

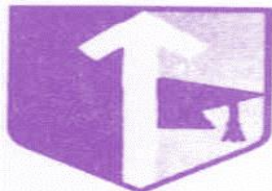
**Alcorn State University
Upward Bound Program
Student Application Request Form**

Student's Name _____

The Department of Education requires that each Upward Bound student must have on file an application, proof of income, recent High School grades or transcript, test scores, and other necessary information to determine the student's eligibility for program participation. Because of these requirements, we are requesting immediately all item(s) listed below:

- _____ Program Application
- _____ Parents or Guardian recent Tax Return or written proof of Family Income from the source it is derived
- _____ Two Recommendation Form(s) from your high school teacher, counselor, principal, or community leaders
- _____ Transcript Release Form
- _____ High School Transcript/Grades
- _____ Parental Consent Form/Parental Consent Pick-up Form
- _____ Medical Record/Immunization Record
- _____ Student Academic Status Report
- _____ Student Biographical Information
- _____ References Sheet
- _____ Needs Assessment Form
- _____ High School Tutoring Form
- _____ Bus and Regulations Forms
- _____ Photo of Yourself
- _____ Other _____

**Alcorn State University
Upward Bound Program**



PARENTAL CONSENT FORM

I, _____, give permission for my son or daughter
(Parent/Guardian's Name-Print)

_____ to attend and participate in Educational and/or Cultural
(Student's Name- Print)

Activities with the Upward Bound Program during the Academic Phase and/or Summer

Six-Week Residential Phase. In the event of an accident, injury or illness requiring routine Medical care, I give permission for such care to be rendered.

For hospitalization and other emergencies, please contact me at _____,
(Home Telephone Number)
_____ or _____.
(Work Telephone Number) (Relative Telephone Number)

(Signature of Parent/Guardian) Date

Complete Address (Do not use P.O. Boxes)

.....
UPWARD BOUND STUDENT AGREEMENT

I, _____ agree to abide by the Upward Bound Program
(Student's Name-Print)

Rules and Regulations during on/off campus educational and/or cultural activities while participating in the Academic and/or Summer Six-Week Residential Phases. I understand that if I do not abide by the rules and regulations, I may not be allowed to participate in the Upward Bound Program in the future.

Signature of Student

Date

**Alcorn State University
Upward Bound Program**

PARENTAL CONSENT FORM

(Permission for my child (ren) to leave Alcorn State University Upward Bound Program Educational and/or Cultural Activities with Individual other than parent/guardian)

Student's Name _____
(Print)

<u>Name</u>	<u>Relationship</u>
1.	
2.	
3.	
4.	
5.	

NOTE: INDIVIDUALS MUST SHOW IDENTIFICATION.

(Parent/Guardian Signature) Date

This form should be completed and returned to:

**Alcorn State University
Upward Bound Program Office
1000 ASU Drive, #659
Alcorn State, MS 39096-7500**

**Alcorn State University
Upward Bound Program**

PARENTAL FINANCIAL STATEMENT

Note: This section must be completed by the person(s) with whom the student lives. If the student lives with both parents, income for both parents must be reported on this application.

Name _____
Person(s) student live(s) with _____ Relationship _____

Place(s) of Employment _____ / _____

Telephone Number(s) _____

Total Taxable Income \$ _____

Are you or your children receiving any of the following?

Unemployment Benefits	___ Yes	___ No	Annual Amount \$	_____
Social Security	___ Yes	___ No	Annual Amount \$	_____
Public Welfare	___ Yes	___ No	Annual Amount \$	_____
Food Stamps	___ Yes	___ No	Annual Amount \$	_____
SSI	___ Yes	___ No	Annual Amount \$	_____
Other (Please List)	_____			

TOTAL \$ _____

Parents or guardians who are employed must attach a copy of their recent 1040 or 1040A tax form for family income verification before the applicant's financial status eligibility can be determined.

Parents who are not employed must attach a written statement from the company or agency from which their income is derived. Also, it must be signed and on company stationery.

