

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Office Use Only

- FG & LI
- LI only
- FG only

**Highlight Received Items**

\_\_\_\_ Application                      \_\_\_\_ Income Verification                      \_\_\_\_ HS Transcript  
\_\_\_\_ Counselor's Rec.                      \_\_\_\_ Math Teacher's Rec.                      \_\_\_\_ English Teacher's Rec.  
\_\_\_\_ Health Form                      \_\_\_\_ Authorization Form

# Georgia Southern University Upward Bound Project

Upward Bound provides 105 high school students with the motivation and assistance needed to successfully enroll in and complete higher education programs. Eligible participants must be enrolled in the 9<sup>th</sup> grade in Bulloch, Candler, Emanuel, Evans or Screven County high schools and possess the academic potential necessary for higher education. Upward Bound is sponsored by a grant provided by the U.S. Department of Education and is administered by the Georgia Southern University Division of Student Affairs. The Project provides qualified students with:

Academic, Personal and Career Counseling  
Basic Skill Classes and Tutoring  
Cultural Enrichment and Educational Travel  
Assistance with College Selection and Financial Aid  
A Six-Week Residential Summer Program  
SAT and ACT Preparation and Fee Waivers  
College Courses for Graduating Seniors  
Workshops on Financial Aid, Study Skills and Personal Growth  
Parental Involvement Activities

For further information, visit the Office of Educational Opportunity Programs in Room 1026 of the Williams Center, or call (912) 478-8746. Fax: (912) 478-0863

Georgia Southern University  
Upward Bound Project  
P.O. Box 8071  
Statesboro, GA 30460-8071  
[www.georgiasouthern.edu/~eop/](http://www.georgiasouthern.edu/~eop/)

**A federally funded, equal opportunity program.**

**Dear Applicant & Parent:**

**Thank you for your interest in the Georgia Southern University Upward Bound Project. For many years, this program has placed hundreds of local students in a position to attend and graduate college. The program works diligently to assist participants with their academic performance in high school and their entry into the college of their choice. If your goal is to pursue a college degree, let us help you get there. To be considered for the program you must complete the following steps.**

- 1. Student Application**
- 2. Income Verification (copy of Parents' current 1040 or 1040A Income Tax Form and or DFAC' ID Number, if applicable)**
- 3. High School Transcript**
- 4. High School Counselor's Recommendation**
- 5. High School Math Teacher's Recommendation**
- 6. High School English Teacher's Recommendation**
- 7. Authorization to Release Information**
- 8. Student Health Record & Authority to Render Medical Services Form (with current health insurance information, policy number and a physician's signature)**

**Also, a personal interview with the student and the parent(s) will be held with an Upward Bound Staff member after all necessary information and documents have been received.**

**RETURN ALL PARTS OF THE APPLICATION TO YOUR HIGH SCHOOL COUNSELOR OR MAIL THEM TO THE FOLLOWING ADDRESS:**

**UPWARD BOUND  
ATTN: APPLICATION  
GEORGIA SOUTHERN UNIVERSITY  
POST OFFICE BOX 8071  
STATESBORO, GEORGIA 30460-8071  
Telephone number: 478-8746**

**GSU UPWARD BOUND PROJECT  
STUDENT APPLICATION**

**PLEASE PRINT IN INK OR TYPE**

**STUDENT PROFILE**

**DATE RECEIVED:** \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name you wish to be called \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_Male \_\_\_Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Tel. (\_\_\_\_) \_\_\_\_\_ Parent's Work Tel. (\_\_\_\_) \_\_\_\_\_ Emergency Tel. \_\_\_\_\_

With Whom Do You Live? \_\_\_\_\_ Relationship \_\_\_\_\_

Ethnic Origin (For record keeping purposes only): \_\_\_African American/Black \_\_\_Asian/Pacific Islander  
\_\_\_Hispanic \_\_\_Native American/Alaskan Native \_\_\_Multiracial \_\_\_White

Are you a United States Citizen \_\_\_Yes \_\_\_No If no, are you a permanent resident \_\_\_Yes \_\_\_No

**EDUCATIONAL INFORMATION**

School \_\_\_\_\_ Grade \_\_\_\_\_ GPA \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Highest Grade Completed 9 10 11 12 College 1 2 3 4

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Highest Grade Completed 9 10 11 12 College 1 2 3 4

Do you have a court appointed guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

**STUDENT APPLICATION CONTINUED**

**NUMBER OF PERSONS LIVING IN HOUSEHOLD (INCLUDING YOURSELF)** \_\_\_\_\_

Dependent Brothers and/or Sisters Living At Home or Away At School:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Other Dependents living at home:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Total Family Income:    Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

- I did complete a tax return for the most recent year. I have attached a **signed** copy of my most recent **Federal Income Tax Return**.
- I did not complete a tax return for the most recent year. I have attached documentation from **DFCS**.

