

2019-2020

**Upward Bound
Application**

TRIO: UPWARD BOUND WICHITA PREP
WICHITA.EDU/UBWP
316-978-3019 OFFICE
Jaya.Escobar@wichita.edu

ATTENTION Mrs. Escobar-Bhattacharjee

TRIO: UPWARD BOUND EMPOWERMENT
WICHITA.EDU/EMPOWERMENT
316-978-6923 OFFICE
Shauntelle.Thompson@wichita.edu

ATTENTION Ms. Shauntelle Thompson

WICHITA STATE UNIVERSITY

Office of Upward Bound Empowerment & Wichita Prep

Parents and Students

Thank you for your interest in the Wichita State University Upward Bound Empowerment or Upward Bound Wichita Prep Program! Parents and students, please take the time to read this information together. If you have any questions, I will be glad to schedule a time to meet with you.

Upward Bound is a federal program, funded through the U.S. Department of Education. This Program is specifically designed to provide low-income and first generation (neither parent has a 4-yr. degree) students an opportunity to (1) improve their academic, social and personal skills and (2) fully prepare for a post-secondary education. Additionally, Upward Bound Empowerment is designed to be inclusive of students who are or have been in Foster Care.

Our Programs provide cost-free services to students from the Wichita Public School District attending North, South, East, West, or Southeast High Schools. One Hundred Fifty-Seven freshmen, and sophomores are selected each year, along with a waiting list of 20. Once selected, students may continue in the Program until the summer following their graduation from high school. Applications are accepted year-round.

The Upward Bound Programs have two components: Academic Year and Summer Residential. Each component is important and designed to motivate and encourage students to successfully complete high school and to attend a post-secondary institution. We encourage year-round participation so that students can truly benefit from the Program. Below is a description of each component:

Academic Year Component (August - May)

- One-on-one tutoring in academic subjects. Students must attend tutoring session's minimum of (2) hours weekly on the WSU campus.
- Career and college exploration, campus visits, ACT/SAT Test preparation, financial aid application assistance and personal guidance.
- Social and Cultural Programs.
- Bi-weekly Saturday Sessions that feature dynamic and motivating speakers from WSU and the community.

Summer Residential Component (June & July)

- Intensive 4-8-week Collegiate Transition Program. The Program pays tuition for 3-6 hrs. of college courses at WSU. Students reside in university housing on the WSU campus. (Program graduates only)
- Intensive 5-week College Preparatory Program for 9th through 12th graders. Daily academic classes and tutorial assistance in basic and advanced courses. Students reside in university housing on the WSU campus.
- Social and Cultural Programs.
- Career and college exploration, campus visits and personal guidance.

The Upward Bound/Wichita Prep Program is committed to assisting students improve their academic, social and personal skills. Thus, students must be committed and accept their participation seriously.

To apply for admission, please send the following information:

- **Completed Application**
- **H.S. Transcript**
- **Recommendation/Nomination Form (completed by a school official)**
- **Copy of Parent's Income Tax Return**
- **Copy of Insurance or Medical Card**

Send to:

**ATTN: Rhonda Hicks
Wichita State University
Upward Bound/Wichita Prep Program
1845 N. Fairmount - Box 94
Wichita, KS 67260-0094**

We enjoy the opportunity to assist students pursue their educational goals. Please feel free to contact our office at 978-3019, for further information or assistance.

Sincerely,

Rhonda Hicks, Director

Upward Bound Empowerment or Upward Bound Wichita Prep Programs ●
Wichita State University ● 1845 Fairmount Wichita, Kansas 67260-100 or 67260-0094
UBWP Phone (316) 978-3019 ● UBE Phone (316) 978-5343 FAX (316) 978-3403
Wichita.edu/ube ● wichita.edu/ubwp

The Upward Bound Wichita Prep program is 100% funded by the US Department of Education for 2019-2020 at \$467,798.
The Upward Bound Empowerment program is 100% funded by the US Department of Education for 2019-2020 at \$287,536

Application for Admission-

Upward Bound –Empowerment or Upward Bound- Wichita Prep •Wichita State University
Personal Information

First Name: _____ MI:_____ Last Name: _____

Social Security # _____ Age: _____

Gender: Male Female Date of Birth: ____ / ____ / ____ (MM/DD/YYYY)

Phone#1 (____) _____ - _____ (Cell/Hm/Wk) Phone#2 (____) _____ - _____ (Cell/Hm/Wk)

Address: _____ Wichita, KS Zip _____

Email: _____ Facebook: _____

Ethnic Status: African American, Non-Hispanic American Indian or Alaskan Native
 Hispanic White, Non-Hispanic
 Asian, Pacific Islander, or Indian Sub-Continent

Are you a U.S. Citizen? Yes No If no, are you a permanent resident? Yes No
(If not a U.S. citizen, you must submit a copy of your permanent resident status.)

