Le Moyne College

**Higher Education Preparation Program**

**Upward Bound**

**Application for Enrollment**

**New Student Application**

**Academic Year 2016-2017**

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***Funded by a grant from the***

 ***U.S. Department of Education***

Telephone: 315-445-4532

Fax: 315-445-4534

Email: Upwardbound@lemoyne.edu

Website: [www.lemoyne.edu/Upward\_Bound](http://www.lemoyne.edu/Upward_Bound)

Le Moyne College

Higher Education Preparation Program

Upward Bound Program

Dear Student:

We are pleased that you are interested in the Upward Bound Program. In order for you to be considered as a successful candidate, the attached Upward Bound Application **must be completed with all necessary documentation.**

Students will be selected based on:

* The information provided on the attached application
* A personal interview conducted by an Upward Bound staff member
* Federal Income Guidelines

Upward Bound enforces the United states Department of Education guidelines to ensure confidentiality and to strictly guard your family’s private information. The information you provide is required to be enrolled; therefore, only completed applications can be considered for the Upward Bound Program. Please understand there are a **limited number of available spaces for Upward Bound**, so it is very important that you **return your completed application as soon as possible**.

If you have questions or require additional information, please contact me at either blackka@lemoyne.edu, upwardbound@lemoyne.edu or (315) 445-4532.

To learn more about our program please visit our website at [www.lemoyne.edu/upward\_bound](http://www.lemoyne.edu/upward_bound).

Sincerely,

***Kenyon A. Black***

Kenyon A. Black, Director

**\*\*Applications will not be processed without all sections of the application.\*\***

**Please look at enclosed checklist to make sure you have all pieces of the application**

 **LE MOYNE COLLEGE**

 **HIGHER EDUCATION PREPARATION PROGRAM**

**UPWARD BOUND PROGRAM**

**NEW STUDENT APPLICATION**

**ACADEMIC YEAR 2016-2017**

**\*\* Incomplete Applications Will NOT Be Processed.** Please complete all the information requested in the application

1. **STUDENT PERSONAL INFORMATION**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number and Street City State Zip Code

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Must Provide a Copy)**

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **WHAT IS YOUR ETHNIC BACKGROUND?** PLEASE CIRCLE APPROPRIATE NUMBER:

 **(Information is used for the purpose of reporting to the United States Department of Education)**

 **1.** African American **4**. Asian American (Vietnamese, Japanese, Chinese)

 **2.** Hispanic/Latino **5.** Native American

 **3.** European American **6.** Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ACADEMIC INFORMATION**

Current School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_ School ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upward Bound was recommended to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **VERIFICATION OF U.S. CITIZENSHIP/RESIDENCY (To Be Completed By Parent or Guardian)**
2. **Is your child a U.S. Citizen?** **\_\_ Yes \_\_ No**
3. **Attach a copy of the child’s Social Security Card.**
4. **Attach a copy of one of the following for your child:**
5. **Birth Certificate**
6. **Permanent Resident Card**
7. **Certificate of Citizenship**

 **(over)**

1. **PARENT/GUARDIAN DATA (This section must be completed by parent or guardian)**

**Mother/Guardian:**

1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

2. ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number and Street City State Zip Code

3. Telephone No.: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Place of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you worked there? \_\_\_\_\_\_Years \_\_\_\_\_\_\_ Months

**Educational Background:**

Highest LEVEL OF EDUCATION **COMPLETED**: Mother (please circle one)

1. Grade School (1-8)
2. High School (9-12)
3. Technical School
4. College (2 years)
5. College (4 years)
6. Graduate Work

**Father/Guardian:**

1.NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

2. ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number and Street City State Zip Code

3. Telephone No.: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Place of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you worked there? \_\_\_\_\_\_Years \_\_\_\_\_\_\_ Months

**Educational Background:**

Highest LEVEL OF EDUCATION **COMPLETED**: Father (please circle one)

1. Grade School (1-8)
2. High School (9-12)
3. Technical School
4. College (2 years)
5. College (4 years)
6. Graduate Work

1. **Household Income (Must complete for eligibility purposes)**

**All Information is protected by the Privacy Act. No one may see the information unless they work with or for the Upward Bound project or are specifically authorized by the Department of Education to evaluate the project.**

