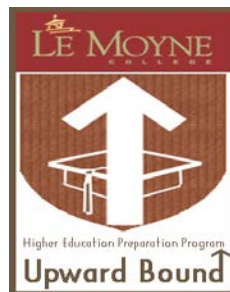


Le Moyne College
Higher Education Preparation Program
Upward Bound

Application for Enrollment

Academic Year 2018-2019



*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

Le Moyne College
Higher Education Preparation Program
Upward Bound Program

Instructions for Completing Application

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.**

The application process is fairly simple: Follow these **7 steps** in completing your application.

1. Fill in your personal information on **pg. 3**. Ask parent/guardian to fill out **pgs. 4-5** and **include all signatures** at the bottom of **pg 5**.
2. **Pgs 6-8** is medical history to be filled out by parent/guardian.
3. Tell us about yourself by completing the attached **Essay Questions**, which we have outlined for you on **pg. 9**.
4. Read over **pg. 10** with your Parent/Guardian and make sure they sign it.
5. Please give medical form on **pgs 11-12** to a physician, to be signed and returned by the physician to the Upward Bound office. **An updated Tuberculosis (TB) shot dated after September 2017 is required for each student applying to the Le Moyne College Upward Bound Summer Program.**
6. Give **pg. 13-14** to your Guidance Counselor; remind him/her to attach a copy of your career planner and most recent report card.
7. Choose a teacher or administrator who knows your work as a student and ask him or her to fill out **pgs. 15-16**.

****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.

If you have questions or require additional information, please contact me at either blackka@lemoyne.edu, upwardbound@lemoyne.edu or (315) 445-4532. Please visit our website at www.lemoyne.edu/upward_bound.

Sincerely,

Kenyon A. Black

Kenyon A. Black, Director

**LE MOYNE COLLEGE
HIGHER EDUCATION PREPARATION PROGRAM
UPWARD BOUND PROGRAM**

**NEW STUDENT APPLICATION
ACADEMIC YEAR 2018-2019**

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

PERSONAL INFORMATION

NAME _____
Last First Middle

ADDRESS _____
Number and street City State Zip Code

E-mail Address _____ Cell Phone: _____

Telephone: _____ Social Security # _____

Gender: Male _____ Female _____ Date of Birth _____

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 _____ |

ACADEMIC INFORMATION

Current School/Grade _____ School ID # _____

School you will be attending during the academic year _____

Upward Bound was recommended to me by _____

VERIFICATION OF U.S. CITIZENSHIP/RESIDENCY (To be completed by parent or guardian)

Is your child a U.S. Citizen? Yes No

Please attach a copy of one of the following for your child: (circle the one you are providing)

- A. Birth Certificate B. Permanent Resident Card C. Certificate of Citizenship

PLEASE NOTE: Parent/guardian must also provide a Copy of the Child's Social Security Card.

(over)

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: _____
5. Place of Employment _____ Occupation: _____
6. Employer's Address: _____ Telephone No. _____
7. How long have you worked there? _____ Years _____ Months
8. Gross Salary: per week: \$ _____ / per month: \$ _____ / per year: \$ _____

Educational Background:

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

- A. Grade School (1-8) C. Technical School E. College (4 years)
B. High School (9-12) D. College (2 years) F. Graduate Work

Father/Guardian:

8. NAME: _____
Last First Middle
2. ADDRESS: _____
Number and Street City State Zip Code
3. Telephone No.: Home _____ Cell _____ E-mail: _____
5. Place of Employment _____ Occupation: _____
6. Employer's Address: _____ Telephone No. _____
9. How long have you worked there? _____ Years _____ Months
10. Gross Salary: per week: \$ _____ / per month: \$ _____ / per year: \$ _____

Educational Background:

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

- A. Grade School (1-8) C. Technical School E. College (4 years)
B. High School (9-12) D. College (2 years) F. Graduate Work

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.

I, _____, parent or guardian of _____

Do hereby state that my family's **TAXABLE INCOME for the previous calendar year** was \$ _____ (for example, \$10 000) and that my **family size (including myself)** last year was _____ people.

Please indicate if your family receives any additional assistance and **how much per month** (for example, Child Support: \$ 200)

A. Public Assistance: \$ _____

E. Child Support: \$ _____

B. Food Stamps: \$ _____

F. Other: _____

C. Unemployment Insurance: \$ _____

\$ _____

D. Social Security Income (SSI): \$ _____

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

2. Please describe any hardships or circumstances which 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 a student. 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 _____

2. Does your child suffer from any emotional and/or psychological problems? Yes / No
If Yes, please describe (Be Specific).

3. Is your child receiving medication by prescription or presently under a Doctor's care? Yes/No
If Yes, please list

4. Does your child have an Individualized Education Plan (IEP) on file with his/her school?

_____ yes _____ no

IF YES, PLEASE ATTACH COPY OF ANY MODIFCAITONS 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 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 have any of the following. (Please check in appropriate space.)

	Yes	No		Yes	No
Allergies - food, drugs, other (if yes, please list below)	_____	_____	Epilepsy	_____	_____
Ulcer - Stomach or Duodenal	_____	_____	Diabetes	_____	_____
Glandular Disease	_____	_____	Diphtheria	_____	_____
Appendicitis, acute or chronic	_____	_____	Ear Disease	_____	_____
Blood disease, Anemia or other	_____	_____	Mastoid, etc.	_____	_____
Venereal Disease	_____	_____	Mumps	_____	_____
Heart Disease	_____	_____	Hay Fever	_____	_____
Vertigo (dizziness)	_____	_____	Arthritis	_____	_____
Kidney Disease	_____	_____	Chicken Pox	_____	_____
Fainting Spells	_____	_____	Hepatitis	_____	_____
Chorea (St. Vitus Dance)	_____	_____	Tonsillitis	_____	_____
Typhoid Fever	_____	_____	Meningitis	_____	_____
Pilonidal Cyst	_____	_____	Asthma	_____	_____
Thyroid Trouble	_____	_____	Malaria	_____	_____
Whooping Cough	_____	_____	Measles	_____	_____
			Pneumonia	_____	_____
			Nervous or Mental Disease	_____	_____
			Tuberculosis	_____	_____
			Mononucleosis	_____	_____
			Undulant Fever	_____	_____

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 INFORMATION (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 insects 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

**Essay Questions:
PLEASE PRINT or TYPE!**

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).

