

Tennessee State University UPWARD BOUND PROGRAM PRE-COLLEGE APPLICATION



“The Road To Excellence”

RETURN APPLICATION TO:

Upward Bound Program

Tennessee State University

3500 John A. Merritt Blvd.

P O Box 9540

Nashville, TN 37209-1561

Phone (615) 963-7461 or (615) 963-1251

FOR OFFICE USE ONLY

Please do not write in this box

Name _____ Date Received: ____/____/____

Academic Phase ____ Summer Phase ____

Accepted ____ Not Accepted ____

Zoned High School _____ Date Entered: ____/____/____

This application must be completed in ink (all questions answered) and signed by the student and parent/guardian.

The Upward Bound Program at Tennessee State University is a Pre-College Program funded by the U.S. Department of Education. The purpose of the program is to generate skills and motivation needed for success in the pursuit of a post-secondary education. The Program consists of two phases:

A six week intensive summer educational program.

- (a) An academic phase held on Saturdays during the school year where concepts gained during the Summer Phase are reinforced.

Both phases involve tutoring, academic instruction, recreational activities, and cultural experiences. The program also provides personal, career and academic counseling.

No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any TRIO Program.

All information given to the Upward Bound Program is confidential and will not be released without your consent.

I. PERSONAL INFORMATION

Name _____ SS# _____ / _____ / _____ Race _____

Home Address _____ Phone #.(____) _____

City _____ State _____ Zip Code _____ Date of Birth _____ / _____ / _____

Male ___ Female ___ School Currently Attending _____ Grade _____

Zoned High School _____ Email Address _____

Are you a citizen and have permanent residency in the U.S.? Yes ___ No ___ Date _____ / _____ / _____

Mother/Guardian _____

Father/Guardian _____

Address _____

Address _____

Email Address _____

Email Address _____

Place of Employment _____

Place of Employment _____

Work #.(____) _____ Cell #.(____) _____

Work #.(____) _____ Cell #.(____) _____

Occupation _____

Occupation _____

Yearly Income \$ _____

Yearly Income \$ _____

Are you receiving Food Stamps or AFDC Payments? Yes ___ No ___

(If yes, please indicate the case number): AFDC Case # _____ Food Stamp Case # _____

Parent's Status: Single ___ Married ___ Divorced ___ Other ___

With whom do you live? Both Parents ___ Mother ___ Father ___ Other ___

Name of person to contact in case of emergency: Name _____

Home Phone _____ Work Phone _____

Total number of individuals in your household? _____

Do either of your parents have a 2 year college degree? Yes ___ No ___ College Name _____

Do either of your parents have a 4-year college degree? Yes ___ No ___ College Name _____

Emergency Contact Person _____ # _____

Home Address _____ Work # _____

II. TENNESSEE STATE UNIVERSITY UPWARD BOUND RELEASE, ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT

- 1. I agree not to sue Tennessee State University (TSU) for any injuries occurring while I am participating in any activity that is a part of the Upward Bound Program, including, but not limited to the following activities: before and after school tutoring, transportation from after school tutoring, and program-sponsored field trips and activities both in- and out-of-state, which will occur during my participation in the program. In consideration for receiving permission to participate in this Upward Bound Program activity, and to the extent permitted by law, I release, agree not to sue and hold harmless TSU, the Board of Regents, the State of Tennessee, and its employees and agents ("releasees") from all claims related to any loss that may be sustained by me, including loss of life, or to any property belonging to me, whether caused by the negligence of the releasees or otherwise (except, to the extent allowed by law, those tort claims arising out of the Claims Commission Act, T.C.A. §9-8-307, *et seq.*, which participating in this activity, while en route to or from this activity, or while on the premises where the activity is being conducted. This release does not affect any claim I might otherwise have against any party other than the releasees.**
- 2. TSU and the State of Tennessee assume no responsibility for students who have been dropped off and are waiting for pick up by parents or other care-givers. If a student requests a drop-off at the home of a grandparent, care-giver, or other individual whose physical address differs from the student's, TSU and the State of Tennessee assume no responsibility for the student's well-being once the student departs the state van or vehicle.**
- 3. Risks inherent in participating in this activity include: customary and ordinary risks attendant to riding as a passenger in a van, car, or other vehicle, loss of coats, jackets, shoes, eyeglasses, back packs or other personal property, loss of luggage, purses, calculators, cameras, cell phones, pagers, laptop computers, game boys, digital planners or PDA's and other electronic personal property, textbooks, and library books, through carelessness, lending or theft, bumps or bruises, lost or damaged teeth, sprains or broken limbs if the student becomes involved in horseplay, motion sickness, stomach flu, dehydration, and the like.**

The activity and the risks involved in participating in this activity, including the risk of transportation to and from TSU, have been explained to me. I understand the risks and voluntarily choose to participate in this activity. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death that may be sustained by me as a result of participating in this activity.
- 4. I will reimburse TSU for any costs incurred by TSU due to my participation, including, but not limited to medical bills, ambulance transportation, court costs, and attorney fees.**
- 5. I understand that TSU does not provide medical care and will not have medical personnel available at the location of any activity. TSU will not, under any circumstances, be responsible for rendering medical care to me. Should emergency medical treatment be required, such may be provided by parties other than TSU and its agents and employees, most likely through a hospital, medical center, or clinic or other health care facility operated by the city, the country, or a private party. I consent to such emergency treatment. I acknowledge that TSU does not provide health and accident insurance for participants in its programs or otherwise assume responsibility for any bill, loss, cost, or risk of loss, and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. However, the program has purchased group activity accident and injury insurance from commercial carrier (see attached information sheet) that will defray costs associated with covered injuries and activities.**
- 6. I am physically able, with or without reasonable accommodation, to participate in this activity.**
- 7. It is my intent that this document shall bind the members of my family, my heirs, assigns and personal representatives. This document shall be deemed a release and agreement not to sue regarding any claims these parties may have against releases relating to my participation in this activity.**
- 8. This agreement shall be construed in accordance with the laws of the State of Tennessee. If any term or provision of this document, is held to be illegal, unenforceable or in conflict with any law governing this document, the remaining provisions shall remain in full force and effect.**

Signing of this agreement is a necessary prerequisite for participation in the program. In signing, I acknowledge that I have read and understand the document, and that I sign it voluntarily.