**\*YOUR CHILD’S APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED IF YOU DO NOT PROVIDE THE REQUESTED INFORMATION\***

1. Please indicate your family’s **MONTHLY INCOME** (for example, Child Support: $ 200 a month)
2. Mother/Guardian Monthly Employment Income $\_\_\_\_\_\_\_\_\_\_
3. Father/Guardian Monthly Employment Income

$ \_\_\_\_\_\_\_\_\_\_

1. Public Assistance: $ \_\_\_\_\_\_\_\_\_\_\_\_
2. Food Stamps: $ \_\_\_\_\_\_\_\_\_\_\_
3. Unemployment Insurance: $ \_\_\_\_\_\_\_\_\_\_
4. Social Security Income (SSI): $ \_\_\_\_\_\_\_\_\_\_\_
5. Child Support: $ \_\_\_\_\_\_\_\_\_
6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_
7. **Add lines A through H and enter total monthly below:**

**Total Monthly Income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How many people live in your household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Please describe any hardships or circumstances you feel we should consider.**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WE (STUDENT AND PARENT) CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS**

**APPLICATION IS CORRECT.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

 **SIGNATURE OF PARENT Date SIGNATURE OF STUDENT Date**

**LE MOYNE COLLEGE**

 **HIGHER EDUCATION PREPARATION PROGRAM**

 **HEALTH RECORD/MEDICAL HISTORY**

A good medical record enables better health service and health guidance for students. For this reason, it would be appreciated if considerable care is used in completing this form.

**TO BE COMPLETED BY PARENT/GUARDIAN.** **PLEASE PRINT.**

NAME OF STUDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First name Middle Name

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address Apt. #

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

 City State Zip Code

**STUDENTS DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Month / Day / Year

1. **Does your child suffer from any physical problems or disabilities that we should know about? Yes/No**

 **If yes, please describe.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Does your child suffer from any emotional and/or psychological problems? Yes / No**

**If yes, please describe (Be Specific).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Is your child receiving medication by prescription or presently under a Doctor’s care? Yes/No**

**If yes, please list.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Does your child have an Individualized Education Plan (IEP) on file with his/her school? Yes/No**

**IF YES, PLEASE ATTACH A COPY OF ANY MODIFICATIONS AS REQUIRED BY THE IEP**

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

**(over)**

**STUDENT FAMILY HISTORY**

Among your blood relatives, is there any history of, or present illness in any of the following areas? Please check the

appropriate space.

 Yes No Relationship to student

1. Cancer \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Heart Disease \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. High Blood Pressure \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Stroke \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Tuberculosis \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Diabetes \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Nervous or Mental Disease \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Asthma or Hay Fever \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Convulsions \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of brothers living \_\_\_\_\_\_\_\_ Number of sisters living \_\_\_\_\_\_\_\_

If deceased, give relationship and cause of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Has students' health been Good\_\_\_\_\_\_ Fair\_\_\_\_\_\_ Poor\_\_\_\_\_\_\_? If poor, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Has the student ever had or now has have any of the following? (Please check in appropriate space.)

