



PIM Upward Bound Application Checklist:

- Application for Admission
- Essay of at least 300 words
- School Records and Photo Release
- Parents Financial Education Statement
- Teacher Recommendation Form
- Counselor Recommendation Form

Attached Documentation:

- Copy of insurance card

Upward Bound is a 100% federally funded year- TRIO program sponsored by the U.S. Department of Education. The grant is designed to generate the skills and motivation necessary to complete a program of secondary education and to enter and succeed in a program of postsecondary education. Partners in Ministry's TRIO Upward Bound program serves rising 9th through 12th grade students in the Scotland County area.

Please Note: All Applicants must submit a current academic record (transcript, i.e.), along with their essay, letter of recommendations, parent application, and income verification to complete their Upward Bound application. *Applications are accepted for review and participants are selected regardless of race, color, national origin, religion, gender or disability (US Department of Education – GEPA Section 427).*

**UPWARD BOUND PROGRAM · APPLICATIONS FOR ADMISSION
2022-2023**

12 Third Street, Laurinburg, NC 28352 · (910)277-3355 · Fax (910)277-3358

This application is our initial introduction to you and will be used to determine eligibility for the Upward Bound Program. It is essential that the entire application be completed before it is returned. Incomplete applications will not be considered for admission. Please Print clearly in ink or type. All of the information collected will be held in the strictest of confidence. Admission in the UB Program will be based on eligibility, need, and readiness for the program.

Student Information

First Name: _____ Last Name: _____ MI: _____

Parent Cell #: _____ Student Cell #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Birthday: _____ Place of Birth: _____ Male _____ Female _____

Name of School Attending Now: _____ Current Grade: _____

Name of School Attending in Upcoming Semester: _____ # of Persons in Household _____

Current GPA _____ Unknown _____ Graduation Date _____ Counselor's Name: _____

Are you a U.S. Citizen? Yes ___ No ___ Permanent Resident of US? Yes ___ No ___ Do you want to go to college? Yes ___ No ___

Ethnic Background (check all that apply): Degree you plan to obtain (check all that apply):

___ African American or Black ___ White ___ High School Diploma ___ Associates ___ Hispanic or Latin ___
Asian/Pacific Islander ___ Bachelors ___ Masters ___ American Indian/Alaskan Native ___ Other ___ Doctoral ___
Undecided ___ Native Hawaiian/ Pacific Islander

What is the primary language spoken at home? English ___ Spanish ___ Other (list): _____

Who do you currently live with? Father & Mother ___ Father Only ___ Mother Only ___ Guardian _____

Mother/Guardian's Name: _____ Email _____ Cell# _____

Father/Guardian's Name _____ Email _____ Cell # _____

Does your parent/guardian currently serve in the military? Yes ___ No ___

Have either of your parents earned a Bachelor's degree or higher? Yes ___ No ___

Have you ever applied, or participated in, an Educational Opportunity Program (i.e. Upward Bound, GEAR UP, etc.)? Yes ___ No ___
If yes, please specify: _____

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, is the law providing for the review and disclosure of student educational records. Partners In Ministry 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.

How did you find out about our program?

School Referral ___ Recruitment ___ Friend/Family Member ___ Other (please list) _____

Will you require any special accommodations or any other limitations? Yes ___ No ___ If yes, explain _____ What

extracurricular activities are you involved in? _____ Do

you work or plan to work this school year and/or summer? Yes ____ No ____ If yes, when? _____

Where? _____ How many Hours? _____

By signing below, I certify that all information provided above is true and complete to the best of my knowledge. I also affirm that I have a desire to enroll in college after graduating from high school and seek help with understanding how to apply and pay for college.

Student Signature Date

Parent Signature Date

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Partners In Ministry Upward Bound Personal Essay

Name: _____ Date: _____ School: _____

_____ Essay Topic: _____

Your personal essay is a part of the selection process. In 300 words or more, write an essay on one of the following topics: a) Describe a successful student and/or how to become a successful student; b) Describe a school experience that has impacted how you feel about school; c) Describe a situation where you have not been successful and what you have learned about the experience; or d) What do you hope to gain from your Upward Bound experience and what would you contribute to the UB Program.

Please attach additional pages if necessary.

