



## Upward Bound Program Student Admission Application

Please complete all required information below. Incomplete applications will NOT be processed.

### PERSONAL INFORMATION

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, New York Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female

### Ethnic Background (check one) – (For Statistical Purposes Only)

\_\_\_\_ African American \_\_\_\_ Caucasian \_\_\_\_ Hispanic/Latino \_\_\_\_ Native American \_\_\_\_ Asian

\_\_\_\_ Other (Please Specify) \_\_\_\_\_

### Citizenship

Are you a United States citizen? (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are a permanent resident of the United States (not born in the United States), please indicate your country of birth \_\_\_\_\_ AND attach a copy of your Permanent Residency Card to this application.

### School Information

High School student is presently attending or will be attending in the 9<sup>th</sup> Grade: \_\_\_\_\_

(Eligible Schools for the Upward Bound Program are: Buffalo Academy of Visual and Performing Arts (BAVPA), Burgard Vocational High School, Emerson High School, Hutchinson Central Technical High School, and South Park High School.)

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

Current Grade (please check one): [ ] 8<sup>th</sup> Grade / Rising 9<sup>th</sup> Grade [ ] 9<sup>th</sup> Grade [ ] 10<sup>th</sup> Grade

Expected Date of Graduation: Month \_\_\_\_\_ / Year \_\_\_\_\_.

Overall Average (check one) \_\_\_\_ below 75 \_\_\_\_ 75-80 \_\_\_\_ 81-85 \_\_\_\_ 86-90 \_\_\_\_ 91-95 \_\_\_\_ 96-100

Academic Program (check one) \_\_\_\_ General \_\_\_\_ Vocational \_\_\_\_ Commercial \_\_\_\_ College Prep

High School subjects in which you need help: \_\_\_\_\_

Do you hold or maintain any leadership roles in your school (i.e. student government, class office, teaching assistant, team captain)? \_\_\_\_\_

What type of honors, awards, or recognitions have you received from your school, church, or community?

Please indicate any after school activities that may conflict with your participation in the Upward Bound Classic Program? (i.e. intramural sports, other academic programs or internships, tutoring programs, part-time employment)

**PARENT / GUARDIAN HOUSEHOLD AND FAMILY INFORMATION**

What is the number of persons presently living in your household? \_\_\_\_\_

Parent(s) / Guardian(s) Income: **Taxable income** for last year IRS Tax Form 1040: Amount: \$ \_\_\_\_\_  
(Income from 1040, 1040A line, 1040EZ (or other tax form) -- copy of tax form attached.)

Mother / Guardian's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Father / Guardian's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**- OR -**

Benefits received (taxable and non-taxable): Please enter how received, i.e., weekly, bi-weekly, monthly, or annually.

Social Security \$ \_\_\_\_\_/per \_\_\_\_\_ Child Support \$ \_\_\_\_\_/per \_\_\_\_\_ Unemployment \$ \_\_\_\_\_/per \_\_\_\_\_

Retirement /Disability \$ \_\_\_\_\_/per \_\_\_\_\_ Public Assistance \$ \_\_\_\_\_/per \_\_\_\_\_ Other \$ \_\_\_\_\_/per \_\_\_\_\_

If applicant is a foster child: Case Number: \_\_\_\_\_

Name of Agency \_\_\_\_\_ Address \_\_\_\_\_

Applicant's Income: \$ \_\_\_\_\_

**Parents Educational Data** (Please circle highest degree received)

Mother / Guardian's Name \_\_\_\_\_ Address: \_\_\_\_\_

Father / Guardian's Name \_\_\_\_\_ Address: \_\_\_\_\_

Mother / Guardian:	NONE	H.S. DIPLOMA	AAS	BA/BS	MA/MS	DOCTORATE
Father / Guardian:	NONE	H.S. DIPLOMA	AAS	BA/BS	MA/MS	DOCTORATE

<b>Name of Dependent(s)</b> (Please Include Applicant)	<b>Circle if living with Family</b>	<b>School attending and grade level</b> (if applicable)
_____	YES NO	_____

**ADDITIONAL INFORMATION**

**Referral Source (Please check those that apply.)**

- High School Recommendation
- Student / Parent Inquiry
- Community Referral
- Upward Bound Staff/Student Referral
- Religious Organization Referral
- Other: \_\_\_\_\_

