



## APPLICATION PACKET

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(337) 475-5444 (office)  
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Funded by the U.S. Department of Education



**PART II (Continued)**

Please check the classes you have completed so far.

\_\_\_ Pre-Algebra                      \_\_\_ Physical Science                      \_\_\_ ESL English                      \_\_\_ Computer Literacy  
\_\_\_ Algebra                              \_\_\_ Biology                              \_\_\_ English (9)  
\_\_\_ Intermediate Algebra              \_\_\_ Chemistry                              \_\_\_ English (10)  
\_\_\_ Geometry                              \_\_\_ Physics                              \_\_\_ English (11)

Foreign Language: \_\_\_ French I              \_\_\_ French II              \_\_\_ Spanish I              \_\_\_ Spanish II

\*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*):

\_\_\_ Grade School    \_\_\_ High School    \_\_\_ Junior College    \_\_\_ Vocational School  
\_\_\_ College/University (*4- year degree*)

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

\_\_\_ Grade School    \_\_\_ High School    \_\_\_ Junior College    \_\_\_ Vocational School  
\_\_\_ College/University (*4- year degree*)

Primary language spoken at home: \_\_\_\_\_

How many persons (**TOTAL**) reside in your home: (*Please include parents, children, and any other relative*) \_\_\_\_\_

\*Name of parent(s) /guardian with whom you live: \_\_\_\_\_

**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. *This information is for office use only and will not be shared with any other entity.*

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.*





## 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.*

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**Date**

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**Parent/Guardian's Signature**

Office of Risk Management  
State of Louisiana  
Division of Administration

JOHN BEL EDWARDS  
GOVERNOR



JAY DARDENNE  
COMMISSIONER OF ADMINISTRATION

## HOLD HARMLESS AGREEMENT

By signing this document, I agree to the following:

In consideration of the benefit received from my driving, or being transported in, a state-owned vehicle or vehicle rented to the State of Louisiana, State Department, Agency, Board or Commission, or authorized driver thereof, I voluntarily and knowingly assume any risk associated therewith and waive my right to assert any claim against the State of Louisiana, or any of its Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers for injury or damage to my person or property resulting from my presence in said vehicle. I further release and hold harmless the State of Louisiana, all State Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers, from any and all claims, demands, causes of action, expense and liability arising out of injury or death to my person as a result of my driving or being transported in, a state-owned vehicle or vehicle rented to the State of Louisiana, State Department, Agency, Board or Commission, or authorized driver thereof.

**Print Name (Parent)** \_\_\_\_\_ **Student** \_\_\_\_\_

**Signature (Parent)** \_\_\_\_\_ **Date** \_\_\_\_\_

## 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 highly recommend 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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# Upward Bound Application Check List



Please use the application check list to make sure that all information is received. Your application will be delayed or denied if not complete.

- Last grades (most recent report card or transcript)
- LEAP Test Scores (8<sup>th</sup> grade only)
- Copy of 1040 or 1040A (pages 1 & 2) Tax Return or other Financial Information if parents do not file taxes (*self-employment, social security, AFDC, child support, unemployment, disability, other*) *Child's name MUST be on the tax form. If not, claimed on taxes, please send a letter of explanation as to who is carrying the child.*
- Medical Release
- Release of Liability
- Permission to Publish
- Teacher Recommendation Form
- Hold Harmless Agreement
- Completed Application (*with all necessary signatures and documentation*)

**Mailing Address:**  
McNeese State University  
Upward Bound Program  
Box 92687  
Lake Charles, LA 70609

*\*Upward Bound is a federally funded program and all information is needed and kept confidential.*