Do you have any special needs? Yes No
If yes, please explain:

Are you a participant in any school clubs or activities? Yes No
If yes, please explain:

Are you employed? Yes No If yes, how many hours do you work weekly? _____
Are you a participant in: Talent Search/Project Discovery? Yes No Gear Up? Yes No
Upward Bound/Math Science? Yes No Communication Upward Bound? Yes No

Academic Information

School: North South East West Southeast Grade: 8 9 10

School Counselor: _____ When do you plan to graduate? 2021_2022_2023

What is your current GPA: ____ What is your class Rank: ____/____ How many credits have you earned ____

Have you failed any subjects? Yes No If yes, list the subjects: _____

Do you participate in any of the following Services at your school?

Math lab Reading/Writing Lab ESL Program Tutoring AVID Other _____

Are you having academic difficulty in any classes? Yes No

What are your present grades in the following subjects? Subject/Grade *example Algebra II / B*

English _____ / _____ Math _____ / _____ Science _____ / _____

History _____ / _____ Elective _____ / _____ Elective _____ / _____

Elective _____ / _____ Elective _____ / _____ Elective _____ / _____

Family Information: Student lives with: Mother/ Father/ Both/ Guardian (please circle)

Mother

First Name: _____ Last Name: _____

Phone#1 () - (Cell/Hm/Wk) Phone#2 () - (Cell/Hm/Wk)

Email: _____ Address: _____

Father

First Name: _____ Last Name: _____

Phone#1 () - (Cell/Hm/Wk) Phone#2 () - (Cell/Hm/Wk)

Email: _____ Address: _____

Guardian – Grandparent/ Aunt/ Uncle /Foster/ Other _____

First Name: _____ Last Name: _____

Phone#1 () - (Cell/Hm/Wk) Phone#2 () - (Cell/Hm/Wk)

Email: _____ Address: _____

Emergency Contact (Person other than Parent)

First Name: _____ Last Name: _____

Phone 1() - (Cell/Hm/Wk) Address: _____

Phone 2() - (Cell/Hm/Wk) Relationship: _____

Number of brothers and sisters living at home (or children supported by parents):

Brothers _____ Sisters _____ Others _____

Total number of family members at home (self-included): _____

Has either of the student’s parents received a four-year (bachelors) degree? Father Mother Neither

Has a family member participated in Upward Bound? Yes No If yes, who? _____

I understand the goals, objectives and requirements of the 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 terminated 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 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.

Parent Signature _____ Date _____

Official Use Only: Eligibility Met <input type="checkbox"/> Yes <input type="checkbox"/> No If necessary verification provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes: _____

Family Financial Statement

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To be completed by parent/guardian

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

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND WILL BE MAINTAINED IN THE 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: \$ _____ Taxable Income \$ _____
 4. Which of the following was the source of the above income? Check one or more.
Father's employment Occupation: _____
Mother's employment Occupation: _____
Government Assistance Rate per/month: _____
Social Security Rate per/month: _____
Other income: _____
- Are you eligible for veteran's benefits? Yes No If so, what kind? _____
5. How many dependents were claimed on your income tax form last year? _____
Total number of persons living in household (including self): _____
 6. Foster child: List the child's monthly personal use income: _____

~I certify that all of the information on this form is valid and correct to the best of my knowledge.
~I understand that if I did not include my families' most resent Income Tax Statement or my Social Security Statement, I need to provide a written statement detailing my income to complete application.

Parent/Guardian Signature

Date

Check the form(s) attached:

- Income Tax Return Social Security Statement

Office use only

- Income Household: Taxable income: _____ Eligible
Foster child: Income Number of Dependents: _____ Income over allowed amount

Insurance Provider

Upward Bound –Empowerment or Upward Bound- Wichita Prep •Wichita State University

To be completed by parent/guardian Is student covered by health insurance? Yes No

Student's Name: _____ Member ID # _____

Insurance Company: _____ Group # _____

Parent/Guardian (s) Name(s): A _____ B _____

A Phone#1 () - (Cell/Hm/Wk) Phone#2 () - (Cell/Hm/Wk)

B Phone#1 () - (Cell/Hm/Wk) Phone#2 () - (Cell/Hm/Wk)

Emergency Contact Person: _____ Relationship: _____

Phone#1 () - (Cell/Hm/Wk) Phone#2 () - (Cell/Hm/Wk)

Policy #: _____ Effective. Date: _____

Other Card Info: _____

*Attach a copy of your child's insurance card or if child is covered through KS Dept. Of Children and Families, please attach a copy of your medical card to this form.

