

# PALM BEACH STATE UPWARD BOUND APPLICATION PACKET



## HOW TO APPLY

Complete the entire **Application Packet** and supply ALL requested **information/Documents** as outlined below.

### **QUALIFICATIONS**

1. Is a citizen or national of the U.S.
2. Is a permanent resident of the United States
3. Has completed the eighth grade and is at least 13 years old but not older than 19.
4. Is a potential first-generation college student
5. Must demonstrate academic need.
6. Meet low-income guidelines or at high risk for academic failure
7. GPA ranging between 2.5 and 3.0
8. Has a need for academic support, as determined by the College, in order to pursue successfully a program of education beyond high school.
9. Must be willing to commit to active participation in UB until high school graduation. (About 2 Saturdays per month during the school year and six weeks during the summer)
10. **MUST** attend one of our four target schools: Forest Hill, John I. Leonard, Lake Worth or Palm Beach Lakes.
11. Neither parent may hold a 4 year college degree.

### **In addition to completing the Application you must provide the following documents:**

1. **Signed** copy of parent/guardian most recent Income Tax Statement on which student is Claimed.
2. Copy of the Student's Birth Certificate. (English translation required)
3. **Signed** copy of student's **Social Security Card**.
4. Copy of Student's Medical Card, if you have one.
5. Copy of an Alien Registration, if applicable.
6. A copy of your child's most recent report card.
7. School Counselor's Recommendation – completed by your school guidance Counselor.

**Once your application is COMPLETE with ALL requested documents, please call the Upward Bound Office at 561-868-3070/3071, to schedule the student/parent interview. Thank you.**

**FOR OFFICE USE ONLY-DO NOT COMPLETE THIS SECTION**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

**Date Picked up from School:** \_\_\_/\_\_\_/\_\_\_

**Date Received in Office:** \_\_\_/\_\_\_/\_\_\_

**Date Submitted:** \_\_\_/\_\_\_/\_\_\_

**Date Returned to PSA/AA:** \_\_\_/\_\_\_/\_\_\_

**Eligibility Code:** FG LI FG/LI AT-RISK

**Date Approved:** \_\_\_/\_\_\_/\_\_\_

**Date of First Service:** \_\_\_/\_\_\_/\_\_\_

**Date of Interview:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**APPLICATION CHECKLIST**

**Part A: STUDENT FORMS:**

\_\_\_\_\_ Student Information, Part A, pg. 1

\_\_\_\_\_ Student Essay, pg. 2

\_\_\_\_\_ Academic Needs Survey, pg. 3

\_\_\_\_\_ Student Personal Data Form, pg. 4

\_\_\_\_\_ Academic Questionnaire, pg. 5

**Part B: PARENT/GUARDIAN FORMS:**

\_\_\_\_\_ Model Release Form, p. 6

\_\_\_\_\_ Authorization for Release of Information, pg. 7

\_\_\_\_\_ Parent/Guardian Information, p. 8

\_\_\_\_\_ Health Statement, pg. 9

\_\_\_\_\_ Student/Parent 24 Hour Contact Sheet, pg. 10

\_\_\_\_\_ Parental Transportation Consent, pg. 11

**Part C: COUNSELOR RECOMMENDATION:**

\_\_\_\_\_ Counselor Recommendation form, pg. 12

**Part D: COPIES OF DOCUMENTS NEEDED FOR PROCESSING:**

\_\_\_\_\_ Signed copy of Student's Social Security Card.

\_\_\_\_\_ Copy of Student's Medical Insurance Card

\_\_\_\_\_ Signed copy of Parent's/Guardian's **Most Recent** Income Tax Statement (Child is claimed on)

\_\_\_\_\_ Copy of Student's Birth Certificate and/or Alien Registration Card, **\*\*Foreign Birth**

**Certificates must be translated in English**

\_\_\_\_\_ Copy of Official Report Card (Most Recent).

\_\_\_\_\_ Copy of FCAT, PSAT, ACT/SAT Test Results (if applicable)

**Please Note:** Failure to enclose the above Items in Part D with this packet may delay your child from participating in this program as these documents are necessary in determining eligibility and reserving a spot in the program.

