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# Student Application 2018-2019

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Federal TRIO Program  
Funded by the U.S. Department of Education



Please note that all applications are accepted for review regardless of race, color, national origin, religion, gender or disability (U.S. Dept. of Education -GEPA Section 427).

### **Upward Bound Application Checklist**

Please use this checklist as a guide to ensure that you have completed and attached all of the following Upward Bound application section.

#### **Complete application includes (pg. 2- 10):**

- Student Information section (including social security number & citizenship status)- pg. 2
- Essay of at least 150 words stating why you want to attend college and Upward Bound – pg. 3
- Parent Guardian section (including educational background) – pg. 5
- Financial Verification section – pg. 6
- Information Release Form – pg. 7
- Survey Consent Form – pg. 8
- Participant Health, Medical, Release and Emergency Contact Form – pg. 9
- Field Trip, Experience Release Form – pg. 10
- Teacher Recommendation Form

#### **Documents that should be attached:**

- Copy of social security card
- Copy of Permanent Resident Card if applicable
- Essay
- Financial Verification, if applicable
- Teacher Recommendation form

**Please NOTE: Applications will not be reviewed and the student will not be considered for acceptance to the program until all sections from the above checklist have been completed and submitted.**

Questions? Contact Natalia Martinez, Upward Bound Assistant Director – 716-444-1279

D'Youville  
 320 Porter Avenue  
 KAB, Room 433  
 Buffalo, New York 14201  
 Phone: (716) 829-8200  
 Fax: (716) 829-8323

# Upward Bound Program

## Student Application

### 2018-2019



**STUDENT SECTION**  
 (To be completed by the student.)

**DIRECTIONS:**

- **Print clearly in ink.**
- **Be sure to answer all questions, and complete all the attached application forms.**
- **Remember your parent/guardian's signature is required.**
- **Please submit your complete application directly to your school counselor or the Upward Bound office.**

**PART I - STUDENT APPLICANT INFORMATION**

<b>Date:</b>		<b>Name (First, Middle, Last):</b>		
<b>Social Security #:</b>		<b>School ID #:</b>	<b>Email Address:</b>	
<b>High School Currently Attending:</b>			<b>Current Grade Level:</b>	
<b>Mailing Address:</b> Street and Apt. No.				
<b>City</b>		<b>State</b>	<b>Zip</b>	
<b>Home Phone Number:</b>			<b>Alternative Phone Number:</b>	
<b>Date of Birth:</b>		<b>Age:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Citizenship:</b>				
Are you a U.S. Citizen/National?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
If NO – Are you a Permanent Resident?		<input type="checkbox"/> YES <input type="checkbox"/> NO    (Green Card # _____)		
If NO – Do you have an Alien Card?		<input type="checkbox"/> YES <input type="checkbox"/> NO    (Alien Card # _____)		
<b>Ethnic Background:</b>		<b>Racial Background (you may select more than one):</b>		
<input type="checkbox"/> Hispanic/Latino origin, of any race		<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	
<input type="checkbox"/> Not of Hispanic/Latino origin		<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<b>Who do you live with?</b>				
<input type="checkbox"/> Mother & Father <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____				
<b>Name of Guardian if you do not live with one of your parents:</b> _____				

**Administrative Staff Only:**  
 Date Application Received: \_\_\_\_\_ Was the application complete?: \_\_\_\_\_ If no, list completion date: \_\_\_\_\_  
 Date of Student / Parent Interview: \_\_\_\_\_

<b>What is your native language (What language is spoken at home)?</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
<b>What are your favorite school subjects?</b>	<b>What grades do you usually get?</b>
<b>What college or university do you plan to attend?</b> <input type="checkbox"/> Undecided	<b>What do you plan on majoring in?</b> <input type="checkbox"/> Undecided
<b>What kind of career or job would you like to have?</b> <input type="checkbox"/> Undecided	<b>How did you find out about Upward Bound?</b>