 Yes No Yes No

Allergies - food, \_\_\_\_ \_\_\_\_\_ Epilepsy \_\_\_\_ \_\_\_\_\_

 drugs, other Diabetes \_\_\_\_ \_\_\_\_\_

 (if yes, please Diphtheria \_\_\_\_ \_\_\_\_\_

 list below) Ear Disease  \_\_\_\_ \_\_\_\_\_

Ulcer - Stomach or \_\_\_\_ \_\_\_\_\_ Mastoid, etc. \_\_\_\_ \_\_\_\_\_

 Duodenal Mumps \_\_\_\_ \_\_\_\_\_

Glandular Disease \_\_\_\_ \_\_\_\_\_ Hay Fever \_\_\_\_ \_\_\_\_\_

Appendicitis, acute \_\_\_\_ \_\_\_\_\_ Arthritis \_\_\_\_ \_\_\_\_\_

 or chronic Chicken Pox \_\_\_\_ \_\_\_\_\_

Blood disease, Anemia \_\_\_\_ \_\_\_\_\_ Hepatitis \_\_\_\_ \_\_\_\_\_

 or other \_\_\_\_ \_\_\_\_\_ Tonsillitis \_\_\_\_ \_\_\_\_\_

Venereal Disease \_\_\_\_ \_\_\_\_\_ Meningitis \_\_\_\_ \_\_\_\_\_

Heart Disease \_\_\_\_ \_\_\_\_\_ Asthma \_\_\_\_ \_\_\_\_\_

Vertigo (dizziness) \_\_\_\_ \_\_\_\_\_ Malaria \_\_\_\_ \_\_\_\_\_

Kidney Disease \_\_\_\_ \_\_\_\_\_ Measles \_\_\_\_ \_\_\_\_\_

Fainting Spells \_\_\_\_ \_\_\_\_\_ Pneumonia \_\_\_\_ \_\_\_\_\_

Chorea (St. Vitus \_\_\_\_ \_\_\_\_\_ Nervous or \_\_\_\_ \_\_\_\_\_

 Dance) Mental Disease \_\_\_\_ \_\_\_\_\_

Typhoid Fever \_\_\_\_ \_\_\_\_\_ Tuberculosis \_\_\_\_ \_\_\_\_\_

Pilonidal Cyst \_\_\_\_ \_\_\_\_\_ Mononucleosis \_\_\_\_ \_\_\_\_\_

Thyroid Trouble \_\_\_\_ \_\_\_\_\_ Undulant Fever \_\_\_\_ \_\_\_\_\_

Whooping Cough \_\_\_\_ \_\_\_\_\_

If yes, or any other disease, please give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Le Moyne College**

**HEPP/Upward Bound Program**

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

**I. STUDENT PERSONAL INFORMATION**

**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_**

**Gender: \_\_\_\_M\_\_\_\_F Height:\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**II. EMERGENCY CONTACT INFROMATION (Other than parent/guardian):**

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

 Name Phone #

**Relationship to student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City State Zip Code

**III. HEALTH INFORMATION**

Below please check any current health condition that may require attention during the Program.

 Allergies / Sensitivities (be specific)

 Foods\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Medicines\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Bee sting or insect bite\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Asthma Inhaler required at Program Vision Problems Glasses Contacts

 Hearing Problems Hearing Aid(s) ADD/ADHD Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all medications and dosages your child receives on a continual basis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**IV. PARENTAL/GUARDIAN CONSENT/RELEASE FORM**

**I CONSENT to the treatment of my son/daughter by the medical staff of Le Moyne College, local hospitals, immediate care facilities and**

**practicing physicians and/or surgeons in case of an illness and/or accident for the period of time that he/she is in residence and participating in**

**the Le Moyne College Higher Education Preparation Program/Upward Bound. If your son/daughter is accepted into this program,**

**your signature on this consent form authorizes your son/daughter to be given medical treatment and fully participate in all events/activities.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN SIGNATURE DATE**

**LE MOYNE COLLEGE**

**HIGHER EDUCATION PREPARATION PROGRAM**

**UPWARD BOUND PROGRAM**

**ACADEMIC YEAR 2016-2017**

**PHYSICIAN FORM**

**\*\* The following pages are to be completed and signed by a physician, health center, or clinic \*\***

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

**Name of Physician (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Office Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I. TUBERCULOSIS – Must be after August 2016**

Complete PPD test or attach PPD Test Results Card

1. **PPD** (Mantoux) **test within the past year** (Tine or monovact not acceptable).

 **Date Given** ……………......................................................................................................\_\_\_\_/\_\_\_\_/\_\_\_\_

 mo day year

 **Result:** \_\_\_\_\_ positive \_\_\_\_\_ negative

1. Positive PPD-Chest **(x-ray required).**

 **Date Given** ……………......................................................................................................\_\_\_\_/\_\_\_\_/\_\_\_\_

 mo day year

 **Result of chest X rays:** \_\_\_\_\_ positive \_\_\_\_\_ negative

1. Had BCG vaccine-Chest x-ray required if PPD not done

 **Date Given**……………......................................................................................................\_\_\_\_/\_\_\_\_/\_\_\_\_

