



UPWARD BOUND

**THE FLORIDA STATE UNIVERSITY-EAST GADSDEN H.S.  
UPWARD BOUND PROGRAM  
2006-2007 APPLICATION**

Application may be mailed to:  
FSU Upward Bound Program  
Attention: Angela A. Coleman  
A5400 University Center  
Tallahassee, FL 32306-2450  
or  
faxed to (850) 644-5435, Attention: Angela A. Coleman

**STUDENT INFORMATION**

(Please print and circle where necessary)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Alt./Cell Telephone \_\_\_\_\_

Gender: Male Female Email Address \_\_\_\_\_

Race: African-American Asian Caucasian Hispanic Native-American

**SCHOOL INFORMATION**

Current Grade Level:

Rising 9<sup>th</sup> \_\_\_\_\_ 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_

Cumulative Weighted GPA \_\_\_\_\_ Cumulative Unweighted GPA \_\_\_\_\_

Have you been enrolled in the FSU Upward Bound Program or any other Upward Bound Program before this year? Yes No

Are you currently enrolled in any other projects or other programs designed to prepare you for college

(i.e. CROP, Take Stock in Children, Talent Search, etc)? Yes No

If yes, please list:

\_\_\_\_\_

## FAMILY INFORMATION

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Father's/Guardian's Name: \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Work Phone Number \_\_\_\_\_

If you do not live with your parents, whom do you live with?

\_\_\_\_\_

What is their relationship to you?

\_\_\_\_\_

Is this person your legal guardian? \_\_\_\_\_  
(Please circle one)

Highest level of education completed by

Father/Guardian:

No High School

High School/GED

Associate of Arts (AA)

Bachelor's Degree (BA/BS)

Master's Degree

Ph.D.

Other

Highest level of education completed by

Mother/Guardian:

No High School

High School/GED

Associate of Arts (AA)

Bachelor's Degree (BA/BS)

Master's Degree

Ph.D.

Other

How many members of your family live in your home (include yourself)? \_\_\_\_\_

Does your family receive any form of public assistance?

Yes      No

If yes, please circle:

AFDC    Medicaid    Food Stamps

Other \_\_\_\_\_

Does the student receive free or reduced lunch?

Yes      No

If my child is selected to participate in the Florida State University Upward Bound Program, I give permission for school personnel to release academic and personal records to the Florida State University Center for Academic Retention and Enhancement. I have read this application and accompanying description of the pre-collegiate program, and I approve of my child's participation. I assume full responsibility for my child's conduct and understand that my involvement as a parent in Upward Bound Parent Workshops is an essential and important aspect of my child's success. Furthermore, I agree to provide transportation, when necessary, to and from Upward Bound activities. I verify that the above information is accurate to the best of my knowledge.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Questionnaire

**List the classes/subjects that you have trouble with:**

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**List the classes/subjects that you excel in:**

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**List your hobbies or special interests:**

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**List the extracurricular activities that you participate in:**

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**What colleges/universities would you like to apply to?**

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**What subject would you like to major in?**

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**How did you hear about the Upward Bound Program?**

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**Write a paragraph explaining what you hope to gain from participating in the Upward Bound Program.**

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## Family Income Verification

To be eligible for the Upward Bound Program the student **MUST** submit a copy of his/her family or legal guardian's most recent Federal Income Tax (W-4) with this application. **IF NO TAX RETURN WAS FILED, THEN A SIGNED LETTER STATING THAT YOUR FAMILY HAD NO TAXABLE INCOME MUST BE SUBMITTED.**

Please complete the following items to help speed the processing of your application:

1. Amount of taxable income shown on the Federal Income Tax Return \$\_\_\_\_\_
2. Total Number of exemptions shown on the return or the number of exemptions the family would be eligible for if they filed a return \_\_\_\_\_
3. If your family income will be less this tax year than last year, please explain why?

