XAVIER UNIVERSITY OF LOUISIANA MATH & SCIENCE UPWARD BOUND APPLICATION

Please Type Your Information					
			Date Completed:		
NAME	**FIRST**	**M.I.**	**LAST**	**DATE OF BIRTH**	
SOCIAL SECURITY NUMBER				**SEX**	◯ **MALE** ◯ **FEMALE**
MAILING ADDRESS	STREET	CITY	STATE	ZIP	
HOME PHONE		**Student's cell phone**			
Best time and way to contact you		**Student's email**			
U.S. CITIZEN	**If no, what is your citizenship?**	**LANGUAGE(S) SPOKEN AT HOME**			
◯ **Yes** ◯ **No**					
◯ White ◯ Asian/Pacific Islander(specify) ◯ African American ◯ American Indian (tribe) ◯ Hispanic ◯ Other (specify)		**Do you have any physical condition or handicap which requires special medical treatment, diet, travel arrangement, or**		◯ **Yes** ◯ **No**	
		If yes, explain			

FAMILY INFORMATION			
WITH WHOM DO YOU LIVE?	◯ MOTHER ◯ FATHER ◯ BOTH PARENTS ◯ RELATIVE OR GUARDIAN(SPECIFY)		
MOTHER'S NAME		**EMAIL**	
CELL PHONE		**WORK PHONE**	
FATHER'S NAME		**EMAIL**	
CELL PHONE		**WORK PHONE**	

CONTACT INFORMATION			
List three (3) alternative contact persons other than your parents or guardians for emergency			
NAME		**PHONE**	
ADDRESS		**RELATIONSHIP**	
NAME		**PHONE**	
ADDRESS		**RELATIONSHIP**	
NAME		**PHONE**	
ADDRESS		**RELATIONSHIP**	

SCHOLASTIC INFORMATION			
CURRENT GRADE		**GRADUATION YEAR**	
HIGH SCHOOL		**COUNSELOR**	
EDUCATIONAL INTERESTS AFTER HIGH SCHOOL	◯ 4-Year College ◯ 2-Year College ◯ VoTech ◯ Training School ◯ Military		
CAREER INTERESTS	***DO NOT LEAVE BLANK:**		
DO YOU PARTICPATE IN ONE OF THE FOLLOWING	◯ TALENT SEARCH ◯ UPWARD BOUND ◯ EOC ◯ OTHER (specify)		

My signature indicates that all the information provided in this application is true/ correct.

Parent Signature

Student Signature

Project Coordinator Signature Date

Project Director Signature Date

PARENT / GUARDIAN GENERAL PROGRAM CONSENT FORM

The Xavier University of Louisiana Math & Science Upward Bound Program is designed for educational purposes. Thus, participants must meet Program educational goals and objectives to remain in the Program. Each program year, students who have progressed both academically and socially will be invited to return to the Program.

The Program is completely voluntary. Students may withdraw from the Program at anytime without penalty or loss of benefits prior to the time of withdrawal.

The Program is a federally funded program. In order to continue operating at Xavier, the staff must demonstrate their ability to motivate and encourage Program participants to achieve the objectives of the program. Therefore, the Program requires that each participant demonstrate academic/social progress. Thus, participants are tested at the beginning and ending of each academic year. Results are used to determine the student's progress and the effectiveness of the Program. Therefore, testing is mandatory and vital to the success of the Program.

There are many times when we are required to report on both the progress of the individual students and the progress of the total Program. As part of Program implementation, we will report your child's progress to his/her high school counselor, to you the parent or guardian, to the funding agency, and to other officials as required. By signing this form, you are giving us permission to release the necessary information in order for your child to participate in the activities designed to accomplish the educational goals set forth in the Program.

There are also times when your child will be required to participate in various academic and cultural enrichment activities. This may require both in-state and out-of-state travel. By signing this form, you are giving your child permission to participate in and be transported to/from the selected activities and events. If you have any questions concerning this matter, please contact our office at 504-520-5137 or 504-520- 5419.

I have read and understand the information presented, and I give my child permission to participate in the Program as described above.

