

# TURN IN TO YOUR SCHOOL COUNSELOR BY OCTOBER 3, 2008!



## Application Materials

The following parts of the applications must be provided to the Upward Bound office in order for your application to be considered. Applications must be completed before a student can be considered for admission to the program. Some of the information requested will help us determine whether the student meets the criteria for entry into the program, and help us know best how to assist your student if he or she becomes a participant. You are responsible for making sure that the completed forms are returned to the Upward Bound office. **All information provided to us will be kept CONFIDENTIAL.**

Please use the following checklist to help you make sure your application is complete:

- Section 1: Student Information
- Section 2: Student Interest & Educational Information
- Section 3: Student Contract
- Section 4: Parent/Guardian information
- Section 5: Financial Eligibility Information (A copy of a tax form must be attached)
- Section 6: Parental Consent and Release
- Section 7: Confidential Health Record & Insurance Release
- Section 8: Medical Release
- Section 9: Information Release Form
- Section 10: Guidance Counselor Recommendation
- Section 11: Teacher Recommendation

## All applications must be returned to:

Upward Bound Program  
K-State at Salina  
2310 Centennial Rd.  
103 Tullis Building  
Salina, KS 67401

Contact the Upward Bound Program at 785-826-2981 or toll free at 800-248-5782 if you have any questions. You may also visit our web site at <http://www.salina.k-state.edu/upwardbound> for more information on the program.

Dr. Cari Barragree, Director

[clott@k-state.edu](mailto:clott@k-state.edu)

Eric L. Brown, Academic Services Coordinator

[elbrown@k-state.edu](mailto:elbrown@k-state.edu)

Sarah Wendt, Senior Administrative Assistant

[sae3@k-state.edu](mailto:sae3@k-state.edu)

## **About Upward Bound:**

The following is a brief outline of the services and benefits you will receive through the Upward Bound Program.

### **Academic Program (September-May)**

During the school year, Upward Bound students attend academic advising sessions to participate in further academic support services. Instructional and tutorial activities in math, science, language arts, foreign language, and study skills are provided during these sessions. Students also attend seminars regarding post-secondary educational opportunities and tutoring at their school.

### **Summer Residential Program (June-July)**

Upward Bound's summer residential component simulates a college-going experience. It is designed to assist students with the challenges of a college-prep curriculum at their high school. Instruction includes Math, Foreign Language, English, Science, and an Elective. The students will spend six weeks (Monday-Friday) on the K-State at Salina campus this summer. Possible out-of state cultural and educational trip for juniors at the end of the summer program. There is no cost for this program.

### **Summer Bridge Program**

Upward Bound will sponsor at the K-State at Salina campus the graduating seniors who qualify for the Bridge Program. UB will sponsor the student's first six college credit hours, text books and housing & dining fees.

### **Year Round Services (partial listing)**

No cost to participate  
Academic advisement  
Monitoring of academic progress  
Motivational guest speakers  
Career and college exploration  
Goal setting and decision making techniques  
Scholarship information  
Cultural field trips & tours of local colleges and universities  
Assistance with college applications  
Individualized assistance with personal, social, familial, and developmental concerns  
ACT preparation  
Assistance registering for college entrance exams and interpreting results  
Assistance with financial aid information and with the completion of required forms  
Stipends-monetary rewards given to students for participation

### **Requirements for Admission**

Participation in the Upward Bound Program requires a commitment from students each summer and all advising sessions, from the time of initial selection until graduation from high school. The summer after graduation, students may be selected to participate in the Bridge Program, and enroll in two K-State at Salina courses for up to six college credits. Students must also be either first generation college students and/or low income. There is no cost for this program.

The K-State at Salina Upward Bound Program assists 50 high school students from the following high schools:

Clay Center Community High School	Ell-Saline High School
Newton Senior High School	Lincoln Jr./ Sr. High School

**Section 1: Student Information**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
Street Address or PO Box City State Zip Code

Contact Information \_\_\_\_\_  
Home Phone Alternate Phone Student Email Address

Date of Birth \_\_\_\_\_ Gender Male \_\_\_\_\_ Female \_\_\_\_\_ Social Security # \_\_\_\_\_

**GENDER:**  Male **ETHNICITY:**  American Indian  Asian  Black/African American  
 Female  Hispanic/ Latino  White  More than One  
 Native Hawaiian/ Pacific Islander  Unknown  
\_\_\_\_\_ Other not listed (please specify) \_\_\_\_\_

Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ **If NO, please specify** \_\_\_\_\_  
If yes, Alien Resident # \_\_\_\_\_

Have you ever applied to or been a member of an Upward Bound Program before? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of people who live at the address at which the student lives: \_\_\_\_\_

With whom do you live?