 mo day year

 **Result:** \_\_\_\_\_ positive \_\_\_\_\_ negative

**II. Please attach a copy of the student’s latest immunization records.**

**III. Please sign and return the documents to the Upward Bound Office**

**Physician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**

**Le Moyne College**

**HEPP/Upward Bound Program**

**1419 Salt Springs Road**

**Syracuse, New York 13214-1301**

**Phone: 315-445-4532 Fax: 315-445-4534**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Student Name**

**Essay Questions (To be completed by the student)**

**Please print or type. Feel free to write as a separate piece of paper and attach it to the application.**

**I would like to be selected to participate in Upward Bound because…**(Please write about the goals you have for continuing your education beyond high school, what you plan to gain from the program, as well as your favorite subjects and those in which you are seeking additional help).

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

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**I think that you will want to choose me as a participant because I…(**You might want to tell us of a particular interest or of a special skill or talent, if you have participated in a special project with your community or school, how you relate to others, or if you are a hard worker**)**.

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**Thank You for Your Interest in Upward Bound!**

**LE MOYNE COLLEGE**

 **HIGHER EDUCATION PREPARATION PROGRAM**

 **UPWARD BOUND PROGRAM**

 **ACADEMIC YEAR 2016-2017**

 **PARENTAL/GUARDIAN CONSENT/RELEASE FORM**

**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_**

**Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(1) I CONSENT to the treatment of my son/daughter by the medical staff of Le Moyne College, local hospitals, immediate care facilities and practicing physicians and/or surgeons in case of an illness and/or accident for the period of time that he/she is in residence and participating in the Le Moyne College Higher Education Preparation Program/Upward Bound.**

 **(2) I GIVE PERMISSION for my son/daughter to go on planned trips and to be driven by a competent licensed adult to such events/activities. I understand that Le Moyne College has made no representation concerning the safety of the methods of travel to and from or the travel sites visited.**

 **(3) I GIVE PERMISSION for the release of my son's/daughter's school records, (i.e. report cards, transcripts, attendance/discipline records, state assessment testing information, class schedule, IEP’s, etc) to the Higher Education Preparation Program/Upward Bound during**

 **the application process and his/her participation in the program and permit the release of this information to other programs/institutions as deemed necessary by Upward Bound.**

**(4) I GIVE PERMISSION for Le Moyne College Upward Bound to publish on the Internet or**

 **Media still photographs or moving images, including, if applicable any sound recordings**

 **accompanying the images (“Images”) taken of my child at Le Moyne College Upward Bound**

 **Program.**

 **I/We hereby hold harmless and release and forever discharge the Le Moyne College Upward**

 **Bound and any of its staff from any and all claims, costs, suits, actions, judgments, and expenses**

 **which my child, his/her heirs, representatives, executors administrators, or any other persons**

 **acting on his/her behalf have or may have by reason of the use of the Images. This release**

 **specifically includes, without limitation, a complete release and discharge of any liability by**

 **virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise,**

 **that may occur or by produced in the taking of or editing of said Images, unless it can be shown**

 **that such was maliciously caused, produced and published solely for the purpose of subjecting**

 **my child to conspicuous ridicule, scandal, reproach, scorn, and indignity.**

**If your son/daughter is accepted into this program, your signature on this consent form authorizes your son/daughter to be given medical treatment and fully participate in all events/activities.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN SIGNATURE DATE**

**LE MOYNE COLLEGE**

 **HEPP/ UPWARD BOUND PROGRAM**

 **ACADEMIC YEAR 2016-2017**

**GUIDANCE COUNSELOR RECOMMENDATION FORM**

**All information on this application will be held in strict confidence. This information is necessary to insure that the applicant meets the criteria for admission as established by the U.S. Department of Education.**

**THIS FORM IS TO BE COMPLETED BY SCHOOL GUIDANCE COUNSELOR:** Please complete this form immediately and return it with a copy of student's school transcript, available test scores and Career Planner.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_

