**To apply for admission to the TRIO Communication Upward Bound (CUB) program:**

* Complete the following 7-page application
* Provide proof of income (copy of income tax)
* Complete a one-page statement (see page 6) explaining why you would like to join the CUB program
* The recommendation form (page 7) may be completed by a teacher, mentor, or community leader
* Contact Ms. Carla M. Williams at 316-978-6896 for further information or assistance

**Send to:**

Attn: Carla M. Williams

Wichita State University

TRIO Communication Upward Bound Program

1845 N. Fairmount - Box 31

Wichita, KS 67260-0031

**Program Application**

## TRIO Communication Upward Bound (CUB)

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  Last | First | M.I. |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Home Phone: | ( ) | Social Security Number: |  |  |
|  |  |  |  |
| **Racial or Ethnic Group** *(Check all that Apply)* |
| [ ]  | American Indian/Alaskan | [ ]  | Asian/Pacific Islander | [ ]  | Black/African American |
|  |
| [ ]  | Hispanic/Latino | [ ]  | White/Caucasian | [ ]  | Other |
|  |
| **Gender/Age** |
| [ ]  | Male | [ ]  | Female | Age: |  | Date of Birth:  |  |  |
|  |
| Are you a U.S. Citizen? | [ ]  | Yes | [ ]  | No | If no, are you a permanent resident? | [ ]  | Yes | [ ]  | No |
| *If not a permanent resident, you must present evidence of your status* |
|  |
| Do you have special needs? | [ ]  | Yes | [ ]  | No |
| *If yes, explain*: |  |
|  |  |
|   |
| Are you employed?  | [ ]  | Yes | [ ]  | No | *If yes, how many hours do you work weekly?* |  |  |

|  |
| --- |
| **School Information** |
| Current School: |  | Expected High School (if different than current) |  |  |
|  |
| School Counselor: |  | Expected HS Graduation Month/Year: |  | Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Current GPA: |  | How many high school credits have you earned? |  |  |
|  |
| Have you failed any subjects?  | [ ]  | Yes | [ ]  | No | *If yes, list the subject(s*): |  |
|  |
| Do you participate in any of the following services at your school? |
| [ ]  | Math lab | [ ]  | Reading/Writing lab | [ ]  | ESL program | [ ]  | Tutoring | [ ]  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Are you having difficulty in any classes? | [ ]  | Yes | [ ]  | No |
|  |
| What are your current grades in the following subjects? |
| English |  | Math |  | Science |  | History |  |

|  |
| --- |
| **Family Information** |
| **Mother (Or Legal Guardian) Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Father (Or Legal Guardian) Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Work Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Work Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cell Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Cell Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Highest Grade Level Completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Highest Grade Level Completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| With whom do you live? | [ ]  | Mother | [ ]  | Father | [ ]  | Both | [ ]  | Self | [ ]  Guardian |
| Total number of family members at home *(self included)* |   | Household yearly income |  |
| Have either of your parents received a *four-year (bachelors) degree*? | [ ]  | Mother | [ ]  | Father | [ ]  | Neither |
|  |
| Emergency Contact Person |  | Relationship |  | Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Authorization** |
| I understand the goals, objectives and requirements of the TRIO Communication Upward Bound program and agree to fulfill them. I also understand that if I do not fulfill the required goals and objectives, I will be dismissed from the program. I certify that all the information I have provided is valid and correct to the best of my knowledge. |
| Student Signature |  | Date |  |
|  |
| I understand the goals, objectives and requirements of the TRIO Communication Upward Bound program and agree to support my child in fulfilling them. I also understand that if my child does not fulfill the required goals and objectives, he/she will be dismissed from the program. I certify that all the information I have provided is valid and correct to the best of my knowledge. |
| Parent/Guardian Signature |  | Date |  |
|  |  |  |  |

**Family \Financial Statement**

## TRIO Communication Upward Bound (CUB)

***To be completed by parent/guardian***

One of the criteria for admission is meeting the income guidelines established by the U.S. Department of Education. Before we can determine eligibility, please answer the following questions and attach a **copy of your most recent income tax return or medical card.**

**This information is strictly confidential and will be maintained in the cub office in accordance with the general education provision act (which outlines privacy rights of parents and students).**

**Family Income**

1. Did you file an income tax return last year? 🞏 Yes 🞏 No
2. Gross family income (before taxes and other withholdings) for last year $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Adjusted gross income $ \_\_\_\_\_\_\_\_\_\_\_\_
4. Which of the following was the source of the above information? (check all that apply)

□ Father’s employment Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Mother’s employment Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Welfare Amount per/month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Social Security Amount per/month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Are you eligible for veteran’s benefits? □ Yes □ No If so, what kind? \_\_\_\_\_\_\_\_\_\_

1. How many dependents were claimed on your income tax form last year? \_\_\_\_\_\_\_\_\_\_

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

1. Foster child, list the child’s monthly personal use income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is the student a U.S. Citizen? 🞏 Yes 🞏 No

What are your major concerns involving your student’s educational plans? (Please check all that apply)

☐ How to pay for college ☐ Helping them be academically prepared ☐Deciding where they should go

☐ How to apply for college ☐ Helping them be socially prepared ☐ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Parent/Guardian Signature Date

**Insurance Provider**

## TRIO Communication Upward Bound (CUB)

***To be completed by parent/guardian***

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Street address City, State Zip

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student covered by health insurance? □ Yes □ No

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*\* Please attach a front and back copy of the insurance card, including those covered through state welfare or S.R.S. \*\*\**

**Medical Provider**

I authorize the TRIO Communication Upward Bound program to provide emergency medical and dental services for my child. I will not in any way hold Wichita State University or the CUB program responsible for any treatment deemed necessary for medical/dental services.