**WITH WHOM DO YOU LIVE?**  Father  Mother  Both  Guardian  Self

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Alternate/Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alternate /Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**EMERGENCY CONTACT PERSON: (*Other than parents/guardians or alternates.*)**

Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone:(\_\_\_\_) \_\_\_\_\_

**DOES THE STUDENT HAVE A LEARNING DISABILITY?**  Yes\*\*  No \*\*If yes, please explain, and provide documentation: \_\_\_\_\_

**Section 2: Student Interest & Educational Information**

**Student Goals:**

What is your career interest? \_\_\_\_\_

Do you plan to attend college?  Yes  No

Do you want to attend college?  Yes  No

After you graduate from high school, what type of school do you plan to attend?

4 Year College \_\_\_\_\_ 2 Year College \_\_\_\_\_ Vocational/Technical \_\_\_\_\_ Other \_\_\_\_\_ (Specify) \_\_\_\_\_

Why do you want to join the K-State at Salina Upward Bound Program?

(Check all that apply)

\_\_\_\_\_ Academic support/enrichment      \_\_\_\_\_ Tutoring services      \_\_\_\_\_ Personal support/counseling

\_\_\_\_\_ Encouraged to apply by family      \_\_\_\_\_ Career counseling      \_\_\_\_\_ Field Trips

\_\_\_\_\_ Assistance with college admission      \_\_\_\_\_ Assistance with the ACT      \_\_\_\_\_ Assistance with financial aid

\_\_\_\_\_ To make friends      \_\_\_\_\_ Other \_\_\_\_\_

**List current class schedule:**

**Course Information**

**LIST THE MATHEMATICS COURSES AND DATES YOU HAVE TAKEN AND ARE CURRENTLY TAKING BELOW. (LIST PREVIOUS MATH COURSES FIRST.)**

MATH COURSES	GRADE LEVEL	DATE

**ARE YOU PLANNING TO ATTEND:**  A 2-Year College  A 4-Year College  Other College?

**Which College?:** \_\_\_\_\_

**What is your favorite subject?** \_\_\_\_\_

**Least favorite?** \_\_\_\_\_

**What is the title of the last book you read that was not assigned to you by a teacher?**

\_\_\_\_\_

What are your hobbies and/or interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My grades are usually: (Check one) A's \_\_\_\_ B's \_\_\_\_ C's \_\_\_\_ D's \_\_\_\_ F's \_\_\_\_

List the clubs and activities you participate in at school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any offices you hold in your clubs or extracurricular activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any honors you have received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rate yourself on each of the following traits as compared with other people your age. We want an accurate estimate of how you see yourself (mark one in each row.)

	Highest 10%	Above Average	Average	Below Average	Lowest 10%
Mathematical Ability	_____	_____	_____	_____	_____
Writing Ability	_____	_____	_____	_____	_____
Verbal Ability	_____	_____	_____	_____	_____
Scientific Ability	_____	_____	_____	_____	_____
Competitiveness	_____	_____	_____	_____	_____
Leadership Ability	_____	_____	_____	_____	_____

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By signing below I acknowledge and agree that all the information in sections 1 through 2 are accurate to the best of my knowledge at the time of completing this application. I also acknowledge that the misrepresentation of any requested information may result in my dismissal or disqualification from participation in the Upward Bound program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Section 3: Student Contract**

We agree that all the information contained in this application is true and correct. I understand that my guidance counselor should attach a copy of my school grades and test scores before sending my application. In addition, I pledge that if I am accepted into the Kansas State University-Salina Upward Bound Program, I will conform to the following requirements:

1. I will abide by all rules and policies of the program.
2. I will attend New Student Orientation, Summer program, and other required events on a regular basis.
3. I will strive to continually improve my high school course grades.
4. I will bring all needed books and other supplemental materials (paper, pens, homework, etc.) during the academic and summer component.
5. I will pass all high school course work.
6. I will participate in summer program community service activities.
7. I will cooperate with faculty, staff, and other students in the program.
8. I will make every attempt to remain in the program for the remainder of my high school education.
9. I will participate in the Presidential Classroom Essay Competition as a senior.
10. I will enter a postsecondary educational program upon completion of the Upward Bound Program.