_____

Parent/Guardian Signature Date

STUDENT ESSAY

This personal essay is an important part of the selection process. In a 3-5 paragraph essay of 250 words or more discuss only ONE of the following topics:

1) Events and persons in your background that have influenced you in your educational and professional aspirations;

OR

2) Your purpose in applying to the Upward Bound Math & Science Program, what you believe you will attain from the experience and the contributions you can make to the program;

OR

3) Explain three reasons why you have made getting a college degree one of your goals in life. Write complete paragraphs for each answer. If you need extra space, please attach another sheet of paper to this form. Please type or write in ink. Include your name on all pages.

STUDENT ESSAY (Continued)

CHECKLIST

In order to have a completed application* you must include a copy of the following forms:

Please check each box and return all documents with the application

*Incomplete applications will not be considered.

- ○ Copy of Birth Certificate
- ○ Copy of Social Security Card
- ○ Copy of Income tax return (signed), if filed, showing TAXABLE Income, or a personal statement of income. A check stub or W-2 will NOT be accepted.
- ○ Copy of the official State of Louisiana Universal Certificate of Immunization
- ○ Copy of Health Insurance Card
- ○ Copy of current High School transcript including previous year's final grades
- ○ Copy of 8th Grade LEAP/PARC Scores
- ○ Copy of 8th Grade final grades
- ○ Current School Schedule
- ○ Copy of SAT, ACT, GEE - if applicable, EOC

Please be sure to sign each form where required
Incomplete applications cannot be considered

UPWARD BOUND
Math & Science PROGRAM

STUDENT HEALTH HISTORY

TO THE PARENT: A health history form is required of students upon admission to the Program. The purpose of this form is to provide Program Staff and University Health Service physicians, nurses and/or nurse practitioners with information about a student's health should he/she become ill while attending the Program. This information is completely confidential and is reviewed only by the Program Staff and the Health Service professionals. Please answer every question as accurately as you can and return to XULA Upward Bound Math & Science, 1 Drexel Drive, Box 164, New Orleans, LA 70125.

I. (PLEASE COMPLETE ALL INFORMATION)

Date: _____ Social Security No.:_____

Name: Last_____ First_____ Middle _____

Home Address:_____ City _____ State_____ Zip _____

Sex: M/F _____ Date of Birth: _____

II. Notify in case of emergency:
Name _____ Relationship _____

Home Phone Number _____

Address _____

Business Phone Number _____

Address _____

III. Are you covered by Hospitalization and Accident Insurance? Yes _____ No _____

Name of policyholder _____ Relationship _____
(*If so, it is advised that you bring with you identification cards*.)

IV. Medical Consent:
I understand that I am responsible for personal expenses not provided by the University Health Center; however, I do grant permission to the University Health Service Physicians and Nurses to render emergency treatment or other medical care that might be deemed necessary to my health and well-being; also, when necessary for executing such care, permission for hospitalization at an accredited hospital is granted.

Student's Signature _____

If minor, under 18 years old, signature of parent or guardian:

Parent's or Guardian's Signature _____

Instructions: Mark “X” in the proper column. For any “YES” answers indicate the number of the questions and give brief statement of problem or condition.

NO	Do you have a history of any of the following?	YES	REMARKS
	1. Hospitalizations, fractures, surgery or serious medical illnesses. List, if any		
	2. Taking any prescribed medication. Please specify.		
	3. Drug allergies or others. Please specify		
	4. High blood pressure, heart murmur, abnormal or irregular heart rate, or recurrent chest pains.		
	5. Shortness of breath after mild exertion.		
	6. Asthma, sinusitis, cough, or frequent sore throats or ear infections.		
	7. Diabetes.		
	8. Epilepsy, fainting spells, or recurrent severe headaches.		
	9. Bladder or kidney infection.		
	10. (Female only) Abnormal or irregular menstrual period.		
	11. Counseling or treatment for emotional problems in the past five years.		
	12. Any physical handicaps which may cause difficulty in performance of normal activities; e.g., blindness, hearing loss, difficulty in walking, speech defects, missing limbs, paralysis, etc.		
	13. Bleed excessively after injury or tooth extraction.		

All students must furnish proof of immunization for measles. Please attach copy of immunization records to this form

PERMISSION FOR RELEASE OF RECORDS

STUDENT NAME: _____

SOCIAL SECURITY NUMBER: _____

The applicant and parents certify that all information on this application is correct, and by signing this form agree to grant permission for the release of any information regarding the student's school records.

