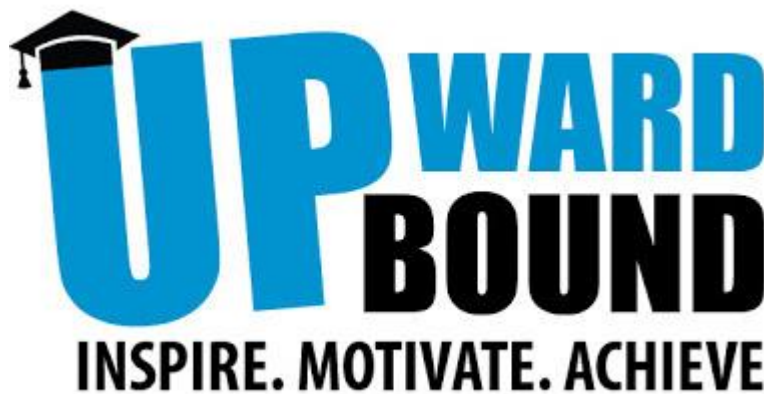


McNeese State
University
Upward Bound
Program



APPLICATION PACKET

Valeece Davis, Director

Desmond Wallace, Asst. Director/Counselor

Lillie Wilson, Academic Coordinator

Box 92687
Lake Charles, LA 70609-2687
(337) 475-5444 (office)
(337) 475-5449 (fax)



McNeese State University



Upward Bound Program

Application for Admission

Please attach a photo 

Dear Applicants:

This application will play an important part in considering you for participation in the Upward Bound Program. Please take the time to complete the entire application before it is returned. Applicants who return their completed application by the deadline date will be given first priority for review. **You will be notified after your application has been reviewed.**

PART I: Student Information

Name _____ Gender: M F
Last First MI

Address: _____

City, State, Zip Code: _____

Phone Numbers: _____ Cell _____ Birth Date: _____

Social Security Number: _____ E-mail Address: _____

Ethnicity: African-American/Black Asian-American Caucasian/White
 Hispanic/Latino Native American Asian Other

Are you a citizen or a legal resident of the U.S.? Yes No
If no, what is your Alien Registration Number? _____

Extracurricular activities? _____

PART II: Academic Information

School Attending in the Fall

Washington-Marion High School Grade Level: _____
 LaGrange Senior High School

Counselor's Name: _____ Phone Number: _____

Current Overall G.P.A.: _____ ***9th grade - Please attach a copy of your current grades. 10th grade and above - A copy of your transcript from the counselor's office is needed as well as your current grades.

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Date accepted: _____ Waiting List: _____ Other: _____
Eligibility: FG only FG/LI Date of first service: _____

PART II (Continued)

Please check the classes you have completed so far.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Pre-Algebra | <input type="checkbox"/> Physical Science | <input type="checkbox"/> ESL English |
| <input type="checkbox"/> Algebra | <input type="checkbox"/> Biology | <input type="checkbox"/> English (9) |
| <input type="checkbox"/> Geometry | <input type="checkbox"/> Chemistry | <input type="checkbox"/> English (10) |
| <input type="checkbox"/> Intermediate Algebra | <input type="checkbox"/> Physics | <input type="checkbox"/> English (11) |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Computer Science/Literacy | |
| <input type="checkbox"/> French | | |
| <input type="checkbox"/> Spanish | | |
- *Have you passed the **LEAP** test? Yes No
(If yes, please submit copy of test results)

Part III: Family Information

Father's/Guardian's Name: _____ Work Phone #: _____

Highest level of education completed (*check one*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Grade School | <input type="checkbox"/> High School | <input type="checkbox"/> Junior College |
| <input type="checkbox"/> Vocational School | <input type="checkbox"/> College/University (<i>4 year degree</i>) | |

Mother's/Guardian's Name: _____ Work Phone #: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Grade School | <input type="checkbox"/> High School | <input type="checkbox"/> Junior College |
| <input type="checkbox"/> Vocational School | <input type="checkbox"/> College/University (<i>4 year degree</i>) | |

Primary language spoken at home: _____

How many persons (TOTAL) reside in your home: _____ *Name of parent(s) /guardian with whom you live:
(Please include parents, children, and any other relative) _____

PART IV: (Financial Information) – To be completed by parent/guardian

The U.S. Department of Education requires that Upward Bound gather this data in order to determine student eligibility. Failure to provide the necessary supporting documents will prohibit your child from being considered for admission. The personal information you give to the Upward Bound Program will be kept confidential and is protected by the Privacy Act.

1. Did you file a Federal Income Tax Return for last year? Yes No
(If yes, please enclose a copy of the Federal 1040 or 1040A Form, page 1 and 2 only.)