Please identify one teacher and one counselor as a recommender for you to enter the program. Provide contact information below for the project to email a Recommendation Form to each person listed.

Full Name: _____ Email _____

Full Name: _____ Email _____

Student Signature _____ Date _____

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Partners in Ministry Upward Bound School Records and Photo Release
To be completed by Parent/Guardian

Dear School Personnel:

Your child has indicated an interest in Partners In Ministry Upward Bound Program. Upward Bound is an early intervention pre-college program that helps students prepare for higher education. The Upward Bound Program provides academic support designed for participants to succeed in their preparation for college entrance and ultimately in their pursuit in post-secondary degrees after high school graduation.

To successfully apply for the program, your child must submit a copy of their most recent Academic Transcript and EOC/EOG test scores for program admission consideration.

Child's Name: _____ Current School: _____

Grade Level: _____ Child's Date of Birth (mm/dd/yyyy): _____

RELEASE OF SCHOOL RECORDS

I authorize my minor child to participate in this program, and I agree to adhere to all policies and procedures in the student and parent handbook. Further, I authorize Partners In Ministry to access and/or receive copies of my child's school records including academic transcripts, grade reports, report cards EOG/EOC scores, and any other academic information and test results necessary to complete the program's application process for academic assessment, program evaluation, review academic progress academic performance and mandatory reporting. For federal reporting purposes, this release is valid for up to six years post signature.

Parent's/Guardian Name Phone Number

Parent's/Guardian Signature Date

RELEASE AND AUTHORIZATION TO PHOTOGRAPH

As the parent(s)/guardian(s) of _____, I am in agreement with the goals and purposes of the Upward Bound Program. The Upward Bound Program also has my permission to photograph and/or video my child during program activities. I grant permission to the Upward Bound Program, on behalf of Partners and Ministry and its agents or employees, to use photographs taken of my son or daughter for use in publications such as recruiting brochures, newsletters and magazines; and to use the photographs on display boards, in electronic versions of the same publications or on websites or other electronic forms or media; and to offer them for use or distribution in other publications, electronic or otherwise, without notifying me. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Parent/Guardian Signature _____ Date _____

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Parent(s) Financial & Education Statement 645.5

To be completed by Parent/Guardian

The personal information you give on the Upward Bound application is protected by the Federal Privacy Act. The information is required by the U.S. Department of Education to determine eligibility. Additionally, the Department of Education has authority to gather information on all Upward Bound participants to monitor their progress. No one may see any information unless they work with or for the program or are specifically authorized to see the information.

All questions must be answered.

1. Household Income

Father or Male Guardian	Full Name:
	Yearly Income: Source of Income/Employer:
Occupation:	Relationship To Student: Work Number:
Mother or Female Guardian	Full Name:

	Yearly Income: Source of Income/Employer:
Occupation:	Relationship to Student: Work Number:

2. Total Family Income for Previous Year \$ _____

3. Number of people supported by this income _____

4. Other Sources of Income – Please circle if you receive any of the following:

Welfare	Social Security	TANF	Food Stamp
Disability	Unemployment	Veteran's	Pension/retirement
Child Support	Compensation	Alimony	

5. Is your child on the free lunch or reduced lunch program at school? _____

6. Do you or your spouse hold a Bachelor's degree or higher? _____

I certify that the above information is correct to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

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Participant Health, Medical Release & Emergency Contact

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

Participant (student) Information:

Name: _____ Age: _____ Gender: • Male • 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? • Yes • No Insurance Carrier _____ Does the participant have any serious health issues? • Yes • No

Please Explain:

_____ Does the participant have any allergies (include food, environmental, medications)? • Yes • No Please Explain:

_____ List

reactions (if any): _____

Is the participant taking any medications? • Yes • No

Medications:

_____ Additional information about participant's health, physical limitations or any restrictions:

___ Emergency Contact 1: _____	Relationship: _____	Phone: _____
_____ Emergency Contact 2: _____	Relationship: _____	Phone: _____

Liability Waiver/ Medical Treatment Consent

Upward Bound Program, Partners in Ministry, 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 Partners In Ministry 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.

Student Signature: _____ **Date:** _____ **Parent**

Signature: _____ **Date:** _____

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