2017-2018 Upward Bound Wichita Prep Application

TRIO: UPWARD BOUND WICHITA PREP
WICHITA.EDU/UBWP
316-978-3019 OFFICE
ATTENTION Mrs. Escobar-Bhattacharjee

Bridge Student Dinner Summer 2017: Graduating Class of 2017 & UBWP Office Staff

Campus Visit: University of Missouri Kansas City Summer 2017
Parents and Students

Thank you for your interest in the Wichita State University 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.

Our Program provides cost-free services to students from the Wichita Public School District as well as surrounding schools. Ninety-seven freshmen, sophomores and juniors 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 Wichita Prep Program has 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 eight-week Collegiate Transition Program. The Program pays tuition for 6-8 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 young people as they pursue their educational goals. I am anxious to assist you, too. Please feel free to contact our office at 978-3019, if you need further information or assistance.

Sincerely,
Rhonda Hicks
Director

Upward Bound/Wichita Prep Program
Wichita State University
1845 Fairmount
Wichita, Kansas 67260-0094
Phone (316) 978-3019
Fax (316) 978-3403
upward.boundwp@wichita.edu
wichita.edu/ubwp
application for admission-
upward bound/wichita prep program ● 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 present evidence of your 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? 2019 2020 2021

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 .

fit in circle x every box uncompleted applications cannot be processed
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__________

☐ I/We have attached a copy of the student’s current high school transcript.
Family Financial Statement

*Upward Bound/Wichita Prep Program ● Wichita State University*

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: $_______
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: ________________________________

7. Are family members U.S. Citizens? ☐ Yes ☐ No

~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, I need to come to the UBWP office to fill out an additional income information form, to complete application process.

______________________________  ________________________________
Parent/Guardian Signature  Date

Check the form(s) attached:
☐ Income Tax Return  ☐ Social Security Statement

<table>
<thead>
<tr>
<th>Office use only</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ AFDC/FDPIR Household  ☐ Eligible</td>
</tr>
<tr>
<td>☐ Income Household: Adjusted gross income: __________  ☐ Income over allowed amount</td>
</tr>
<tr>
<td>☐ Foster child: Income  Number of Dependents:</td>
</tr>
</tbody>
</table>
Insurance Provider

To be completed by parent/guardian

Student's Name: ____________________________ Address: ____________________________

Parent(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)

Is student covered by health insurance? ☐ Yes ☐ No

Insurance Company: ____________________________ Member ID # ____________________________

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.

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/Wichita Prep Program ● 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/Wichita Prep program, until my completion of the program.

Checked below is the information I authorize to be shared: (*= 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
Wichita State University
1845 Fairmount
Campus Box 94
Wichita, Kansas 67260-0094

_________________________________________ Date: ____________________________
Student’s Signature

_________________________________________ Date: ____________________________
Parent/Guardian’s Signature

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:

_________________________________________
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 and Essay
Upward Bound/Wichita Prep Program ● 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? ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

8. Essay (75 words) "Why I Want to Be in Upward Bound" (Use back of sheet if you need more room.)
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
Nomination/Recommendation Form

Upward Bound/Wichita Prep Program ● 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-excelent

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

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 ____________________________