**\*\* To submit this application:**

- Call 868-3071 to Schedule Student/Parent Interview once application is submitted online. You will need to bring required documents to interview at: **PBSC, 4200 Congress Avenue, Worth, Room SCA 131. Your prompt response is requested.**

# PALM BEACH STATE UPWARD BOUND APPLICATION PACKET



## UPWARD BOUND APPLICATION STUDENT INFORMATION PART A

<b>STUDENT'S NAME</b> _____		
First	Middle	Last
<b>ADDRESS:</b> _____		
Street address or PO Box	City	Zip code
<b>CONTACT INFO</b> _____		
Home phone	Student Cell phone	Student Email address
<b>TARGET SCHOOL:</b> Forest Hill _____ PBL _____ JIL _____ LW _____ GRADE _____		
<b>Student ID #:</b> _____		

**DATE OF BIRTH**

mm/dd/yy
/ /

**PLACE OF BIRTH** \_\_\_\_\_

**GENDER**     Female     Male

**SOCIAL SECURITY #**

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**ETHNICITY**     Black/African American     Hispanic/Latino  
 (Check one)     Native American/Native Alaskan     Asian  
                    Native Hawaiian/Pacific Islander     White/Caucasian  
                    Multiracial (please specify) \_\_\_\_\_  
                    Other not listed (please specify) \_\_\_\_\_

<b>U.S. CITIZEN?</b>	Yes <input type="radio"/> No <input type="radio"/>	<b>ALIEN REGISTRATION #</b>										
<b>RESIDENT ALIEN?</b>	Yes <input type="radio"/> No <input type="radio"/>	A <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

I attest to the fact that the above information is true and accurate to the best of my knowledge.

I understand the purpose of the Upward Bound project, which is to prepare participants to successfully complete a program of post-secondary education. As part of my personal effort in this preparation, I commit to Upward Bound and intend to participate in all academic year and summer components of the project. I understand that attendance is an integral part of participating. Therefore, I agree to attend in all classes, meetings and activities which includes tutoring if requested by Upward Bound. I will comply with all rules and regulations of the Upward Bound project, and I am aware that failure to comply may result in dismissal from the project.

If you are accepted into the Upward Bound Program, you may be required to attend a minimum of two hours of after school tutoring per week and Saturday instruction sessions twice per month. Do you agree to attend? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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



**ACADEMIC NEEDS SURVEY**

**PART A**

**Name of School:** \_\_\_\_\_

**Name of Your School Counselor:** \_\_\_\_\_

**Counselor's Phone Number:** (    ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**1. Have you participated in: (Please Circle)**

AVID      CROP      TALENT SEARCH      TAKE STOCK IN CHILDREN  
JOHNSON'S SCHOLARS      WOMEN'S OF TOMORROW

**2. Have you decided on a career?** If so, your career choice is \_\_\_\_\_

**3. Do you know what courses you should take for the career you want to pursue?** Yes No

**4. Are you taking any virtual classes with FLVS?** Yes No

**5. Do you need assistance in improving your math skills?** Yes No

**6. Do you need assistance in improving your writing skills?** Yes No

**7. Do you need help in "study skills"?** Yes No

**8. Have you begun preparation for the ACT/SAT/PSAT tests?** Yes No

**STUDENT PERSONAL DATA FORM**

**PART A**

1. **Within three months after graduating from high school, I plan to:**

- Two year College     Find a job and work     Military     Undecided     Four year University

Other (please describe): \_\_\_\_\_

2. **List your school and community activities (such as clubs, student government, athletics, organizations, etc.) Identify awards or honors you have received.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Describe any special interests or hobbies that you have. What do you do after school and on weekends?**

**Free Time:**

**School:**

_____	_____
_____	_____
_____	_____

4. **Using the scale below, how would you rate your academic ability and motivation?**

**Academic Ability: (Please Circle)**

Poor      Below Average      Average      Above Average

**Motivation (Please Circle)**

Poor      Below Average      Average      Above Average

5. Have you ever been convicted of a misdemeanor, felony or other crime? Yes\_\_\_\_\_ or No\_\_\_\_\_  
If yes, please attach a separate sheet of paper to explain the nature of this incident (s).

6. Students with disabilities can request accommodations by contacting either the UB Office at 868-3071/72.

7. Are you attending Personal Counseling Sessions? Yes\_\_\_\_\_ or No\_\_\_\_\_

If you answer "Yes" to this question, please provide information below.