**LIST TWO PEOPLE TO CONTACT IN CASE OF EMERGENCY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**REQUIRED FORMS**

In order for your application to be complete, all applicants **MUST COMPLETE AND SUBMIT** the following forms that are included in this packet with your completed application:

- Transcript Release Form
- Medical & Emergency Contact Form / Liability Release Statement
- Statement of Interest Form

The following forms are to be completed by the appropriate person(s) **AND RETURNED BY MAIL to:**

**Upward Bound Program  
 Hayes A Annex, Rm. 22  
 3435 Main Street  
 Buffalo, New York 14214**

**or FAX** to the University at Buffalo Upward Bound Office at 716.829.3655.

- Two (2) of the three (3) recommendation forms
- Official School Transcripts and last report card received.
- Income Verification (one of the following) \*\*
  - Previous Year IRS FORM 1040, 1040A or 1040EZ
  - Verification of Social Security Income
  - Notarized Letter from Parent(s) and/ or Guardian(s)

**\*\*Upward Bound CANNOT accept W-2 forms or pay check stubs alone as income verification.**

**Please review application and make sure all signatures are provided where required.**

We understand that the above information in this application to the University of Buffalo Upward Bound Program will be kept confidential, and is being given for the receipt of federal funds, and that the United States Department of Education may verify it. *We certify that the information contained in this application is complete and accurate to the best of our knowledge, and the written statements are the student's own work. We understand that any misrepresentation may be cause for denial of admission to the program.*

PARENT / GUARDIAN NAME (Print) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_



**UPWARD BOUND PROGRAM**  
**Office for University Preparatory Programs**  
 University at Buffalo  
 Hayes A Annex, Rm. 22, Buffalo, New York 14214  
 Phone: (716) 829-3474; Fax: (716) 829-3655

## Federal TRIO Programs Current-Year Low-Income Levels

(Effective **January 13, 2021** until further notice.)

<b>Size of Family Unit</b>	<b>48 Contiguous States, D.C., and Outlying Jurisdictions</b>	<b>Alaska</b>	<b>Hawaii</b>
<b>1</b>	\$19,320	\$24,135	\$22,230
<b>2</b>	\$26,130	\$32,655	\$30,060
<b>3</b>	\$32,940	\$41,175	\$37,890
<b>4</b>	\$39,750	\$49,695	\$45,720
<b>5</b>	\$46,560	\$58,215	\$53,550
<b>6</b>	\$53,370	\$66,735	\$61,380
<b>7</b>	\$60,180	\$75,255	\$69,210
<b>8</b>	\$66,990	\$83,775	\$77,040

For family units with more than eight members, add the following amount for each additional family member: \$6,810 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,520 for Alaska; and \$7,830 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The 2021 poverty guidelines are in effect as of January 13, 2021. Federal Register notice was published February 1, 2021.

Figures provided by: <https://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html>.



**UPWARD BOUND PROGRAM**  
**Office for University Preparatory Programs**  
 University at Buffalo  
 Hayes A Annex, Rm. 22, Buffalo, New York 14214  
 Phone: 716) 829-3474; Fax: (716) 829-3655

**MEDICAL EMERGENCY AND CONTACT FORM**  
**To Be Completed by Parent/Guardian**

**Student Name:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Group Number: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Case Number: \_\_\_\_\_

List Two (2) People to contact in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PARENTAL PERMISSION**

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter \_\_\_\_\_ to receive necessary medical treatment in the event of injury or illness while attending the Upward Bound Program. I also grant the administrators of the Upward Bound Program to serve as surrogate parents on my behalf. I accept responsibility for the full payment of such medical treatment.

**Parent/Guardian:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
 (please print)

**Parent/Guardian:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
 (please print)

***STUDENT HEALTH RECORD***

**1. List medical condition(s), including personal and/or mental health counseling, if any:**

**2. List medication(s), if any:**

**3. Check the diseases the applicant has had:**

Measles	___	Scarlet Fever	___	Epilepsy	___
Mumps	___	Diphtheria	___	Smallpox	___
Chicken Pox	___	Whooping Cough	___	Tonsillitis	___
Rheumatic Fever	___	Influenza	___	Paralysis	___
Typhoid Fever	___	Poliomyelitis	___	Tuberculosis	___
Hepatitis	___	Mononucleosis	___	Pneumonia	___