Parents/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Upward Bound at K-State at Salina's search and seizure policy**

The Upward Bound program staff reserves the right to search Upward Bound participants' property, rooms and belongings without prior consent from the participant or the participant's parent/guardian if the participant has violated program policy or there is reasonable suspicion to believe that a program violation has been committed by the participant. Staff may also enter and inspect rooms for health and/or safety reasons.

Parents/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 4: Parent/Guardian Information**

FIRST GENERATION ELIGIBILITY VERIFICATION-All information is kept confidential!

<p><b>Father/Guardian</b>          Name: _____          Occupation: _____          Work Phone: _____          Home Phone: _____          Cellular Phone: _____</p> <p>Highest Education Level Attained:          (please check one)  <input type="checkbox"/> Elementary (K-8) <input type="checkbox"/> High School (9-12)  <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree  <input type="checkbox"/> BA/BS Degree          (Country where degree was obtained) _____          _____  <input type="checkbox"/> Graduate Degree          (Country where degree was obtained) _____          _____  <input type="checkbox"/> Unknown</p>	<p><b>Mother/Guardian</b>          Name: _____          Occupation: _____          Work Phone: _____          Home Phone: _____          Cellular Phone: _____</p> <p>Highest Education Level Attained:          (please check one)  <input type="checkbox"/> Elementary (K-8) <input type="checkbox"/> High School (9-12)  <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree  <input type="checkbox"/> BA/BS Degree          (Country where degree was obtained) _____          _____  <input type="checkbox"/> Graduate Degree          (Country where degree was obtained) _____          _____  <input type="checkbox"/> Unknown</p>
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**Number of children living at home** \_\_\_\_\_

**Number of children in college** \_\_\_\_\_ **College** \_\_\_\_\_

**Are you willing to attend the New Student Orientation for Students & Parents?** Yes \_\_\_\_\_ No \_\_\_\_\_  
 (This is a mandatory meeting, which parents and students must attend)

**Are you willing to attend Summer Orientation for Students & Parents?** Yes \_\_\_\_\_ No \_\_\_\_\_  
 (This is a mandatory meeting, which parents and students must attend)

**Are you willing to participate in the Parent Advisory Board?** Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Meeting will be held on the K-State at Salina Campus)

I understand the purpose of the Upward Bound Program, which is to prepare participants to successfully complete a program of postsecondary education, and would like to have my child participate. Because parent involvement and support are major contributing factors to students success, I agree to be involved in the following ways: 1) keeping informed of my child’s progress in school; 2) encouraging my child to attend all UB activities; 3) allowing my child to attend UB field trips; 4) participating in UB events in which parents are invited; 5) sharing concerns about my child’s education with Upward Bound staff; 6) supporting the UB staff in their efforts on behalf of my child. I support the mission of Upward Bound and will make it a priority to assist my child in his/her future education.

I hereby attest that all the information is true and correct. I also understand that a false statement or misrepresentation will make the applicant ineligible for the K-State at Salina Upward Bound program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 5: Information to Determine Financial Eligibility**  
**(To be completed by parent or guardian)**

One of the criterion for admission is meeting the income guidelines established by the U.S. Department of Education. Before we can determine your son or daughter's eligibility, we need the following information. Please read carefully and complete all blanks. If all information is not completed, the form cannot be processed. This information is strictly confidential and will be maintained in the office only. ***YOU MUST ATTACH A COMPLETE COPY OF YOUR 2008 or 2009 FEDERAL INCOME TAX RETURN FORM 1040 WITH APPLICATION.***