Counselor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

8. Have you met your Community Service Requirement? Yes\_\_\_\_\_ or No\_\_\_\_\_

**STUDENT ACADEMIC QUESTIONNAIRE**

**PART A**

**1. Can you swim?** Circle the appropriate response      Yes      No

*Be honest! We need to know for safety reasons. This will not hurt your chances of being accepted into the UB program.*

**2. Choose only three topics of interest.**

- Personal Development: Dealing Effectively with Peer Pressure
- Personal Development: Effective Study Habits
- Personal Development: Increasing Self Esteem
- Personal Development: Setting Goals
- Personal Development: Transition from High School to College
- Personal Development: Critical Thinking Skills
- Determining your Career
- How to find Scholarships
- Making the Grade
- Proper Etiquette
- Other: \_\_\_\_\_

**3. Name your top College Choice in the State of Florida:**

1. \_\_\_\_\_

**4. Have you selected a major? Yes or No, If so, please write below**

2. \_\_\_\_\_

**5. Have you contacted the college of your choice for information? Yes No**

**6. Do you know the procedures to enroll into college of your choice? Yes No**

**7. Please list your Academic Strengths and Challenges:**

**Strengths:**

**Challenges:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MODEL RELEASE  
PART B**

**Please complete and sign below. Parent's signature is required.**

**NAME OF STUDENT:** \_\_\_\_\_

**NAME OF PARENT/LEGAL GUARDIAN GRANTING PERMISSION:**  
\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** (    ) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**I hereby irrevocably consent to and authorize the use and reproduction by Palm Beach State College, or anyone/or organization authorized by Palm Beach State College, of any and all photographs/video image, writing, voice recording, name, grade level, school name/tapes/film which have been taken of my child, both singularly and as part of a group, without any compensation to me. All negatives and positives, any digital images, together with the prints, video tapes masters and dubs, shall constitute solely and completely the property of Palm Beach State College. I consent that my child may participate in answering questionnaires, and other appropriate and approved research projects as a part of the program's evaluation.**

**In the case of videotape and film, these tapes/filmed footage can be broadcast for television air, used on the college Web site or used in commercials for PBSC and any other product associated with Palm Beach State College.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_



**Authorization for Release of Information  
Part B**

I, \_\_\_\_\_, hereby give my permission to release all school  
**Student's Name**

information to the **Palm Beach State College Upward Bound Program** including:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>ACT Scores</b>    | <input type="checkbox"/> <b>Class Schedules</b>       |
| <input type="checkbox"/> <b>FCAT scores</b>   | <input type="checkbox"/> <b>Final Transcript</b>      |
| <input type="checkbox"/> <b>Financial Aid</b> | <input type="checkbox"/> <b>Grades</b>                |
| <input type="checkbox"/> <b>SAT Scores</b>    | <input type="checkbox"/> <b>Records of Attendance</b> |

This release of information form authorizes the school and future university or college to provide Upward Bound with educational and/or financial records. The school principal or guidance counselor and the college's personnel are authorized to send the requested materials. I understand that this information will be used by the Upward Bound Program to design or modify an individual educational action plan for the student and to monitor the student's academic progress.

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

\_\_\_\_\_ Date \_\_\_\_\_  
Parent's/Guardian's Signature



Student Name \_\_\_\_\_  
Please Print

Please list any and all physical conditions that your child may have which might affect or be affected by participation in this program and which the Upward Bound staff should know about.

Present medical problems or conditions: \_\_\_\_\_  
\_\_\_\_\_

Medications take regularly: \_\_\_\_\_

Allergies (including allergies to /foods/ medications): \_\_\_\_\_

Asthma?  yes  no    Wears contacts?  yes  no    Wears glasses?  yes  no

Limitations on physical activities or know physical conditions: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INSURANCE INFORMATION-Please attach a copy of your student's insurance card with this application. It is the responsibility of the student to update all medical insurance changes to the Upward Bound office.**

Medicare  Yes  No    Medicaid  Yes  No

Name of Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Address of Policy Holder: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Zip Code \_\_\_\_\_

Policy Holder's ID Number \_\_\_\_\_ Policy Holder's Group Number \_\_\_\_\_

Relationship to Student to Policy Holder: \_\_\_\_\_

### MEDICAL RELEASE

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ (student's name), understand that the Upward Bound Program at Palm Beach State College (PBSC) does not provide routine medical or dental care to participants. As such, I hereby grant permission to the Upward Bound Program to attend to any emergency medical or dental need that may arise, which may include rendering appropriate recognized first aid or securing other emergency care as deemed necessary for the health and safety of my child. Therefore, I will not, in any way, hold PBSC or the Upward Bound Program directly or indirectly responsible for the actual rendering of emergency medical or dental treatment deemed necessary for the health and safety of my child.