I (we) certify that the information provided on this form is accurate and complete to the best of my (our) knowledge.

---

**Signature of the Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Signature of the Student** \_\_\_\_\_ **Date** \_\_\_\_\_

Please proceed to page 6.

**FOR OFFICE USE ONLY**

**GEORGIA SOUTHERN UNIVERSITY  
UPWARD BOUND PROJECT  
INDIVIDUAL EDUCATION PLAN/SELECTION FORM**

Student Name \_\_\_\_\_

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**ELIGIBILITY:** (Please check appropriate items)

- A. U.S. Citizen ( ) yes ( ) no
- B. First Generation/Low Income ( ) Low Income ( ) First Generation ( )
- C. Grade Point Average \_\_\_\_\_ College Prep \_\_\_\_\_ Tech Prep \_\_\_\_\_
- D. Counselor Recommendation \_\_\_\_\_ Teacher Recommendation \_\_\_\_\_
- E. Interview Session - Exceptional ( ) Good ( ) Average ( ) Poor ( )

**ACADEMIC NEEDS ASSESSMENT:** ( ) Low HS GPA ( ) Low achievement test scores ( ) Low educational aspirations ( ) Low HS GPA/Low educational aspirations ( ) Low HS GPA/Low achievement ( ) Low achievement test scores/Low educational aspirations ( ) Lack opportunity, support, and/or guidance ( ) Lack career goals/need for accurate information ( ) Limited proficiency in English ( ) Lacks confidence, self esteem, and or social skills ( ) Predominately low income community ( ) Rural isolation ( ) Interested in careers in math & science ( ) Other

**INDIVIDUAL NEEDS ASSESSMENT** (This section to be completed by student with assistance of Upward Bound Staff): ( ) Academic Advising ( ) Personal Counseling ( ) Career Counseling ( ) SAT/ACT Prep ( ) Financial Aid Assistance ( ) Time Management ( ) Cultural Awareness ( ) Goal-setting

**TUTORING:** ( ) Reading ( ) Mathematics ( ) Science ( ) Writing ( ) Social Science ( ) Foreign Language ( ) English

**OFFICE USE ONLY**

**SELECTION CRITERIA/POINTS**

**NUMBER OF POINTS**

- First Generation (10) \_\_\_\_\_
- Low Income (10) \_\_\_\_\_
- GPA (20) \_\_\_\_\_
- Interview Session (20) \_\_\_\_\_
- School Counselor Recommendation (20) \_\_\_\_\_
- Teacher Recommendation (10) \_\_\_\_\_
- Transcript (10) \_\_\_\_\_

**TOTAL POINTS** \_\_\_\_\_

**SCORES: ACCEPT (100-80) RECOMMEND-RESERVATION (79-75)  
NON-ACCEPTANCE (BELOW 74)**

1. Individual Needs Assessment/Tutoring: Students must have a minimum of four individual needs/Tutoring for consideration.
2. Low Income: Ten Points will be given for this eligibility.
3. First Generation: Ten points will be given for this eligibility.
4. GPA: Twenty points will be given for 2.0-2.9 8 GPA, fifteen points for 3.0-3.9 (B) GPA, five points for 4.0+ (A), ten points for 1.0-1.9 (D).
5. School Counselor Recommendation: Exceptional (20 pts.) Good (10 pts.), Poor (5 pts.)
6. Teacher Recommendation: (10 pts. )

Summary of Student's Eligibility and Academic Needs: \_\_\_\_\_

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

**GEORGIA SOUTHERN UNIVERSITY  
UPWARD BOUND PROJECT  
STUDENT HEALTH RECORD AND AUTHORITY TO RENDER MEDICAL SERVICES**

This following information is required for your file. The information is strictly confidential and accessible only to representatives of the Upward Bound Project and University Officials. Please answer each item completely and accurately. **A physician or health care provider must complete the statement of physical health on the back of this sheet. This form is not valid without the required signatures or the health insurance policy number.**