Did you file an income tax return for 2007?  Yes  No Year \_\_\_\_\_

If no, what is the most recent year that that you did file? Year \_\_\_\_\_

Gross family income (before anything is taken out) for year indicated. \$ \_\_\_\_\_

Taxable income (1040 line \_\_\_\_, 1040A line \_\_\_\_, 1040EZ line \_\_\_\_) \$ \_\_\_\_\_

The number persons living in your household? \_\_\_\_\_

**Which of the following was the source of the above income? Check one or more. (If you have additional income, Social Security, alimony, child support, etc., list each under "Other Income".)**

Father's employment Occupation: \_\_\_\_\_

Mother's employment Occupation: \_\_\_\_\_

Welfare \$ \_\_\_\_\_ / per mo.  Social Security \$ \_\_\_\_\_ / per mo.

Other Income: \_\_\_\_\_ \$ \_\_\_\_\_ / per mo.

Are you eligible for veteran's benefits?  Yes\*  No \*If Yes, what kind? \_\_\_\_\_

I further certify that all of the information on this form is valid and correct. **A copy of my most recent income tax return, welfare medical card or income verification (notarized statement) is attached.**

\_\_\_\_\_  
**Signature (Parent/Guardian)**

\_\_\_\_\_  
**Date**

**The Upward Bound program at K-State at Salina and the United States Department of Education require all applicants to submit with their application a signed copy of their parent/guardian's 1040, 1040A, or 1040EZ federal income tax form.**

**If you did not file an income tax return this year, please fill out the Certification of Non-Tax Filing Status below and provide a copy of AFDC payment, check stub, or other verification of monthly income.**

Certification of Non-Tax Filing Status (to be completed **ONLY** if you did not file an income tax report this year)

**IMPORTANT: If you complete this section you must also provide a copy of AFDC payment, check stub, or other verification of monthly income.**

I, \_\_\_\_\_, certify, under penalty of perjury, that I did not and will not file a U.S. Income Tax Return for the year 20\_\_\_\_, and that the financial information provided in this application is true and accurate.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 6: Parental Consent and Release**

I hereby grant permission for my child, \_\_\_\_\_, to participate in the K- State at Salina Upward Bound program, which may include field trips, overnight field trips, tutorial sessions, living in residential halls, and physical activities. I also understand and acknowledge that transportation for field trips, academic enrichment sessions, conferences, overnight field trips, and other activities will be by bus, van, airplane, or private car.

In consideration of the activities provided to my child, I hereby release the K-State at Salina Upward Bound program, and their employees from any claims of injury or damages arising out of my child's participation. I accept responsibility for my child's conduct while participating in the Upward Bound program, and I hereby release the Upward Bound program, and I hereby release Kansas State University and K-State at Salina Upward Bound program for injuries or damages resulting from my child not following and adhering to the rules and policies of the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 7: Confidential Health Record**

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

Parent: \_\_\_\_\_  
Name Home Phone Work Phone Cellular/Other Phone

Emergency Contact (if other than the above) \_\_\_\_\_  
Name Phone Number

Please list any and all medical problems, disabilities, or physical conditions that your child may have which might affect or be affected by participation in this program and which the Upward Bound Staff should know about.

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

Have you had any other significant illness, injury, or surgery in the past? \_\_\_\_\_

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

Are you under medical care, including current prescriptions? \_\_\_\_\_

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

Allergies (including allergies to medications): \_\_\_\_\_

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

Wears contacts? Yes \_\_\_\_\_ No \_\_\_\_\_ Wears Glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Insurance Release**

**WE MUST HAVE A COPY OF YOUR INSURANCE CARD- both the front & back OR indicate No Insurance)**

No Insurance: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Address of insurance company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_