I authorize the following types of information to be sent:

- Official transcript (grade level, completed grades, course grades, courses completed, credits earned and final grades; current grades are included if information is being used)
- Attendance records
- Graduation information
- Achievement, aptitude, and interest scores
- Iowa and LEAP/EOC Achievement scores, PARC, SAT, ACT, GEE - if applicable
- Health data
- Extra-curricular activities
- Family background data
- Interview information from school administration, counselors, and teachers
- Official copy of report cards

We give permission to the XULA Upward Bound Math & Science Program to have access to student records, such as report cards, transcripts, test results, disciplinary records, etc. which may be on file at the high school(s), with the local Upward Bound or Talent Search Program, or at a Postsecondary Institution. In addition, we give permission to the XULA Upward Bound Math & Science Program to exchange such records with other educational institutions and the U.S. Department of Education. Furthermore, we give the XULA Upward Bound Math & Science Program permission to use student data collected from normal program operations for the use of program improvement through related research, assessment and evaluation efforts meeting all required approvals. This permission is given with the understanding that such access, exchange and use of student records will be done in order to enhance this student's educational opportunity and to assist the XULA Upward Bound Math & Science Program in evaluating student progress. This permission will continue until you receive written notification to the contrary.

_____ _____

Student Signature Date Parent/Guardian Signature Date

PARENT/ GUARDIAN DATA VERIFICATION

Student Name: _____ Date: _____

Student Social Security Number: _____ School: _____

LOW INCOME VERIFICATION

YOU MUST PROVIDE THIS INFORMATION FOR YOUR CHILD TO BE CONSIDERED FOR THE XULA UPWARD BOUND MATH & SCIENCE PROGRAM

OUR TAXABLE* FAMILY INCOME WAS $_____

NUMBER OF FAMILY MEMBERS _____

_____ _____

MOTHER/GUARDIAN SIGNATURE FATHER/GUARDIAN SIGNATURE

PLEASE PROVIDE A SIGNED COPY OF YOUR FEDERAL INCOME TAX FORMS, IF FILED

PARENT/ GUARDIAN DATA VERIFICATION

Each PARENT must supply the following information:

1. Mother (if in student's household):

I, _____, have NOT received a bachelor's degree from a college or university.

Mother's Signature _____

2. Father (if in student's household):

I, _____, have NOT received a bachelor's degree from a college or university.

Father's Signature _____

3. Or: I have received a Bachelor's Degree (parent of student's household)

Name _____ Signature _____

PARCENT/ GUARDIAN RELEASE FORM FOR MEDIA RECORDING

I, the undersigned, do hereby grant my permission to XULA Upward Bound Math & Science Program to use the image of my child, _____. Such uses include the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the XULA Upward Bound Math & Science Program Web sites.

Parent/ Guardian Signature Date

Please make a copy of these forms for your own records and return the originals with the application forms to:

Xavier University of Louisiana
Upward Bound Math & Science Program
1 Drexel Dr | Box 164
New Orleans, LA 70125

If you have questions, contact Upward Bound at 504-520-5137

ABOUT **XULA UPWARD BOUND**

Xavier University of Louisiana Upward Bound Math & Science Program is a federally funded, college preparatory program for high school students who are first generation and/or Pell grant eligible. The program provides opportunities for participants to succeed in their precollege performance and ultimately in their higher education pursuits.

XULA Upward Bound Math & Science Program is designed to prepare high school students for postsecondary education that leads to careers in the fields of science, technology, engineering and math. Before completing the enclosed application, please take time to read this letter and understand the contents in order to decide if this program will benefit your child. Xavier's Upward Bound Math & Science Program serves students from selected area high schools. Students must have completed the 8th grade, but have not entered the 12th grade, and must have an interest in pursuing a career in a STEM profession. Upon acceptance, students must participate in both the academic year program that consists of 24 Saturdays and a six-week summer non-residential program, both of which are held on Xavier's campus.