**4. Sensitive to Medication (Penicillin, Serum, etc.)**

Allergy \_\_\_\_\_ Sinus Infection \_\_\_\_\_  
Asthma \_\_\_\_\_ Bronchitis \_\_\_\_\_

**5. Menstrual History (Females Only)**

Age of First Period:

Frequency:

Duration:

Pain:	None	Slight	Moderate
Severe Enough for Bed:	Yes	No	Sometimes
Headache:	Yes	No	Sometimes
Nervousness:	Yes	No	Sometimes
Vomiting:	Yes	No	Sometimes
Fainting:	Yes	No	Sometimes
Nausea:	Yes	No	Sometimes

**Present Treatment(s) or Medication(s), if any:**

**Present Over-The-Counter Medication(s), if any:**

***I DEEM THAT THE INFORMATION GIVEN IS ACCURATE:***

Signature of Parent/Guardian:  
*Signatures Required by Student and Parent(s) or Guardian(s)*

Date:

---

## **LIABILITY RELEASE STATEMENT**

Dear Parent or Guardian(s):

Your child is applying for admission to the University at Buffalo's Upward Bound Program. If selected he or she will be expected to participate in many activities such as science laboratory experiments, field trips, sports, campus tours, picnics, etc. We will be very careful about the safety of your child at all times. The University at Buffalo, the Research Foundation and the Upward Bound Program staff, however, requests your signature in agreement with the following statement:

I, the undersigned, in full recognition of the possible dangers and hazards inherent in any student activity of the sort the Upward Bound Program will conduct, do hereby agree to assume all the risks and responsibilities surrounding my son/daughter's participation in the activities, and further, hereby defend, hold harmless, and indemnify and release, and forever discharge the University at Buffalo, and all its officers, agents, and employees from and against any and all claims, demands, and actions or cause of action on account of damage to personal property, or personal injury, or death which may result from my son/daughter's participation, and which result from causes beyond the control of, and without the fault or negligence of the University at Buffalo, its officers, agents, or employees, during the period of participation as aforesaid.

IN WITNESS WHEREOF, I have caused this release to be executed on: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_, 20\_\_\_\_.

**Student's Signature:**

**Mother/Guardian's Signature:**

**Father/Guardian's Signature:**





**UPWARD BOUND PROGRAM**  
**Office for University Preparatory Programs**  
**University at Buffalo**  
 Hayes A Annex, Rm. 22,  
 Buffalo, New York 14214  
 Phone: (716) 829-5674  
 Fax (716) 829-3655

**TRANSCRIPT RELEASE FORM**

Please complete this form (including signatures) and return it with your application.

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Date of Birth (MONTH / DAY / YEAR): \_\_\_\_/\_\_\_\_/\_\_\_\_

If you attended school under another name, please print that name below:

\_\_\_\_\_

Enrollment Status (Please check): (  ) Currently enrolled  
 (  ) Former student \_\_\_\_\_  
 Date enrolled \_\_\_\_\_

I hereby authorize the school(s) listed below to release information (i.e. transcript, report cards, tests scores) to the Upward Bound Program, *and to speak with School Counselor(s) and/or school staff regarding my child's academic progress.* Transcripts may be released during my tenure in the Upward Bound Program. **I give Upward Bound staff permission to update this release form if my child transfers to another high school during his/her tenure at Upward Bound.**

Name and address of school(s):

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



**UPWARD BOUND PROGRAM**  
**Office for University Preparatory Programs**  
**University at Buffalo**  
 Hayes A Annex, Rm. 22, Buffalo, New York 14214  
 Phone: (716) 829-5674  
 Fax (716) 829-3655

**Academic Recommendation Form (#1)**

This recommendation form may be completed by the student's school counselor, teacher, or educator. Please indicate upon application.

**Student Name:** \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_8<sup>th</sup> \_\_9<sup>th</sup> \_\_10<sup>th</sup>

Overall GPA: \_\_\_\_\_

School Address: \_\_\_\_\_

School ID #: \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_

Name Of School Principal: \_\_\_\_\_

What is your relationship to the student?     Teacher     Counselor

How well do you know the student?

What indications do you have that this student had college potential? Please be specific.