**PLEASE PRINT OR TYPE**

Student Name: \_\_\_\_\_  
Last First M Date of Birth

Address: \_\_\_\_\_  
Street or Route (Include Apt. Number) City/State Zip Code

Phone: \_\_\_\_\_ S.S.N. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Religion: \_\_\_\_\_

Name of Parent or Guardian (state relationship) to contact in Emergency:

\_\_\_\_\_

Address, if different: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Alternate Person/Phone: \_\_\_\_\_

Indicate below the diseases you have had, by inserting the year if known or childhood if year unknown:

\_\_\_\_\_ Chicken Pox      \_\_\_\_\_ Jaundice      \_\_\_\_\_ Measles      \_\_\_\_\_ Mumps  
\_\_\_\_\_ Operation      \_\_\_\_\_ Polio      \_\_\_\_\_ Rheumatic Fever  
\_\_\_\_\_ Tuberculosis      \_\_\_\_\_ Other, please list: \_\_\_\_\_

List any known allergies, reactions or sensitivities: \_\_\_\_\_

Injuries (specify, giving year of injury): \_\_\_\_\_

Fracture of Joint: \_\_\_\_\_ Head Injury: \_\_\_\_\_

Have you ever had an emotional illness: \_\_\_Yes\_\_\_ No. If so, did you receive treatment? \_\_\_\_\_

List any major operations you have had: \_\_\_\_\_

What, if any, medication do you take regularly? \_\_\_\_\_

**Student Health Record Continued**

Date of Last Tetanus Booster: \_\_\_\_\_

If you now are or have recently been under a physician’s care for a condition other than minor illnesses, please describe: \_\_\_\_\_

Describe any physical handicaps: \_\_\_\_\_

List any other personal or family medical history that may be of importance to you: \_\_\_\_\_

\_\_\_\_\_

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby grant permission to the Director of Upward Bound at Georgia Southern University in Statesboro, or his/her authorized representatives, to furnish such minor medical care as the above named student may require. Further permission for emergency treatment, i.e., treatment conditionally upon understanding that the Director will use all reasonable efforts to contact the emergency reference (parent/guardian) named herein. Failure in such efforts, however, should not prevent the Director from securing such emergency treatment under the care of the physician(s) employed by the University as may be necessary for the best interest of the life of the above named student. I further understand and agree that Georgia Southern University is not legally liable, financially or otherwise, for such emergency treatment, except as provided for through the group medical insurance plan, and then only in the event that the above named student has contracted for same prior to any emergency treatment. I authorize the release of confidential medical information from the Department of Health Services to the GSU Upward Bound Office for my visit(s) to the GSU Health Center including date of visit, copies of invoices, diagnosis, and amount of charges. This information will be used for the payment of medical charges by the Upward Bound Office.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

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

Insurance Policy Number: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Statement of physical condition (including any restrictions) of the student:

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

**For Official Use Only**  
Comment

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

UB Director Signature & Date: \_\_\_\_\_

**GSU UPWARD BOUND PROJECT  
STUDENT APPLICATION**

**AUTHORIZATION TO RELEASE INFORMATION**

THE PERSONAL INFORMATION, WHICH YOU PROVIDE TO THE UPWARD BOUND DIRECTOR, MAY BE SENT TO THE FEDERAL GOVERNMENT (U.S.DEPARTMENT OF EDUCATION). THE INFORMATION IS PROTECTED BY THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA). NO ONE MAY SEE THE INFORMATION UNLESS THEY WORK WITH OR FOR THE UPWARD BOUND PROJECT OR ARE SPECIFICALLY AUTHORIZED TO SEE THE INFORMATION. THE INFORMATION IS NECESSARY TO DETERMINE IF THE STUDENT IS ELIGIBLE TO PARTICIPATE IN THE PROJECT AND TO HELP THE FEDERAL GOVERNMENT TO MEASURE THE SUCCESS OF UPWARD BOUND. THE U.S. DEPARTMENT OF EDUCATION HAS AUTHORITY TO GATHER INFORMATION TO HELP MAKE UPWARD BOUND A BETTER PROGRAM. IF YOU DO NOT GIVE THIS INFORMATION TO THE UPWARD BOUND PROGRAM AND THE U.S.DEPARTMENT OF EDUCATION, YOU CANNOT RECEIVE ANY BENEFITS FROM THE PROGRAM.