If no, please complete question 2 below:

2. If you did not file a tax form for last year or you are a recipient of public assistance, please designate below the source and amount of any and all income you received during the last tax year.

_____ Self-employment	\$ _____	_____ Unemployment Compensation	\$ _____
_____ Social Security	\$ _____	_____ Disability	\$ _____
_____ AFDC	\$ _____	_____ Other	\$ _____

Please provide supporting documents such as copy of the award letter for AFDC, Social Security, etc.

PART V: Authorization for Release of Grades

I hereby authorize the McNeese State University Upward Bound Program to have access to my child's permanent school records during the application process and throughout the period of his/her active participation in the program and tracking period.

Parent's Printed Name

Parent's Signature

Date

Student's Printed Name

Student's Signature

Date

SHORT ESSAY ON THE FOLLOWING: *(Student to complete – include the highest level of education that you expect to complete)*

1. Goals/Ambitions: _____

2. Why do you want to become a participant in Upward Bound? _____

List choice of colleges you would like to attend: 1. _____ 2. _____
(Begin with 1st choice). 3. _____ 4. _____

PART VI: Exit Information

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Date left program _____ Graduated _____ Other _____

Post-secondary status: _____ Bridged _____

College now attending: _____ Year entered _____

Vocational School: _____ Year entered _____

Military: _____ Branch: _____

Work force: _____

Other: _____



MEDICAL RELEASE

I hereby give my son/daughter, _____ while he/she is enrolled in Upward Bound, permission to participate in all programs, sponsored activities and field trips. I also grant permission for any routine or preventive medical care to be performed, as required, by an attending physician, dentist, or optometrist. (I understand, of course, that I, or another member of my immediate family, will be contacted immediately in the event of any emergency or illness, including surgery.) In addition, I will notify the McNeese State University Upward Bound Program of any physical or emotional problems that my son/daughter may have that will prevent or limit his/her participation in any program activities.

RELEASE OF LIABILITY

Also, in consideration of my son's/daughter's participation in McNeese State University Upward Bound Program, I release and discharge McNeese State University Upward Bound, and all of its agents, employees, or representatives from any and all liabilities, actions, causes of action, debts, claims, and demands of whatsoever kind of nature which may arise out of or in connection with the Upward Bound Program.

This Medical Release and Release of Liability shall be binding on the undersigned, any and all heirs, and personal representatives.

The undersigned, as the parent or legal guardian of the above designated McNeese State University Upward Bound participant, who is under the age of 18 years, hereby executes this document and agrees to be bound by all the terms and conditions as stated above.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

Phone Number

Name of alternate adult contact other than parent

Phone number of alternate adult

Relationship to student: _____

≡Permission To Publish≡

While participating in the Upward Bound Program, students receive recognition and/or awards for a variety of different activities. For this reason, we would like permission to publish their names and/or photographs as part of the recognition of their outstanding work, e.g. web site, newsletter, local newspapers, etc.

- Yes, permission is granted for publication for the duration of time that my son/daughter participates in the program and during follow-up.*
- No, permission is not granted for publication.*

Date

Parent/Guardian's Signature



TEACHER RECOMMENDATION FORM

Teachers:

The Upward Bound Program is a college preparatory program whose purpose is to inspire, encourage, and prepare high school students who have the academic potential to succeed in postsecondary education but may lack the motivation, resources, or other information that would enable them to pursue a college degree. The purpose of this form is to gather additional information on each applicant to determine those students who will be best served by the program. The application process will not be complete until this form is received. All information is kept confidential.

Please place this form in an envelope, seal it, and write your name across the sealed section. You may give the envelope to the student, the counselor, or call the MSU Upward Bound office at (337) 475-5444, and we will come by the school to get it. Thank you for your assistance in completing this form.

Student's Name: _____

School: _____

How long have you known the applicant? _____

How would you describe the applicant's motivation to complete high school?

- _____ Strong (plans to graduate and go to college)
_____ Fair (plans to graduate)
_____ Weak (high risk for non-completion)

How would you describe the applicant's attendance record? ___ Strong ___ Fair ___ Weak

In what area(s) does this student need academic help? _____

What specific basic skills need to be developed? ___ Reading ___ Writing ___ Study Skills
___ Communication Skills ___ Social Skills ___ Cultural ___ Self Esteem ___ Career ___ Attitude

Do you think this student has the potential to graduate from college? ___ Yes ___ No

Please check appropriate line:

- _____ I recommend highly the student for this program.
_____ I recommend this student for this program.
_____ I recommend with reservation the student for this program. Why? (*Write in comments area*)
_____ I do not recommend the student for this program.

Comments: _____

Print Name

Signature

Date