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**FLORIDA STATE UNIVERSITY-EAST GADSDEN HIGH SCHOOL  
UPWARD BOUND PROGRAM  
STUDENT RECOMMENDATION FORM**

**\*\*MUST BE COMPLETED BY A TEACHER/COUNSELOR\*\***

Dear Teacher/Guidance Counselor:

The student listed below has applied for the Educational Talent Search Program. The ETS Program is funded by the U.S. Department of Education for the purpose of providing academic support services to middle and high school students to assist them with preparing for college. Your appraisal of the student's potential is required to complete his/her application.

Student's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Teacher/Guidance Counselor Name:

\_\_\_\_\_

ACADEMIC POTENTIAL:

Please rate the applicant on the following areas in relation to his/her current grade level. Please rate as:

- |                          |                     |
|--------------------------|---------------------|
| ( 5 ) Outstanding        | ( 4 ) Above average |
| ( 3 ) Average            | ( 2 ) Below Average |
| ( 1 ) N/A—Unable to rate |                     |

<u>AREA</u>	RATING	EXPLANATION (Optional)
Ability to read	_____	_____
Ability to write	_____	_____
Ability to do math	_____	_____
Ability to follow directions	_____	_____
Ability to complete a task	_____	_____
Ability to listen	_____	_____
Ability to take notes	_____	_____
Ability to communicate	_____	_____
Ability to work with others	_____	_____

In what areas might the applicant need extra help?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NON-ACADEMIC AREAS:

Please complete the following statements in regards to the applicant. Please answer and briefly explain any "no" responses.

<u>THE STUDENT...</u>	<u>YES</u>	<u>NO</u>	<u>EXPLANATION</u>
Is willing to accept responsibility	_____	_____	_____
Is responsive to suggestions and help	_____	_____	_____
Is sensitive to the needs of others	_____	_____	_____
Behaves according to disciplinary rules	_____	_____	_____
Relates well to peers	_____	_____	_____
Relates well to teachers & administrators	_____	_____	_____
Has expressed interest in future plans	_____	_____	_____
Is motivated	_____	_____	_____
Has aspirations for higher education	_____	_____	_____

What special qualities, talents or skills (e.g. musical, sports, writing, etc.) does the applicant possess?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments, if necessary:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Title/Subject: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**Recommendation forms may be mailed to:  
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Attention: Angela A. Coleman  
A5400 University Center  
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or  
faxed to (850) 644-5435, Attention: Angela A. Coleman**

## **Program Admission Requirements**

1. **Commitment to continue your education after high school**
2. **Minimum unweighted grade point average (GPA) of 2.5**
3. **Enrolled or future enrollment in a College Preparatory Curriculum at East Gadsden High School**
4. **Parent or legal guardian has not received a Bachelor's degree.**
5. **Ability to attend a 6-week summer residential component**
6. **Ability to commit three afternoons per week on Tuesday, Wednesday, and Thursday from 2:40 p.m. to 5:15 p.m. for tutoring and counseling sessions.**
7. **Ability to commit one Saturday each month to a group session/cultural activity generally held in Tallahassee.**
8. **Parental commitment and support to the program**
9. **Interest in working with the Upward Bound Program to improve weak academic areas in preparation for college entrance and successful performance while in college.**

## **Participant Agreement Statement**

I, \_\_\_\_\_, hereby agree to fully participate in all scheduled Upward Bound activities.

I will attend all required weekly sessions and Saturday sessions that are scheduled during the academic school year. I will attend all scheduled tutoring/counseling sessions, as well as, the 6-week summer sessions. I will commit myself to the Florida State University-East Gadsden High School Upward Bound Program until I graduate from high school.

I understand that the only way in which I may be excused from any of the above is through verified sickness or extreme emergency.

I have read the above requirements and agree to work with my child and the Upward Bound staff to abide by these requirements.

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

\_\_\_\_\_  
Date

## **Parent's Agreement**

I have read all pages of this application and fully understand the obligation my son/daughter/ward is assuming. I certify that all information on this application is correct and complete, including the information about family income. I am committed to assisting my son/daughter/ward to fulfill his/her obligations to the Upward Bound Program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date