I/We have attached a copy of the student's insurance or medical card Not Applicable

Medical Provider

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

Parent/Guardian Signature

Date

Parental Release for Student Travel

I authorize the Upward Bound/Wichita Prep Program to provide transportation for my child to program activities. I hereby release the Upward Bound/Wichita Prep Program from any responsibility for any criminal act of malice, vandalism, theft, death or injury, and any other unlawful behavior during his/her trips sponsored by the Upward Bound/Wichita Prep Program.

Parent/Guardian Signature

Date

Authorization for Release of Records

Upward Bound –Empowerment or Upward Bound- Wichita Prep •Wichita State University

Student's Name: _____ Social Security #: _____

Name of High School: _____ Student ID#: _____

I hereby authorize USD 259 of Wichita, Kansas, or any USD we may move into, to furnish information on my permanent records to the Wichita State University -Upward Bound program, until my completion of the program.

Checked below is the information I authorize to be shared now or in the future: (*= required)

- _____ Progress Reports
- _____ Attendance Reports
- _____ Behavior Reports
- _____ Medical Reports
- _____ State Assessment Test Results
- _____ ACT/SAT Test Results *
- _____ Student VUE Login _____ Password _____
- _____ Semester Transcripts *
- _____ Final Transcript *

Please send this information to:

Upward Bound Wichita Prep	Upward Bound Empowerment
Wichita State University	Wichita State University
1845 Fairmount	1845 Fairmount
Campus Box 94	Campus Box 100
Wichita, Kansas 67260-0094	Wichita, Kansas 67260-0100

Student's Signature

Date:

Parent/Guardian's Signature

Date:

Note: Information obtained by this form shall not be transferred to any other person or agency than that listed above without the written consent of the person whose signature appears hereon. If records cannot be sent for any reason, please indicate why: _____

I/We have attached a copy of the student's most recent high school transcript



MODEL'S RELEASE

I hereby grant **Wichita State University** and/or parties designated by Wichita State University (including clients, purchasers, agencies, and periodicals, or other printed matter and their editors) the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works from **University-related photographs and/or audio recordings and/or video images** of the undersigned person. This grant includes, without limitation, the right to publish such images and/or audio, with or without my name or with a fictitious name, in the University newspaper, alumni magazine, and/or public relations/promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials, and any other University-related publication. The images and/or audio may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.

~~I affirm that I am 18 years old or older:~~

~~Signature _____ Date _____~~

~~Printed name _____~~

~~Witnessed by _____ Date _____~~



If under 18 years old:

I am the parent or legal guardian of _____

I hereby approve the foregoing consent to Wichita State University's use subject to terms mentioned above. I affirm that I have legal right to issue consent.

Signature _____ Date _____

Printed name _____

Witnessed by _____ Date _____

Applicant Questionnaire

Upward Bound –Empowerment or Upward Bound- Wichita Prep •Wichita State University

Student's Name _____

Please answer each question:

1. What type of education do you plan to pursue after high school?
- Four-year college Armed Forces Vocational Training
 Two-year college Training School

2. List post-secondary institutions you are interested in attending: _____

3. List careers that interest you: _____

4. What are your career goals and how do you plan to reach them? _____

5. List clubs, sports and organizations you belong to at school, church, or in the community: _____

6. List special awards/recognition you have received: _____

7. Why is education important to you? _____

Nomination/Recommendation Form

Upward Bound –Empowerment or Upward Bound- Wichita Prep •Wichita State University

To be completed by a principal, teacher, or counselor

Student's Name: _____ School: _____

Address: _____ Age: _____ Grade: _____

Counselor: _____ GPA: _____ Class Rank: _____ / _____

Nominator: _____ Position: _____ Phone: _____

Why is this student a good candidate to participate in the Upward Bound/Wichita Prep Program?

Does the student participate in any of the following services at school? If yes, please mark the appropriate box.

Math lab Reading/Writing Lab ESOL Program Tutoring AVID Other _____

What type of education does the student plan to pursue after high school?

Four-year college Armed Forces Vocational-Technical
 Two-year college None

Does the student have a good attendance record? Yes No

Rate the student's attitude towards education poor-1 2 3 4 5 6 7 8 9 10-excellent

Rate the student's class room behavior poor-1 2 3 4 5 6 7 8 9 10-excellent

Without regard to student's grades, does the student have a good work ethic? Yes No

What are the student's career interests? _____

What are the needs of this student in order to achieve their academic goals?

Additional Comments: _____

Signature of Nominator _____ Date _____

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