The academic year program consists of Saturday School where students attend academic classes on Xavier's campus taught by certified high school teachers or college instructors. Classes include current high school and college academic subjects as well as ACT preparation and testing. During the school year, program staff will meet the students at their schools once a month for college preparatory workshops on various topics such as developing studying skills, college selection, financial aid assistance, and career and personal counseling. Students who participate in the academic year program will receive a stipend at the end of each semester.

The summer program is six-week non-residential program for rising 9th through 11th grade students. Students will attend classes on Xavier's campus Monday through Thursday where they are enrolled in classes that will prepare them for the upcoming school year. Fridays are reserved for Field Trips. Upon completion of the program, students will receive a stipend. The summer program is a required component of the year, but students may receive permission in advance to be excused from summer program activities.

The Summer Bridge Program is a six-weeks residential program for seniors who are enrolled in Upward Bound Math & Science and graduated from their respective high school. The students are enrolled in at least 4 credit college courses in addition to completing an internship in their STEM career of interest.

COUNSELOR RECOMMENDATION

Student's Name _____ School _____ Grade_____

The above student has expressed interest in the XULA Upward Bound Math and Science Program. The Upward Bound Program is a federally funded, college preparatory program for high school students who are interested in going to college and who have the potential for succeeding in college. The Math and Science program provides Saturday supplemental instruction during the regular school year and a six week summer program (Monday-Friday).

Indicate which of the following best describes the student's academic program:		
◯ **COLLEGE PREP**	◯ **GENERAL**	◯ **VOCATIONAL**

Indicate the student's rank in class:				
Indicate the student's expected date of graduation:				
◯ **2018**	◯ **2019**	◯ **2020**	◯ **2021**	◯ **2022**

Indicate the student's standardized scores:

Test	English/Language Arts	Mathematics	Science	Social Studies	Score
EOC					
LEAP 2025					
PSAT					
PLAN					
ACT					

Do you recommend this student for the Upward Bound Math and Science Program? ◯ **No** ◯ **Yes**

Comments:_____
_____
_____
_____
_____

Signature _____ School _____ Date _____

TEACHER RECOMMENDATION

Student's Name _____ School _____ Grade_____

The above student has expressed interest in the XULA Upward Bound Math and Science Program. The Upward Bound Program is a federally funded, college preparatory program for high school students who are interested in going to college and who have the potential for succeeding in college. The Math and Science program provides Saturday supplemental instruction during the regular school year and a six week summer program (Monday-Friday).

Check all that apply:

ATTITUDE TOWARD SCHOOL/LEARNING	**PERSONAL CHARACTERISTICS/RELATIONSHIPS**
□ Exemplary □ Very strong and positive □ Average/Normal for age/grade □ Below average - needs improvement □ Poor - student is generally turned off, but holding on □ Negative - so poor, doubtful program can have effect	□ Popular among peers, numerous friends □ Moderate number of friends □ Very few friends □ Appearance care is important □ Takes moderate pride in appearance □ Sloppy in care/appearance of self
WILLINGNESS TO WORK (Classroom Assignments)	**MOTIVATION**
□ Evidence of applying self to tasks □ Little evidence of applying self to tasks □ Requires little or no close supervision (tasks related) □ Works independently in most instances □ Does not work independently very well (requires pushing) □ Negative - so poor, doubtful program can have effect	□ Has sense of identity (appropriate for age/grade) □ Demonstrates strong sense of direction and purpose □ Evidence of demonstrated initiative □ Tends to go along with things, but no real commitment □ Poorly motivated but avoids real stagnation/difficulty □ Motivated in some areas, not in others □ Lacks motivation - debilitating
MATURITY	**POTENTIAL FOR GROWTH**
□ Accepts responsibility for decisions and actions □ Tends to accept responsibility for decisions/actions □ Tends to be a leader □ Tends to be a follower □ Tends to be loner □ Tends to be a joiner □ Willing to take risks □ Unwilling to take risks □ Satisfactory maturity level for age/grade □ Underdeveloped maturity level for age/grade	□ Is working up to potential in school □ Is not working up to potential in school □ Has a great deal of room for improvement/growth □ Tends to belittle potential, sells self short □ Recognizes own potential, but chooses to work below it □ Potential difficult to assess/observe

Do you recommend this student for the Upward Bound Program? ◯ **No** ◯ **Yes**

Comments:_____
_____
_____
_____
_____

Signature _____ School _____ Date _____