Address of policy holder: \_\_\_\_\_  
Street Address/PO Box City State Zip Code

Policyholder individual ID number: \_\_\_\_\_

Policyholder group number: \_\_\_\_\_

Relationship of student to policy holder: \_\_\_\_\_

**Section 8: Medical Release**

I hereby authorize SALINA REGIONAL HEALTH CENTER or STATCARE to release primary and secondary diagnoses to the provided insurance company. If there is no company listed, release information to the Upward Bound's summer insurance provider as necessary. Also, release information presenting my claim for benefits, as requested by such company for the purpose of considering my claim.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize payment directly to SALINA REGIONAL HEALTH CENTER or STATCARE of the benefits otherwise payable to me. I understand that I am financially responsible to SALINA REGIONAL HEALTH CENTER or STATCARE for charges not covered by insurance.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby grant permission for the Upward Bound program at K-State at Salina to give medical treatment when needed and to provide any necessary routine and emergency medical and dental service for the entire period that my child is enrolled in the Upward Bound program. I will not in any way, hold K-State at Salina or the Upward Bound program responsible for any treatment deemed necessary for medical or dental services.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Medical Release</b>		
First Name	Middle	Last Name
Date of Birth _____	SS # _____	
<p>In case of emergency, I do _____ do not _____ hereby grant permission to the Upward Bound Director, or the Director's authorized representative, to furnish first aid as my child (named above) may require, as well as to seek medical attention through the nearest medical facilities and those medical facilities available when students are on field trips and other authorized activities. I authorize treatment to include any procedure, which may be deemed advisable by the attending staff physician and/or consultant.</p> <p>This permission is conditioned upon the understanding that, in the event of a serious illness or the need for hospitalization and/or major surgery, the Director will use all reasonable efforts to contact me. However, failure in such efforts should not prevent the Director from providing such emergency treatment as may be necessary for the best interest of the life of my child.</p> <p><b>[Please check items that are NOT authorized without contact of parent/guardian]</b></p> <p> <input type="checkbox"/> Dietary                      <input type="checkbox"/> Minor surgery                      <input type="checkbox"/> General Medicine                      <input type="checkbox"/> Prescriptions  <input type="checkbox"/> Inpatient Care                      <input type="checkbox"/> Physical therapy                      <input type="checkbox"/> Laboratory                      <input type="checkbox"/> X-ray  <input type="checkbox"/> Mental Health                      <input type="checkbox"/> Gynecology                      <input type="checkbox"/> Other (details) _____                 </p>		
<p><b>Signature of person authorized to give consent for patient treatment:</b> _____</p> <p><b>Relationship to patient</b> _____ <b>Date</b> _____</p> <p><b>Witness signature</b> _____</p>		

**Section 9: Information Release Form**

**AUTHORIZATION FOR RELEASE OF RECORDS**

(To be completed by the student and parent/guardian)

STUDENT'S NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

The U.S. Department of Education requires that the Upward Bound Program at Kansas State University at Salina to follow and monitor the academic progress of students participating in the Upward Bound program by tracking secondary school graduation, college matriculation, persistence and subsequent college graduation, etc. In consideration of \_\_\_\_\_ being accepted for participation in the Upward Bound Program at Kansas State University at Salina, I/we hereby specifically authorize all secondary and post-secondary institutions attended by \_\_\_\_\_ to release the following information to representatives of the Upward Bound Program at Kansas State University at Salina:

**Secondary Schools:**

- Achievement, aptitude proficiency, and interest scores (ACT, PACT, SAT, PSAT, Iowa Test of Basic)
- Skills scores - 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

**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 \_\_\_\_\_ 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 Upward Bound Program at Kansas State University at Salina and to permit the program to fulfill requirements imposed by the U.S. Department of Education, the funding agency.**

_____	_____	_____	_____
<b>Student Name (Printed)</b>	<b>Date</b>	<b>Parent/Guardian (Printed)</b>	<b>Date</b>
_____	_____	_____	_____
<b>Student Signature</b>	<b>Date</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>

**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.**

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

**Section 10: Guidance Counselor Nomination Form**

(To be completed by your school counselor)

This student has applied to participate in the K-State at Salina Upward Bound Program. The information requested will help us in determining the student’s eligibility to participate. Please complete this portion of the form adding appropriate comments as needed.