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).

Thank You!

**LE MOYNE COLLEGE
HIGHER EDUCATION PREPARATION PROGRAM
UPWARD BOUND PROGRAM
ACADEMIC YEAR 2018-2019**

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 be 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

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.

LE MOYNE COLLEGE
HIGHER EDUCATION PREPARATION PROGRAM
UPWARD BOUND PROGRAM
ACADEMIC YEAR 2018-2019

PHYSICIAN FORM

****The Following Pages Are To Be Completed And Signed By A Physician, Health Center, Or Clinic****

STUDENT NAME: _____ DATE: _____

TO THE PHYSICIAN:

Please review, complete and date all required immunizations. If records are unobtainable, re-immunization is necessary for registration.

**1. TUBERCULOSIS – Must Be After September 2017 (check appropriate space)
*Updated Ppd Test Needs To Be Complete Or Ppd Test Results Card Attached.**

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

Give date and test results ____/____/____
mo day year

Result: ____ positive ____ negative

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

Give date and result of chest x-ray ____/____/____
mo day year

Result: ____ positive ____ negative

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

Give date and result ____/____/____
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

Name of Physician (please print) _____

Address: _____

Physician's Signature _____

Phone Number: () _____

Please return Physician Form to:

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

**LE MOYNE COLLEGE
HIGHER EDUCATION PREPARATION PROGRAM
UPWARD BOUND PROGRAM
ACADEMIC YEAR 2018-2019**

GUIDANCE COUNSELOR RECOMMENDATION FORM

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#: _____

Student Reading/Language Arts Proficiency Level at time of initial selection (circle one)

- A. Student achieved the proficient level on State assessment in Reading/Language arts
- B. Student did not achieve at the proficient level on State assessment in Reading/Language arts
- C. Not applicable, student has not taken the State assessment

Student Math Proficiency Level at time of initial selection (circle one)

- A. Student achieved the proficient level on State assessment in Math
- B. Student did not achieve at the proficient level on State assessment in Math
- C. Not applicable, student has not taken the State assessment

Limited English Proficiency at time of selection (circle one)

- A. Yes
- B. No

Other Academic Needs at time of initial selection (circle one)

- A. Lack of opportunity, support, and/or guidance to take challenging college preparation courses
- B. Lack of career goals and/or need for accurate information on careers
- C. Limited English Proficiency
- D. Lack of confidence, self-esteem, and/or social skills
- E. Interest in careers in math or science
- F. Diagnosed learning disability

(over)

How well do you know the student? _____

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

What reasons can be given for this student's lack of achievement? If any.
Please be specific _____

YOUR SIGNATURE: _____ **DATE:** _____

PLEASE USE REVERSE SIDE FOR ANY ADDITIONAL COMMENTS ABOUT THIS STUDENT.

PLEASE RETURN COMPLETED FORM TO:

**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**

**LE MOYNE COLLEGE
UPWARD BOUND PROGRAM
ACADEMIC YEAR 2018-2019**

TEACHER/ADULT RECOMMENDATION FORM

STUDENT NAME: _____

This student has identified you to recommend him/her to be admitted into the Le Moyne College HEPP/UB 2018-2019 Academic Year Program. The HEPP/UB Program operates a residential tutorial and instructional program, which provides 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.

YOUR NAME: _____

PHONE NUMBER: _____ **EMAIL:** _____

SCHOOL/AGENCY: _____

YOUR RELATIONSHIP TO STUDENT: _____

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 PROGRAM OFFERS? PLEASE EXPLAIN: _____

(over)

FOR EACH CHARACTERISTIC LISTED BELOW, PLEASE CHECK 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					

WHY WOULD YOU RECOMMEND OR NOT RECOMMEND THIS STUDENT TO PARTICIPATE IN THE PROGRAM? _____

DOES STUDENT HAVE OTHER QUALITIES/PROBLEMS THAT THE PROGRAM SHOULD BE AWARE OF? PLEASE EXPLAIN _____

SIGNATURE _____

DATE _____

PLEASE RETURN COMPLETED FORM TO:

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
Email: upwardbound@lemoyne.edu

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.
- _____ **Student Essay** (pg. 9) completed by student.
- _____ **Consent/Release Form** (pg. 10) signed by parent/guardian.
- _____ **Physician's Form** (pgs. 11) to be completed by a physician with **PPD test dated after September 2016**. Please include Immunization Record.
- _____ **Guidance Counselor Recommendation Form** (pg. 12-13) completed by Guidance Counselor.
- _____ **School Transcript/Most Recent Report Card** obtained from Guidance Counselor.
- _____ **Teacher/Adult Recommendation form** (pgs.14-15) completed by a teacher/adult that is familiar with your academic abilities, achievement, etc.
- _____ **Signatures**
 - **Parent/Guardian And Student** (pg. 5)
 - **Parent/Guardian** (pg. 5, 8 & 10)

Applications are due on to the Upward Bound office

**Le Moyne College
1419 Salt Springs Rd
Romero Hall 2nd Floor Upward Bound
Syracuse, NY 13214
Phone: (315) 445-4532
Email: upwardbound@lemoyne.edu**