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

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

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

1. **Student Reading/Language Arts Proficiency Level at time of initial selection** (circle one)
2. Student achieved the proficient level on state assessment in Reading/Language arts
3. Student did not achieve at the proficient level on state assessment in Reading/Language arts
4. Not applicable, student has not taken the state assessment
5. **Student Math Proficiency Level at time of initial selection** (circle one)
6. Student achieved the proficient level on state assessment in Math
7. Student did not achieve at the proficient level on state assessment in Math
8. Not applicable, student has not taken the state assessment
9. **Limited English Proficiency at time of selection** (circle one)
10. Yes B. No
11. **Other academic needs at time of initial selection** (circle one)
12. Lack of opportunity, support, and/or guidance to take challenging college preparation courses
13. Lack of career goals and/or need for accurate information on careers
14. Limited English Proficiency
15. Lack of confidence, self-esteem, and/or social skills
16. Interest in careers in math or science
17. Diagnosed learning disability

**(over)**

**5. How well do you know the student?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **What indications do you have that this student has college potential? Please be specific.**

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1. **If applicable, what reasons can be given for this student's lack of achievement? Please be specific.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Why do you think the student would benefit from Upward Bound services? Please be specific.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**PLEASE RETURN COMPLETED FORM TO THE UPWARD BOUND OFFICE WITH A COPY OF STUDENT'S SCHOOL TRANSCRIPT, AVAILABLE TEST SCORES AND CAREER PLANNER.**

**HEPP/Upward Bound Program**

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**LE MOYNE COLLEGE**

**UPWARD BOUND PROGRAM**

**ACADEMIC YEAR 2016-2017**

**TEACHER RECOMMENDATION FORM**

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

**This student has identified you to recommend him/her to be admitted into the Le Moyne College HEPP/Upward Bound Academic Year Program. The HEPP/Upward Bound Program operates a tutorial and instructional program, which provides academic and personal assistance to students in grades 9-12.**

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

**YOUR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL/AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YOUR RELATIONSHIP TO STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How long and in what way have you known this student? Please be specific.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Does this student have the ability/motivation to benefit from the services that the program offers? Please explain.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**(over)**

1. **For each characteristic listed below, please check the appropriate rating:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **CHARACTERISTICS** |  **EXCELLENT** |  **GOOD** |  **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** |  |  |  |  |  |

1. **Why would you recommend or not recommend this student to participate in the program?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Does this student have other qualities/problems that the program should be aware of? Please explain.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE RETURN COMPLETED FORM TO THE UPWARD BOUND OFFICE**

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**Le Moyne College HEPP/Upward Bound Program**

 **Student Application Checklist**

**Please use the application checklist before submitting to ensure that your application is complete!**

\_\_\_\_\_\_\_ **Personal Information** (pg. 3) completed by student.

\_\_\_\_\_\_\_ **Acceptable Verification of Citizenship/Residency** (pg. 3)

\_\_\_\_\_\_\_ **Parent/Guardian Data** (pgs. 4-5) completed by parent/guardian with all income information/verification included and signed by parent/guardian & student.

\_\_\_\_\_\_\_ **Health Record/Medical History** (pgs. 6-8) completed by parent/ guardian.

\_\_\_\_\_\_\_ **Physician’s Form and Immunization Records** (pg. 9) to be completed by a physician with **PPD test dated after August 2016**.

\_\_\_\_\_\_\_ **Student Essay** (pg. 10) completed by student.

\_\_\_\_\_\_\_ **Consent/Release Form** (pg. 11) signed by parent/guardian.

\_\_\_\_\_\_\_ **Guidance Counselor Recommendation Form** (pg. 12-13) completed by Guidance Counselor.

\_\_\_\_\_\_\_ **Most Recent Report Card** obtained from Guidance Counselor.

\_\_\_\_\_\_\_ **Teacher Recommendation Form** (pgs.14-15)completed bya teacher who is familiar with your academic abilities, achievement, etc.

\_\_\_\_\_\_\_ **Signatures**

* **Parent/Guardian And Student** (pg. 5)
* **Parent** (pg. 8-11)

 **Return the application to the Upward Bound office:**

**HEPP/Upward Bound Program**

**Le Moyne College - Romero Hall**

**1419 Salt Springs Road**

**Syracuse, New York 13214-1301**

**Phone: 315-445-4532**

**Fax: 315-445-4534**