**What type of college degree do you plan to obtain? You can check more than one.**

not sure yet       Vocational or Technical School Degree       Two Year/Associate Degree  
 4 Year College Degree       Masters Degree       Doctoral Degree

**List any extracurricular activities you are involved in?**

\_\_\_\_\_

\_\_\_\_\_

**Why do you want to attend college? Why do you want to be in Upward Bound? ( Please answer on a separate sheet of paper in at least 150 words.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you currently working /employed?**  Yes     No      **If Yes, how many hours a week?** \_\_\_\_\_

**If Yes, who are you employed by?** \_\_\_\_\_

**What is your position and responsibilities?** \_\_\_\_\_

**Do you volunteer (past or present)?**  Yes     No      **If Yes, where?** \_\_\_\_\_

**PART II – Administrator/Counselor/Teacher RECOMMENDATION FORM**

**DIRECTIONS:**

- In order to be considered for participation in the Upward Bound Program, student applicants must obtain an Administrator, Counselor or Teacher Recommendation.
- Hand the enclosed Recommendation Forms to the person you have selected.

**D'Youville**  
320 Porter Avenue  
KAB, Room 435  
Buffalo, New York 14201  
Phone: (716) 829-8200  
Fax: (716) 829-8323

# Upward Bound Program

## Parent Application

### 2018-2019



**PARENT/GUARDIAN SECTION**  
(To be completed by the parent or guardian.)

Dear Parent/Guardian:

Your child has indicated an interest in the D'Youville Upward Bound (UB) Program. Upward Bound is a **free** college preparatory program for high school students funded by the U.S. Department of Education, and sponsored locally by D'Youville. Upward Bound is specifically designed to strengthen the academic skills of eligible high school students to excel academically and pursue postsecondary degrees after high school graduation.

Year-round services provided by Upward Bound include:

- Tutorial and Mentoring services during the school year to strengthen academic skills and prepare students for success at the college level.
- A 6-week summer instructional component that is designed to simulate a college-going experience that includes daily coursework in math and science as well as other related activities such as field trips and special events.
- Academic advising from Upward Bound staff, and individual assistance with the college admissions and financial aid application process during the academic school year.

In order to comply with federal regulations, all Upward Bound participants must meet the following criteria:

- Indicate an interest in attending college
- Demonstrate academic need
- Qualify as Low Income and/or Potential First Generation College Student (neither parent has received a 4-year degree)
- Commit to remain active in Upward Bound until high school graduation

Please complete this application and return it with your child's **Student Application**, to your child's School Counselor or the Upward Bound Assistant Director. All completed applications will be reviewed, and eligible applicants will be contacted within 14 days.

Thank you for your interest in the Upward Bound Program. Please feel free to contact the Upward Bound Program, at **716-829-8200**, if you need any assistance in completing the application process.

Sincerely,

Antwan Barlow  
Project Director

**PARENT/GUARDIAN SECTION**  
(To be completed by the parent or guardian.)

**DIRECTIONS:**

- Print clearly in ink.
- Be sure to answer all questions, and complete all the attached application forms.
- Remember to Sign all required documents/forms where asked.
- If you filed taxes, Please attach a SIGNED copy of your 2017 or 2018 U.S. Income Tax Form.

**PART III – PARENT APPLICATION (To Be Completed by Parent/Guardian):**

<b>Student's Name:</b>	<b>Current School &amp; Grade Level:</b>
<b>Who does the Student Applicant live with?</b>	
<input type="checkbox"/> Mother & Father <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Other (specify) _____	
<b>Mother's/Guardian's Name:</b>	<b>Father's/Guardian's Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Home Phone Number:</b>	<b>Home Phone Number:</b>
<b>Cell Phone Number:</b>	<b>Cell Phone Number:</b>
<b>Work Number:</b>	<b>Work Number:</b>
<b>Parents'/Guardians' Educational Background:</b> (Complete only for parents/guardians with whom the student lives.)	
<b><u>Mother's/Guardian's Education:</u></b>	<b><u>Father's/Guardian's Education:</u></b>
Have you graduated from a four year college with a Bachelor's Degree? <div style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</div>	Have you graduated from a four year college with a Bachelor's Degree? <div style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</div>