**SIGNATURE OF PARENT OR GUARDIAN**\_\_\_\_\_

**RELATIONSHIP TO STUDENT**\_\_\_\_\_

**DATE**\_\_\_\_\_

**GSU UPWARD BOUND PROJECT  
STUDENT APPLICATION**

**HIGH SCHOOL MATH TEACHER'S RECOMMENDATION**

Name of Student \_\_\_\_\_

Please rate the above student according to the scale at the bottom of this sheet.

When completed please return to:

Upward Bound Project  
Georgia Southern University  
P. O. Box 8071  
Statesboro, Georgia 30460-8071  
Telephone: (912) 478-8746 Fax: (912) 478-0863

Rating Scale: Please circle your choices according to this scale: 4 = excellent, 3=good, 2=average, and 1=poor.

	<u>RATING</u>
Attitude towards School Work	4 3 2 1
Intellectual Ability	4 3 2 1
Initiative	4 3 2 1
Integrity	4 3 2 1
Influence and Leadership Ability	4 3 2 1
Concern for Others	4 3 2 1
Responsibility	4 3 2 1
Emotional Stability	4 3 2 1
Personal Appearance	4 3 2 1

Please identify student's strengths: \_\_\_\_\_  
\_\_\_\_\_

Please identify the student's weaknesses: \_\_\_\_\_  
\_\_\_\_\_

Comments and Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Position : \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

**INFORMATION AUTHORIZATION RELEASE**

I authorize \_\_\_\_\_ High School to release official transcripts, test scores and other records to the Upward Bound Staff at Georgia Southern University for evaluation purposes. I also authorize Georgia Southern University to further release these records to postsecondary institutions as they relate to the educational planning of my child \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

**GSU UPWARD BOUND PROJECT  
STUDENT APPLICATION**

**HIGH SCHOOL COUNSELOR'S RECOMMENDATION**

Name of Student \_\_\_\_\_

Please complete the information on the above student and return this form along with his/her transcript to:

Upward Bound Project  
Georgia Southern University  
PO Office Box 8071  
Statesboro, Georgia 30460-8071  
Telephone: (912) 478-8746  
Fax: (912) 478-0863

Period of Attendance at Your School: From \_\_\_\_\_ to \_\_\_\_\_ Grade \_\_\_\_\_

Scholastic Record: Exceptional \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

GPA \_\_\_\_\_ Tech Prep \_\_\_\_\_ College Prep \_\_\_\_\_ Other, Please Identify: \_\_\_\_\_

Rank in Class \_\_\_\_\_ Number in his/her Class \_\_\_\_\_

List any situations, which should be considered in making a decision on the student's admission into the Upward Bound Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, list any physical disabilities the student may have: \_\_\_\_\_  
\_\_\_\_\_

What comments and recommendations can you make regarding this applicant's ability to profit from a program such as Upward Bound? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date** \_\_\_\_\_ **Counselor's Signature** \_\_\_\_\_

**\*Please keep a copy of this completed document in your counselor's office for reference and proof of authorization to release information.**

**GSU UPWARD BOUND PROJECT  
STUDENT APPLICATION**

**HIGH SCHOOL ENGLISH TEACHER'S RECOMMENDATION**

Name of Student \_\_\_\_\_

Please rate the above student according to the scale at the bottom of this sheet.

When completed please return to:

Upward Bound Project  
Georgia Southern University  
P. O. Box 8071  
Statesboro, Georgia 30460-8071  
Telephone: (912) 478-8746; Fax: (912) 478-0863

Rating Scale: Please circle your choices according to this scale: 4=excellent, 3=good, 2=average, and 1=poor

	<u>RATING</u>
Attitude towards School Work	4 3 2 1
Intellectual Ability	4 3 2 1
Initiative	4 3 2 1
Integrity	4 3 2 1
Influence and Leadership Ability	4 3 2 1
Concern for Others	4 3 2 1
Responsibility	4 3 2 1
Emotional Stability	4 3 2 1
Personal Appearance	4 3 2 1

Please identify student's strengths: \_\_\_\_\_

\_\_\_\_\_

Please identify the student's weaknesses: \_\_\_\_\_

\_\_\_\_\_

Comments and Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Position: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_