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

**24 Hour Contact  
PART B**

**1. Mother /Guardian**

Name \_\_\_\_\_ Relation to student \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**2. Father /Guardian**

Name \_\_\_\_\_ Relation to student \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**3. Grandparents/Guardian**

Name \_\_\_\_\_ Relation to student \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**4. Sister/Brother**

Name \_\_\_\_\_ Relation to student \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**5. Aunt/Uncle**

Name \_\_\_\_\_ Relation to student \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**PARENT/GUARDIAN - PLEASE READ THIS:**

PLEASE SIGN THIS FORM TO GIVE PERMISSION FOR THE UPWARD BOUND PROGRAM TO CALL THE ALTERNATIVE CONTACT PERSON IN CASE OF AN EMERGENCY. WITH THIS SIGNATURE, YOU ARE GIVING PERMISSION TO ACT ON YOUR BEHALF IF YOU CANNOT BE REACHED. WITH THIS FORM, YOU WILL BE GIVING THE UPWARD BOUND PROGRAM PERMISSION TO RELEASE THE STUDENT INTO THEIR CARE.

➤ **IF YOU ARE NOT HERE IN 45 MINUTES OF ESTABLISHED INFORMED PICK-UP TIME, WE WILL ESCORT STUDENT TO THE SECURITY OFFICE FOR PICK-UP.**

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENTAL TRANSPORTATION CONSENT**

**PART B**

If accepted into the Upward Bound Program, I give my son/daughter \_\_\_\_\_ (**Name of Student**) permission to attend and participate in Upward Bound at Palm Beach State College, which may include field trips, tutorial sessions and physical activities.

I also understand and acknowledge that transportation for field trips, academic enrichment sessions, conferences and other activities will be by bus, van, train, airplane, or private car. In consideration of these activities provided to my child, I hereby release the Upward Bound Program, Palm Beach State College and its employees from any claims for injury or damages arising out of my son/daughter's participation, particularly for injuries, or damages resulting from my son/daughter not following and adhering to the rules and policies of the Program.

I give the Upward Bound Program permission to provide the necessary transportation to my child in order for him/her to participate fully in any related Upward Bound activities during the Academic or Summer Component.

**Parent/Guardian Name (Printed)** \_\_\_\_\_

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

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**COUNSELOR RECOMMENDATION  
PART C**

Re: \_\_\_\_\_  
(Student name) Student ID Number Date of Birth

This student has applied to participate in the Upward Bound Program. The information requested will help us in determining the student's eligibility to participate. Please complete the form adding any appropriate comments as needed.

\*\*\* Please return a copy of the student's unofficial high school transcript with this form. \*\*\*

Cumulative GPA: \_\_\_\_ Credits earned to date: \_\_\_\_ Credits required for graduation: \_\_\_\_

Passed FCAT Reading: Yes \_\_\_\_ No \_\_\_\_ Passed FCAT Math: Yes \_\_\_\_ No \_\_\_\_

Attendance Record:  excellent  fair  poor

Student's motivation for enrolling in post-secondary education: \_\_\_\_\_

Type of post-secondary education:  four-year college  two-year college  
 Armed forces  vocational/technical school \_\_\_\_\_

Student's career interests:

\_\_\_\_\_

Please give your perception of this student's academic potential. Include academic, social and family factors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended Courses or subjects students should enroll in during the Upward Bound summer session. (may include course in which the student needs credit or subjects in which the student would benefit from enhancement.)

- writing  reading  math  science  foreign language  
 learning skills  educational planning  career information  self-concept  
 other (please specify) \_\_\_\_\_

In your opinion, what is this student's most significant academic need?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: (561) \_\_\_\_\_ Email: \_\_\_\_\_

Return form to [upwardbound@palmbeachstate.edu](mailto:upwardbound@palmbeachstate.edu) or fax to 561-868-3929

\*\*\*\*Please give to your child's guidance counselor at their high school to complete!