**I certify that the information provided on this form is true and complete to the best of my knowledge.**

\_\_\_\_\_  
 Mother's / Guardian's Signature

\_\_\_\_\_  
 Father's / Guardian's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date



**INFORMATION RELEASE FORM**  
**(To be completed by the parent /guardian and student.)**

**RELEASE OF SCHOOL RECORDS**

Student's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Student's School: \_\_\_\_\_

I authorize the D'Youville **Upward Bound Program** to access and/or receive copies of my child's academic transcripts, grade reports, report cards, NYS Regents Scores, post-secondary schedules and any other academic information and test results necessary for review and tracking of secondary and post-secondary academic standing. This authorization is approved by myself and my child as evidenced by signatures below.

\_\_\_\_\_  
Parents'/Guardians' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**MEDIA RELEASE**

I understand and agree that photographs/ audio/video may be taken during program activities and events, and I hereby give permission to have my son's/daughter's photo taken, and authorize the use and reproduction of said photos/ audio/video by the Upward Bound Program. All negatives and prints shall become the sole property of the Upward Bound Program.

\_\_\_\_\_  
Parents'/Guardians' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

*The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, is respectively the federal law providing for the review and disclosure of student educational records. D'Youville and TRIO Upward Bound will not permit access to or the release of personally identifiable information contained in student educational records to any party without the written consent of the student, except as authorized by FERPA.*





December 10<sup>th</sup>,2018

Dear Parent(s)/ Guardian(s) of: \_\_\_\_\_

The mission of the D'Youville Upward Bound program is to increase the number of students in the city of Buffalo who enroll and succeed in post-secondary education. To fulfill our mission, the D' Youville Upward Bound program offers year round services to participants and parents that we believe will enhance and support post-secondary preparation. These services include academic tutorial services, enrichment activities, college visit/ exploration, service learning and community service projects, college preparation workshops, college advisement, and a six week summer program.

All Upward Bound services are based on post-secondary preparation and are offered to ninth through twelfth grade Upward Bound participants. At Upward Bound we constantly review and analyze our offered services to ensure that we are meeting the college preparation needs of our participants. The post-secondary preparation process is modified annually because of such factors as changing college admission requirements, modification to standardize testing, changes to graduation requirements, and the annual goals of the Department of Education ( local/ state/ national). The D'Youville Upward Bound program takes these factors into account when developing our program plan of operation. However, we also intend to review and analyze feedback from our staff, students and parents as a factor in our program planning. This being the case, we will be offering program feedback surveys to students and parents during their participation in the D'Youville Upward Bound program.

Attached you will find a survey release form for you and your child to complete and return to Upward Bound. The D'Youville Upward Bound program will periodically offer anonymous surveys to program participants and parents each year that focus on program services feedback. The data collected on the surveys will be used by D'Youville Upward Bound program to analyze our program and modify/ add services when necessary.

If you have any questions or concerns regarding this letter or the survey release form, then please feel free to contact my office at 829-8200.

Sincerely,

Antwan Barlow  
Project Director  
Upward Bound @ D'Youville  
Office: 716-829-8142, Fax: 716-829-8139



### SURVEY CONSENT FORM

**(To be completed by the parent /guardian and student.)**

I authorize my child to participate in D' Youville Upward Bound approved surveys during my child's participation in the Upward Bound program. I understand that the data retrieved from the survey will be used by the D' Youville Upward Bound program and its program partners to analyze and enhance program services. I understand that my child's participation in the survey will be completely anonymous and I will receive a week's notice before a survey is administered.