Participant Signature: _____
Date _____

Print Participant's Name: _____

If student is under eighteen (18) years of age, the signature of parent or legal guardian is required.

Signature of Parent/Guardian: _____
Date _____

Print Parent/Guardian's Name: _____

III. PROGRAM INTERESTS

How did you learn about the Upward Bound Program?

Do you have any brothers, sisters, or friends who have participated in the Upward Bound Program?

Yes _____ No _____ If yes, when? _____

What school? _____ **City** _____ **State** _____

Name of friend/relative _____



GUIDANCE COUNSELOR'S EVALUATION

Name of Applicant: _____
Last First Middle

High School Academy: _____

Likelihood of student entering and completing college: Very Strong ___ Good ___ Medium ___
Not Likely ___

Mathematical Ability: Above grade level _____ Below grade level _____ At grade level _____

Do you think this student has a need for the type of exposure provided by the Upward Bound
Program? Yes ___ No ___ Please Explain: _____

Present grade level _____ High School G.P.A. _____

Students' attendance record: Good _____ Fair _____ Poor _____

Students' general conduct: Good _____ Fair _____ Poor _____

Is student enrolled in honors/standard/technical path? Yes ___ No ___

Do You Have Any Concerns? _____

Guidance Counselor's Signature

Date

ATTENTION

Please provide the Upward Bound Program with the student's most recent standardized test scores, transcript and/or current report card for the completion of the application process for admittance into the program. If further information is needed, please contact the Upward Bound Program office at (615) 963-7461 or 963-1251. You may fax information to Victoria M. Hayes, TRIO Director at (615) 963-7443.

Upward Bound Program

Tennessee State University

Nashville, TN 37209-1561

ENGLISH TEACHER'S RECOMMENDATION

Dear _____,

I _____, would appreciate your completing this form which is necessary for being accepted into the Upward Bound Program at Tennessee State University.

	Superior	Above Average	Average	Below Average	Poor	Unknow
Character						
Personal Appearance						
Personality						
Command of English						
Social Maturity						
Cooperation						
Leadership Potential						
Judgment						
Initiative						
Reliability						
Oral Expression						
Written Expression						
Scholarship						

Comments and Recommendations:

Teacher's Signature _____ Date _____

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MATH TEACHER'S RECOMMENDATION

Dear _____,

I _____, would appreciate your completing this form which is necessary for being accepted into the Upward Bound Program at Tennessee State University.

	Superior	Above Average	Average	Below Average	Poor	Unknow
Character						
Personal Appearance						
Personality						
Command of English						
Social Maturity						
Cooperation						
Leadership Potential						
Judgment						
Initiative						
Reliability						
Oral Expression						
Written Expression						
Scholarship						

Comments and Recommendations:

Teacher's Signature _____ Date _____

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SCIENCE TEACHER'S RECOMMENDATION

Dear _____,

I _____, would appreciate your completing this form which is necessary for being accepted into the Upward Bound Program at Tennessee State University.

	Superior	Above Average	Average	Below Average	Poor	Unknow
Character						
Personal Appearance						
Personality						
Command of English						
Social Maturity						
Cooperation						
Leadership Potential						
Judgment						
Initiative						
Reliability						
Oral Expression						
Written Expression						
Scholarship						

Comments and Recommendations:

Teacher's Signature _____ Date _____

TENNESSEE STATE UNIVERSITY

Upward Bound Program

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(615) 963-7461 - TRIO Programs

(615) 963-1251 - Upward Bound Program

(615) 963-7443 - Fax Number

Authorization for Release of Student Academic Records

The Upward Bound program is a federally funded program designed to assist students with the opportunity to continue their education beyond high school.

To measure the effectiveness of the Program, the federal government has requested that all Upward Bound Programs conduct evaluations and follow-ups on students who are currently participating in the Program and former students. Such data is needed to determine the effectiveness of the program.

In compiling data, emphasis will be placed on performance in post-secondary education and employment. This data will be held confidential.

CONSENT TO RELEASE AND OBTAIN CREDENTIALS

I authorize the release of test scores, transcripts, and other relevant information to Tennessee State University Upward Bound Program for the purpose of follow-up and evaluation.

Signature of Student

Signature of Parent

Date

Mailing Address

City

State

Zip Code

TENNESSEE STATE UNIVERSITY

Upward Bound Program

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(615) 963-7461

Academic Phase

Parent Permission Slip

I hereby give my consent that: _____

Student Name

may participate in the Upward Bound Program at Tennessee State University. She/he may also be transported to field trips whenever such activities are sponsored by the program.

Parent/Legal Guardian Signature

Date

Contact Telephone Number

Alternate Number

TENNESSEE STATE UNIVERSITY

Upward Bound Program

In an effort to secure more accurate student grade information in a timelier manner, we are requesting that parents complete the following information related to your Infinite Campus Account:

INFINITE CAMPUS INFORMATION

Parent Name:	
Student Name:	
Student ID#:	
Username:	
Password:	

Please Print

This form is necessary to keep account of student's academic progress and attendance.