STUDENT'S NAME: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

NOMINATOR'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

**How long and in what capacity have you known the student?**

Student’s Cumulative GPA \_\_\_\_\_ Student’s Class Rank \_\_\_\_\_

Attendance Record \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Middle \_\_\_\_\_ Low

Student’s motivation for enrollment in postsecondary education \_\_\_\_\_ High \_\_\_\_\_ Middle \_\_\_\_\_ Low

Standardized Test Scores \_\_\_\_\_ PSAT \_\_\_\_\_ ACT \_\_\_\_\_ CTBS \_\_\_\_\_ ACT PLAN  
\_\_\_\_\_ CAT \_\_\_\_\_ Iowa \_\_\_\_\_ TerraNova \_\_\_\_\_ Other

**Please select the subject areas in which you feel this student has an academic need (please include courses in which the student needs credit or subjects in which the student would benefit from enhancement):**

\_\_\_\_\_ Writing \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_ Foreign Language  
\_\_\_\_\_ Science \_\_\_\_\_ History \_\_\_\_\_ Career Information \_\_\_\_\_ Educational Planning  
\_\_\_\_\_ Self-concept \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Does this student participate in any of the following services at school:

- Math Lab  Reading/Writing Lab  ESOL Program  Tutoring
- Newspaper/Yearbook  Science Olympiad  Quiz Bowl  Other \_\_\_\_\_

**Does this student have limited English proficiency?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Please note at least one area of need as listed on the back of this form \_\_\_\_\_ (codes only please)

\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Date

**Important! Please return a copy of the following with this form:**

1. Student’s official high school transcript with any standardized test scores.
2. Student’s most recent grade report/progress report
3. A copy of student’s middle school academic record and test scores if available

Please sign blow and attach this form to the other required forms. Insert all forms in an envelope. *Please seal and sign the edge of the flap of the envelope and return to the student or fax the information to Upward Bound at (785) 826-2627.*

Although many students may qualify for project services based on more than one category, please select from the list provided only the main category used to determine the individual's need for project services. Please use the "other" category sparingly

01=Low high school grade point average

02=Low achievement test scores

03=Low educational aspirations

04=Low high school grade point average and educational aspirations

05=Low high school grade point average and low achievement test scores

06=Low achievement test scores and low educational aspirations

07=Lack of opportunity, support, and or guidance to take challenging college prep courses

08=Lack of career goals and or need for accurate information on careers

09=Limited proficiency in English

10=Lack of confidence, self esteem, and or social skills

11=Predominantly low income community

12=Rural isolation

13=Interest in careers in math and science

14=Other

99=Not applicable

00=Unknown

**Section 11: Teacher Recommendation**

To be completed by a teacher.

**Student's Name** \_\_\_\_\_ **High School** \_\_\_\_\_

**Current Grade** 9      10      11      12

**Your Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Your phone number** \_\_\_\_\_ **Your email** \_\_\_\_\_

**Length of time you have known student** \_\_\_\_\_ **In what capacity?** \_\_\_\_\_

	Excellent				Poor
Has good class attendance	1	2	3	4	5
Demonstrates punctuality with assignments	1	2	3	4	5
Seems motivated to achieve in class	1	2	3	4	5
Demonstrates good study habits	1	2	3	4	5
Accepts responsibility for his/her work	1	2	3	4	5
Demonstrates a good work ethic	1	2	3	4	5
Demonstrates good communication skills	1	2	3	4	5
Cooperates with peers	1	2	3	4	5
Appearance/behavior reflects a positive self-image	1	2	3	4	5
Exhibits dependable and reliable behavior	1	2	3	4	5
Respects authority	1	2	3	4	5
Student's potential for postsecondary success	1	2	3	4	5

**From which components of the program do you feel the student would benefit the most?**

- \_\_\_\_\_ Personal counseling/support
- \_\_\_\_\_ Career advising/exploration
- \_\_\_\_\_ ACT preparation
- \_\_\_\_\_ Field trips (college campuses, cultural events, etc)
- \_\_\_\_\_ College student mentor
- \_\_\_\_\_ Adult professional mentor/job shadowing
- \_\_\_\_\_ Tutoring

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Would you recommend this student for the K-State at Salina Upward Bound Program?**

\_\_\_\_\_ Highly recommend      \_\_\_\_\_ Recommend with reservation      \_\_\_\_\_ Not recommend

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please sign below and Insert into an envelope.

*Please seal and sign the edge of the flap of the envelope and return to student, or send to K-State at Salina Upward Bound, 2310 Centennial Rd., Salina, KS 67401, or fax the information to Upward Bound at (785) 826-2627.*

**FACULTY SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_