University of Central Oklahoma
Upward Bound
Central Prep Program

Capitol Hill - Crooked Oak – Star Spencer

www.uco.edu/upwardbound

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www.facebook.com/UCOupwardbound
**Personal Information**

*(Please Print)*

Name: ______________________________

Student ID #: _______________________

Address: ________________________________________________

Street ___________________________/_____/___________

City State Zip

Phone #: (____) _________________________

E-mail: ______________________________

Sex: □ Male   □ Female   Age: ______

Birth Date: __/__/_______

MM DD YYYY

U.S. Citizenship Status?

□ Citizen

□ *Permanent Resident

□ *In Process

*Please provide support documents

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**Ethnic Background (Optional)**

□ African American, Non-Hispanic

□ Hispanic

□ American Indian or Alaskan Native

□ White, Non-Hispanic

□ Asian, Pacific Islander, or Indian Sub-Continent

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**Family Financial Statement**

One of the criteria for admission is meeting the income guidelines established by the U.S. Department of Education. Please attach one of the following documents for verification: (1) most recent IRS 1040 or 1040EZ tax return; OR (2) confirmation letter of Social Security, SNAP, or TANF.

This information is strictly confidential and will be maintained in our office in accordance with the General Education Provision Act (which outlines privacy rights of parents and students).

1. Gross family income (before taxes and other withholdings for last year): $____________________

2. Adjusted gross income: $____________________

3. Which of the following was the source of the above income? Check one or more.

□ Father’s Occupation: _____________________________

□ Mother’s Occupation: ____________________________

□ Public Assistance: per/month: $________

□ Social Security: per/month: $________

□ Other income: _____________________________

4. How many dependents were claimed on your income tax form last year _____

Total number of persons living in household (including self): ______

5. (If applicable) Foster child: List the child’s monthly personal use income: $________

I certify that all the information on this form is valid and correct to the best of my knowledge.

_____________________________________________________

Parent/Guardian Signature

_____________________

Date

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**Check the one attached:**

□ Income Tax Return (1040 or 1040EZ)

□ Confirmation letter from SNAP, TANF or Social Security

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**Family Information**

Parents/Guardians Names: ________________________________________________

E-mail: ________________________________ Phone: ____________________________

Legal Guardian (if applicable): ________________________________ Work Phone: __________________

Has either of your parents received a four-year (bachelors) degree?   □ Father   □ Mother   □ Neither

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I understand the goals, objectives and requirements of the Upward Bound Program and agree to support my child in fulfilling them. I also understand that if my son/daughter does not fulfill the required goals and objectives, he/she will be terminated from the Program. I certify that all the information I have provided is valid and correct to the best of my knowledge. By signing below, I also give consent to use photos of my son/daughter which may be used for promotional, internet media, and recruitment purposes.

Student Signature____________________________________  Date___________________

Parent/Guardian Signature___________________________________  Date___________________
Parental Student Travel, Medical Release, 
& 
Authorization for the Release of School Records

I hereby authorize the University of Central Oklahoma Upward Bound Program to obtain pertinent school records such as grade checks, transcripts, test scores and immunizations records for my child ____________________________________.

I hereby authorize the high school at which my child is attending to release necessary copies of report cards, transcripts, test scores and immunization records for the execution of academic enrichment and college admission preparation of my child. I also authorize the Upward Bound Program to provide transportation and emergency medical services for my above mentioned child. I will not in any way hold the Upward Bound Program responsible for any treatment deemed necessary for medical services. I hereby release Upward Bound from any responsibility for any criminal act of malice, vandalism, theft and other unlawful behavior during his/her trips sponsored by the Upward Bound Program.

________________________________________________
___________________________
Parent/Guardian Signature Date

Academic Information and Student’s Needs Assessment

Grade:  ☐ 8th  ☐ 9th  ☐ 10th  ☐ 11th
School: ____________________________________ When do you plan to graduate? _________
School Counselor: ________________________________

List EOI Tests Taken:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Do you receive any of the following services at your school?
☐ Math Lab  ☐ Reading/Writing Lab
☐ ESL Program  ☐ Tutoring
☐ Other:____________________________________
☐ Other:____________________________________

Are you having any difficulty in any classes?  ☐ Yes  ☐ No
List classes you are weak in and why?
____________________________________________________________________________________
____________________________________________________________________________________
Strongest subject(s):
____________________________________________________________________________________
____________________________________________________________________________________

Please check any area in which you feel you may need help.
☐ Career Exploration  ☐ Pre-college Assessment
☐ School Counseling (Problems with teachers and classmates)
Applicant Questionnaire and Essay

In the space provided please respond to the following questions.

What type of education do you plan to pursue after high school?

☐ Community College  ☐ 4-year University  ☐ None

List the colleges and/or universities you are interested in attending.

List careers that interest you.

List clubs, sports and organizations you belong to at school, church, community, etc.

What are your future goals and aspirations and how do you plan to reach them?

What are some of your personal strengths and personal areas of needed improvement in your life.

Personal Strengths:  Needed Improvement:

To complete your application please be sure to include the following:

☐ Completed Application
☐ Copy of Parent’s Income Tax Return or a confirmation letter of either a TANF Recipient or a Social Security Recipient
☐ Recommendation Letter from either a teacher or school counselor
☐ Documentation of permanent residency status (if applicable)

When submitting required documents, use the self-addressed, pre-paid postage envelope that is enclosed in this packet.