _____ 39
40 **Taxable income.** Subtract line 39 from line 38. If line 39 is more than line 38, enter -0- _____ 40
41 **Tax** (see page 36). Check if any tax is from: a Form(s) 8814 b Form 4972 _____ 41
42 **Alternative minimum tax** (see page 38). Attach Form 6251 _____ 42
43 Add lines 41 and 42 _____ 43
44 Foreign tax credit. Attach Form 1116 if required _____ 44
45 Credit for child and dependent care expenses. Attach Form 2441 _____ 45
46 Credit for the elderly or the disabled. Attach Schedule R _____ 46
47 Education credits. Attach Form 8863 _____ 47
48 Retirement savings contributions credit. Attach Form 8880 _____ 48
49 Child tax credit (see page 40) _____ 49
50 Adoption credit. Attach Form 8839 _____ 50
51 Credits from: a Form 8396 b Form 8859 _____ 51
52 Other credits. Check applicable box(es): a Form 3800 _____ 52
b Form 8801 c Specify _____ 52
53 Add lines 44 through 52. These are your **total credits** _____ 53
54 Subtract line 53 from line 43. If line 53 is more than line 43, enter -0- _____ 54
55 Self-employment tax. Attach Schedule SE _____ 55
56 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 _____ 56
57 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required _____ 57
58 Advance earned income credit payments from Form(s) W-2 _____ 58
59 Household employment taxes. Attach Schedule H _____ 59
60 Add lines 54 through 59. This is your **total tax** _____ 60

Payments
61 Federal income tax withheld from Forms W-2 and 1099 _____ 61
62 2002 estimated tax payments and amount applied from 2002 return _____ 62
63 **Earned income credit (EIC)** _____ 63
64 Excess social security and tier 1 RRTA tax withheld (see page 56) _____ 64
65 Additional child tax credit. Attach Form 8812 _____ 65
66 Amount paid with request for extension to file (see page 56) _____ 66
67 Other payments less: a Form 2439 b Form 4138 c Form 8885 _____ 67
68 Add lines 61 through 67. These are your **total payments** _____ 68

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

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) _____
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.

Sign Here
Your signature _____ Date _____ Your occupation _____ Daytime phone number _____
Spouse's signature: If a joint return, both must sign. _____ Date _____ Spouse's occupation _____
Keep a copy for your records.

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

Form 1040 (2002)

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STUDENT NEEDS ASSESSMENT AND RECOMMENDATION

Student's Name _____

To Teacher, Counselor, or School Official:

The student named above is seeking acceptance into Upward Bound, a high school academic program designed to increase the likelihood that eligible students will complete high school and pursue post-secondary education. Please answer each of the following questions. Thank you in advance for your cooperation.

How long have you known the student? _____ In what capacity? _____

Please indicate the student's performance for each of the areas listed below:

Willingness to Learn ___ High ___ Average ___ Below Average
Academic Aptitude ___ High ___ Average ___ Below Average
Attendance ___ High ___ Average ___ Below Average
Behavior ___ High ___ Average ___ Below Average

Please check those performance areas in which you feel the student needs assistance:

___ Motivation/Effort ___ Improved Attendance ___ Improved Library Skills
___ Improved Study Habits ___ Improved Science Skills ___ Improved Social Skills
___ Improved Writing Skills ___ Improved Math Skills ___ Improved English Skills
___ Improved Academic Attitude ___ Improved Reading Skills ___ Improved Self esteem

Please check your assessment of the student's post-secondary aspirations:

___ College or University ___ Armed Forces ___ Community/Junior College Other _____

Comments: _____

(Name of Teacher, Counselor, or School Official)

(Position)

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F O R O F F I C E U S E O N L Y

STUDENT ELIGIBILITY VERIFICATION

Student Name _____

Skyline [] W.W. Samuel []

Grade

Freshman (9th) Sophomore (10th) Junior (11th)

Criteria

Low Income Yes No First Generation Yes No

Academic Need

_____ Low GPA _____ Low income community _____ Low achievement test
_____ Lack of career goals or motivation
_____ Lack of opportunity to take college preparation courses
_____ Lack of confidence, self esteem and/or social skills
_____ Low educational aspirations

Applicant Status Accepted Not Accepted

Director Signature _____ Date _____

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