Does student have the ability/motivation to benefit from the services that the Upward Bound Program will offer? Please explain:

\_\_\_\_\_

\_\_\_\_\_

For each characteristic listed below, please check appropriate rating:

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	AVERAGE	POOR	NO BASIS TO JUDGE
Sense of responsibility						
Level of academic motivation						
Level of maturity						
Level of social skills (ability to interact with peers and adults)						
Cooperation with authority						
Leadership abilities						

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please return form by mail or fax to:**

**University at Buffalo**  
**Office for University Preparatory Programs**  
**Upward Bound Program**  
 Hayes A Annex, Rm. 22  
 3435 Main Street  
 Buffalo, New York 14214-3021  
 Fax Number: 716-829-3655



**UPWARD BOUND PROGRAM**  
**Office for University Preparatory Programs**  
**University at Buffalo**

Hayes A Annex, Rm. 22, Buffalo, New York 14214  
 Phone: (716) 829-3474  
 Fax (716) 829-3655

**Non-Academic Recommendation Form (#2)**

This recommendation form may be completed by the student's coach, extra-curricular coach/leader, active community member, clergy member, or the like. Please indicate upon application.

**STUDENT NAME:** \_\_\_\_\_

**This student has identified you to recommend him/her to be admitted into the University at Buffalo Upward Bound Program. The Upward Bound Program operates a college preparatory / tutorial program which provides both academic and personal assistance to students in grades 9-12.**

**Your candid assessment of the student's characteristics and motivation to succeed will help determine the quality of the students who participate in the program.**

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

What is your relationship to the student?     Coach

Clergy Member     Community Member (Role):

Other (Please specify):

How long and in what way have you known this student? Please be specific: \_\_\_\_\_

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

Does student have the ability/motivation to benefit from the services that the Upward Bound Program will offer? Please explain:

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

For each characteristic listed below, please check appropriate rating:

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	AVERAGE	POOR	NO BASIS TO JUDGE
Sense of responsibility						
Level of academic motivation						
Level of maturity						
Level of social skills (ability to interact with peers and adults)						
Cooperation with authority						
Leadership abilities						

Why would you recommend or not recommend this student to participate in the Upward Bound Program?

---



---



---

Does student have other qualities and/or issues of which the program should be aware? Please explain:

---



---



---



---

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return form by mail or fax to:**

**University at Buffalo**  
**Office for University Preparatory Programs**  
**Upward Bound Program**  
 Hayes A Annex, Rm. 22  
 3435 Main Street  
 Buffalo, New York 14214-3021  
 Fax Number: 716-829-3655



**UPWARD BOUND PROGRAM**  
**Office for University Preparatory Programs**  
**University at Buffalo**

Hayes A Annex, Rm. 22, Buffalo, New York 14214  
 Phone: (716) 829-3474  
 Fax (716) 829-3655

**Non-Academic Recommendation Form (#3)**

This recommendation form may be completed by the student's coach, extra-curricular coach/leader, active community member, clergy member, or the like. Please indicate upon application.

**STUDENT NAME:** \_\_\_\_\_

**This student has identified you to recommend him/her to be admitted into the University at Buffalo Upward Bound Program. The Upward Bound Program operates a college preparatory / tutorial program which provides both academic and personal assistance to students in grades 9-12.**

**Your candid assessment of the student's characteristics and motivation to succeed will help determine the quality of the students who participate in the program.**

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

What is your relationship to the student?     Coach

Clergy Member     Community Member (Role):

Other (Please specify):

How long and in what way have you known this student? Please be specific: \_\_\_\_\_

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

Does student have the ability/motivation to benefit from the services that the Upward Bound Program will offer? Please explain:

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

For each characteristic listed below, please check appropriate rating:

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	AVERAGE	POOR	NO BASIS TO JUDGE
Sense of responsibility						
Level of academic motivation						
Level of maturity						
Level of social skills (ability to interact with peers and adults)						
Cooperation with authority						
Leadership abilities						

Why would you recommend or not recommend this student to participate in the Upward Bound Program?

---



---



---

Does student have other qualities and/or issues of which the program should be aware? Please explain:

---



---



---



---

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return form by mail or fax to:**

**University at Buffalo**  
**Office for University Preparatory Programs**  
**Upward Bound Program**  
 Hayes A Annex, Rm. 22  
 3435 Main Street  
 Buffalo, New York 14214-3021  
 Fax Number: 716-829-3655