Student Name (Print): \_\_\_\_\_

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

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Participant Health, Medical Release & Emergency Contact

**\*\*Please complete all information and sign\*\***

### Participant (Student) Information:

Name: _____	Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Swimming Ability:    0 1 2 3 4 5 6 7 8 9 10	(0 = Never Swam; 10 = Excellent)	

### Health, Medical and Emergency Contact Information

Does the participant have health insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insurance Carrier: _____
Does participant have any serious health issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please Explain: _____			
Does participant have any allergies (include food, environmental, medications)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please Explain: _____			
List reactions (if any): _____			
Is participant taking any medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medications: _____			
Additional information about participant's health, physical limitations or any restrictions: _____			
<b>Emergency Contact 1:</b> _____	<b>Relationship:</b> _____	<b>Phone:</b> _____	
<b>Emergency Contact 2:</b> _____	<b>Relationship:</b> _____	<b>Phone:</b> _____	

### Liability Waiver/ Medical Treatment Consent

In consideration for my and/or my family members' participation in the D'Youville Upward Bound Program, I voluntarily RELEASE , D'Youville , D'Youville Upward Bound Program, Buffalo Public Schools and Leonardo da Vinci, The International Preparatory School at Grover Cleveland, and the officers, agents, employees, and volunteers (hereinafter referred to as "releasees") from any and all liability for injuries or death or property damage to me and/or my family members resulting from, arising out of, or in any way connected with my and/or any of my family member's participation in the Upward Bound Program or use of Buffalo Public School and/or D'Youville facilities in connection with this/these program(s). I understand that this waiver and release is applicable even through or if the negligent activities of the releasees may have contributed to the injury or death, or property damage suffered by me or any of my family members participating in this/these program(s). I further agree to indemnify and hold harmless the releasees from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation-related expenses such as attorney and expert witness fees) resulting from participation in this/these program(s) whether caused by any negligent act or omission of the releasees.

I further understand that serious accidents may occur in the Upward Bound Program that I am applying for, that participants in this/these program(s) may sustain mortal or serious personal injuries, and/or property damage, as a consequence of their participation in this/these program(s). Knowing the risks of said events, nevertheless, I hereby agree to assume those risks and to release and hold harmless to the fullest extent allowed by law all of those persons mentioned above who through passive or active negligence or carelessness might otherwise be liable to me for damages.

It is further understood and agreed that this waiver, release, hold harmless, and indemnification agreement is to be binding on me, any of my participating family members, and all of our heirs, representatives, and assigns.

I hereby authorize qualified physicians to render medical treatment or care that they deem necessary for me or my family members in case of illness or accident during such program(s). In the event of injury of a program participant, and if parent/guardian(s) or emergency contacts cannot be reached, emergency services will be contacted to transport the injured to a nearby local hospital.

<b>Student Signature:</b> _____	<b>Date:</b> _____
<b>Parent/Guardian Name:</b> _____	<b>Signature:</b> _____
	<b>Date:</b> _____



## FIELD TRIP/ EXPERIENCE RELEASE FORM

**\*\*Please Print All Information\*\***

- Please complete this form in its entirety.
- Complete the student and emergency contact information.
- Review, complete and sign the Field Experience Acknowledgement and Release
- Return this form to the Upward Bound Staff immediately.

**Student's Name:** \_\_\_\_\_

**Emergency Contact Person(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

### Field Experience Acknowledgement and Release:

I hereby grant permission for my son/daughter to participate and attend the Field Trips provided by and for the Upward Bound Program for which he/she is registered. My child also has my permission to participate in swimming activities on field trips, including aquatic amusement park activities. I am in accord with the purposes of and procedures governing the trip. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless the D'Youville Upward Bound Program and its releaseses, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return from the trip independently for reasons of health, accident, failure to conform to rules established by the teacher/staff in charge, etc., the Upward Bound Program is not responsible for and will not pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as acknowledgment that the student and parent(s) understand and agree to the guidelines from each teacher/staff.