Signature of Parent/Guardian

Date



**ALCORN STATE UNIVERSITY
UPWARD BOUND PROGRAM**

ACADEMIC PHASE ONLY

**RULES AND REGULATIONS FOR RIDING THE BUS FROM WOODVILLE,
NATCHEZ, FAYETTE AND PORT GIBSON**

No standing or walking while the bus is in motion.

No excessive noise on the bus (students will receive a verbal warning either individually or collectively).

No use of profane or vulgar language on the bus (respect the driver, adults, other passengers and above all, yourself).

No littering (properly dispose of all trash).

No hollering or hanging out of the windows of the bus.

Obey authority.

Note: Upward Bound Participants CANNOT invite anyone to ride the bus who has not been approved by Upward Bound Staff. The bus drivers have a list of all eligible participants.

Failure to follow these rules and regulations will result in you not being able to ride the bus and possibly not participating in the Upward Bound Program.

I have read the rules and regulations above and understand the consequences for violating them.

Student's Signature

Date

Parent's Signature

Date

**Alcorn State University
Division of University College
Upward Bound Program**



**1000 ASU DRIVE, #659
Alcorn State, MS 39096
(601) 877-6224
(601) 877-6225 (Fax)**

TRANSCRIPT OR GRADE RELEASE FORM

I, _____, give permission for my
Parent/Guardian Name (print)

child _____ grades/ transcript or academic records to be
Participant Name (print)

released to Alcorn State University's Upward Bound Program upon request.

It is my understanding that my child's academic records will be used
for career planning and assessment as well as tracking his/her progress. All
records will be kept confidential.

Student's Signature

Parent/Guardian Signature

Student's Social Security Number

Name of High School or College

Date



Upward Bound Program Alcorn State University Student Academic Status Review

(This form is to be completed by the High School Guidance Counselor)

Student's Name

Social Security No. /ID

This student is enrolled in the Upward Bound Program. It would be appreciated if you will complete the following information regarding his/her academic status:

Is the student current enrolled in school? Yes _____ No _____

Student's Grade Level 9th _____ 10th _____ 11th _____ 12th _____ Repeated Grade _____

High School Cumulative GPA _____ High School Cumulative Un-weighted GPA _____

Which track applies to this student? Diploma _____ Certificate _____

Has the student achieved at the proficient level on State Assessments; Please answer Y for yes, N for No, and NA for has not taken as well as providing the score respectively.

English _____; _____; Math _____; _____; Science _____; _____; History _____; _____;

While reviewing the student's file he/she is behind and need additional help in the following Subject areas:

_____;

_____;

Which of the following best describes the student's current academic status?

Passing _____ Failing _____ Other _____

Please attach a copy of the student's High School Transcript or the last semester grades.

COMMENTS: _____

Mailing Address:

Counselor _____

Signature

Alcorn State University
Upward Bound Program
Attn: Lucille Donaldson
1000 ASU Drive, # 659
Alcorn State, MS 39096
Phone: (601) 877-6224
Fax: (601) 877-6225

Date

**UPWARD BOUND PROGRAM
ALCORN STATE UNIVERSITY
STUDENT RECOMMENDATION FORM**

(One recommendation form must come from a school administrator or teacher).

Name of Applicant _____
Last
First
Middle

TO THE EVALUATOR: The person named above has applied for participation in the Upward Bound Program and has asked you to evaluate his/her ability to participate. Please complete and return immediately to the Upward Bound Program; Alcorn State University; 1000 ASU Drive, #659; Alcorn State, MS 39096.

Please indicate by a check mark your rating of the applicant:

	Superior	Good	Fair	Poor	No Basis for Judgment
Personality					
Initiative					
Judgment					
Cooperativeness					
Ability to Follow Directions					
Self-Control					
Emotional Maturity					
Honesty and Truthfulness					
Character					
Ability to do Academic Work					
Ability to Get Along With Others					

1. How long have you known the applicant? _____
2. Does the applicant use or abuse alcohol? _____
3. To your knowledge, has the applicant been known to use drugs? _____

COMMENTS: _____

Signature _____

Position _____

Telephone _____

Date _____