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

Parent/Guardian Signature Date

**Parental Release for Student Travel**

I authorize the CUB program to provide transportation for my child to program activities. I hereby release the CUB program from any responsibility for any criminal act of malice, vandalism, theft and any other unlawful behavior during his/her trips sponsored by the CUB program.

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

Parent/Guardian Signature Date

##

## Authorization for Release of Records

## TRIO Communication Upward Bound (CUB)

**STUDENT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_\_\_ -- \_\_\_\_\_\_\_ -- \_\_\_\_\_\_\_\_

**DIRECTIONS:** This form must be completed by the student and the parent/guardian.

The U.S. Department of Education requires that the TRIO Communication Upward Bound (CUB) at Wichita State University follow and monitor the academic progress of students participating in CUB by tracking secondary school graduation, college matriculation, persistence and subsequent college graduation, etc.

In consideration of (Student Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being accepted for participation in the TRIO Communication Upward Bound at Wichita State University, I/we hereby specifically authorize all secondary and post-secondary institutions attended by (Student Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to release the following information to representatives of the TRIO Communication Upward Bound at Wichita State University:

**Secondary Schools:**

* Achievement, aptitude proficiency, state assessments, and interest scores (ACT, PACT, SAT, PSAT, Iowa Test of Basic Skills scores and all other tests taken since 7th grade)
* Official transcripts
* Official copies of report cards
* Activities chart or lists of extra- or co-curricular activities
* Family background data
* Interview information from school administration, counselors, and teachers  Health Related information during the summer residential.

**Post-Secondary Schools:**

* Enrollment verification information
* Transcripts or transcript information documenting academic progress
* Degree attainment information
* Interview information from school administrators

This permission is granted for a period of time not to exceed ten (10) years after secondary school graduation or until this authorization is specifically cancelled by both (Student Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and his/her parent or guardian.

As a result of signing this form, the student applicant and his/her parent/guardian certify that they are providing this authorization with full understanding and voluntarily in consideration of the student applicant’s participation in the TRIO Communication Upward Bound at Wichita State University and to permit the Center to fulfill requirements imposed by the U.S. Department of Education, the funding agency.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Student Name Printed |  | Date |  | Parent or Guardian Name |  | Date |
|  |  |  |  |  |  |  |
| Student Signature |  | Date |  | Parent or Guardian Signature |  | Date |

**NOTE:** Information obtained by this form shall not be transferred to any other person or agency than that listed above without the consent of the person whose signature appears here on.

**SCHOOLS:** Current school may retain copy of this form for student file.

## Personal Statement

## TRIO Communication Upward Bound (CUB)

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please address the following items in a one-page essay “Why I Want to be in Communication Upward Bound?”*

* What type of education do you plan to pursue after high school?
* What post-secondary institutions are you interested in attending?
* What careers in the communication field are you interested in?
* What are your career goals and how do you plan to reach them?
* Why is education important to you?

Please print neatly to ensure that we can read your essay, or type and attach your essay to this sheet. If you attach your essay, please be sure to include your name and school at the top of the attached essay.

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##

 **Recommendation Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |  |  |  |
|  Last | First | M.I. |
| Address: |  |  |
|  |  Street Address | Apt. # |
|  |  |  |  |
|  |  City | State | ZIP Code |
| Home Phone: | ( ) | Social Security Number: |  |
| High School: |  | Grade: |  | GPA: |  |
|  |
| Nominator: |  | Position: |  | Phone: |  |
|  |
| Why is this student a good candidate for the TRIO Communication Upward Bound? (Continue on back) |
|  |
|  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Questions about the student |
| Does the student participate in any of the following services at school? |
| [ ]  | Math Lab | [ ]  | Reading/Writing Lab  | [ ]  | ESL Program | [ ]  | Tutoring | [ ]  | Other |
| What type of education does the student plan to pursue after high school?Personal statement describing interest in applying to CUB  |
| [ ]  | Four-year college | [ ]  | Armed Forces | [ ]  | None |
| [ ]  | Two-year college | [ ]  | Vocational-Technical  |  |
| What is the student’s career interest, specifically in the communication or journalism field? |  |
|  |  |
|  |
|  |
| Additional comments? |  |
|  |
|  |
| Signature of Nominator  |  | Date |  |