**Student Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/ Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Guardian**



## UPWARD BOUND

### Recommendation Form

Dear Administrator/Counselor/Teacher:

This student is applying for acceptance into the Upward Bound program sponsored by D'Youville. In addition to completing an in-depth application, we request that the student seek a recommendation so that we accept the most qualified and motivated students.

Upward Bound is designed as a year-round, pre-college support and intervention program for high school students who demonstrate the desire, motivation and potential to complete school and go on to pursue a post-secondary education. The goal of the program is to develop all of the skills necessary to succeed in college. We prepare students through academic tutoring and advising, enrichment activities and programs, study and test-taking skills, mentoring and counseling, college visits and career exploration, access to technology and the community, cultural & social field trips and events, service learning events, test prep workshops (SAT/ACT), college application workshops, financial aid workshops and advisement, teambuilding and experiential learning, leadership and character education, six-week summer program, and participation and achievement awards. Upward Bound develops the learning potential of high school students from limited-income families and/or families whose parents have not completed a four-year degree. The Upward Bound program is a TRIO program that is funded by the U.S. Department of Education.

D'Youville Upward Bound serves students enrolled in 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grades at International Preparatory and Leonardo da Vinci high schools. We expect all of our students to matriculate into a post-secondary institution, so as you complete this form, please keep in mind the qualities and characteristics that we look for in candidates. These include:

1. Consistent class attendance and participation
2. Completion of all assignments in a timely manner and high quality
3. Motivation and ability to attend and complete post-secondary education
4. Respect of self and others
5. Integrity and honesty in dealing with others

Please be candid in your answers. If you have questions or additional information, please call 829-8200. We want to choose the students who have both the greatest need and potential for success. Thank you.

D'Youville Upward Bound Staff

**Give this completed form to the School Counselor's office, the student or mail to the following address:**

**D'Youville – Upward Bound  
320 Porter Avenue, KAB 433  
Buffalo, NY 14201**

*TRIO programs are funded by the U.S. Department of Education. This Upward Bound Program is sponsored by D'Youville, an Equal Opportunity/Affirmative Action Institution.*



### Upward Bound Program Teacher Recommendation Form

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Class: \_\_\_\_\_

1. Please check which best describes the student's attendance in your class this term.  
 Perfect attendance       Missed 1-3 days/term       Missed 4-10 days/term  
 Missed 1-2 days/week       Missed more than 2 days/week

2. Does the student complete make-up work when necessary?  Yes  No

3. What grade is the student currently earning in your class? \_\_\_\_\_

4. How well does this student get along with peers in the classroom?  
Very well 1 2 3 4 5 Very poorly

5. What is the nature of this student's class work and homework assignments?  
Very Poor 1 2 3 4 5 Exceptional quality  
No work turned in 1 2 3 4 5 All work turned in  
Work is always late 1 2 3 4 5 All work is on time

6. Have you had any behavioral or disciplinary problems with this student?  
 No  Yes If yes, how often?  Once  Occasionally  Continually

Please describe the nature of these problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has the student given you any indication of his/her educational goals and/or career plans?  
 No  Yes If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

8. Please rate the student on the following characteristics.

	Poor					Excellent
Maturity	1	2	3	4	5	
Integrity	1	2	3	4	5	
Interest in learning	1	2	3	4	5	
Motivation to finish high school	1	2	3	4	5	
Commitment to education	1	2	3	4	5	
Ability to succeed in post-secondary education	1	2	3	4	5	
Oral expression	1	2	3	4	5	
Written expression	1	2	3	4	5	

9. Are there any additional comments you can offer that would make this student a particularly strong candidate for Upward Bound? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommender's Signature: \_\_\_\_\_

Thank you for your cooperation.

Please return this completed form to the School Counselor's office , the student or mail to the following address:

D'Youville – Upward Bound  
320 Porter Avenue, KAB 433  
Buffalo, NY 14201