

Upward Bound



“Where Students Finish A Degree Above The Rest”



VOORHEES
COLLEGE

Changing minds. Changing lives.

Upward Bound Department
Voorhees College
PO Box 678/29 Academic
Circle
Denmark, SC 29042

**The Upward Bound Program is a
Federally Funded Program.**

Voorhees College does not discriminate on the basis of sex, race, disability, national or ethnic origins in the administration of admissions policies, educational policies, scholarship and loan programs, and other college administered programs.

To expedite the selection process, please make sure you complete and attach the following:

- A copy of the parent or guardian’s most recent federal income tax form.
NOTE: W-2 FORMS ARE NOT ACCEPTED.
NOTE: The Federal Government requires that: You must attach a copy of your most recent tax return along with this application. Please do not send a copy of your tax returns to UB if you did not file your child as a dependent. If someone other than yourself filed your child on their taxes we would need a copy of their tax returns. NOT SENDING THE TAX RETURNS WILL ONLY DELAY YOUR CHILD PROCESS.
- **A printout from the Social Security Administration or the Department of Social is acceptable as income verification if the family’s sole income is social security or AFDC benefits.**
- A signed statement by the family physician specifying the medication (s), activities and limitations of the student if the student has a specific health condition (i.e. seizures, heart problems, etc).
- A signed and complete counselor & teacher recommendation form. **(forms can be taken out by teacher/counselor because they pages are perforated lines).**
- **An official report card and school transcript** (including standardized test score).
- Appropriate signatures as indicated on all forms.(all signatures are needed)
- **Rising 9th graders will need a letter from the guidance counselor on school letterhead stating they were promoted to the 9th grade along with final report card, once the school year is complete.**

NOTE: TO BE CONSIDERED FOR UPWARD BOUND, THE ENTIRE APPLICATION PACKET MUST BE COMPLETED.

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Upward Bound Staff Office Numbers:

UB Department Number.....	780-1290
Upward Bound Fax Number.....	780-1490
Director:.....	780-1299
Academic Specialist.....	780-1293
Coordinator of Counseling/ Counselor.....	780-1291
Administrative Assistant.....	780-1261

UPWARD BOUND APPLICATION

For Staff Use Only:		
LI _____	FG _____	Both _____
Pass or Fail: PACT: _____	Exit Exam _____	
What part(s) failed _____		
Academic Need Code(s) _____		
Arrival Date: _____	Interview Date _____	
Pre-Accepted Date:(Rising 8th Grader): _____		
Accepted Date: _____		
Wait-listed: _____	#: _____	
Incomplete: _____	Why _____	
Reason for Denial _____		

PART A: Background Information
Please type or print (use black or blue ink)

Current Grade Level: Rising Freshman _____ Freshman _____ Sophomore _____ Junior _____
Circle: Male _____ Female _____

Birth date: _____ **Home phone** _____ **Cell Phone:** _____

1. Name _____ (Last) _____ (First) _____ (MI)

2. Permanent Address: _____
Street Address _____ City _____ State _____ Zip _____

3. Mailing Address: _____
Street/PO Box _____ City _____ State _____ Zip _____

4. Middle School Name: _____ Address _____

5. High School Name: _____ Address: _____

6. Social Security Number: _____ / _____ / _____ (required)

7. Race: African American _____ White _____ American Indian _____ Hispanic _____ Other _____

For questions 7-10 only fill out the one that refers to your living situation.

8. Mother's Name: _____

Occupation _____ Business Number _____ Highest Grade Completed _____

9. Father's Name: _____

Occupation _____ Business Number _____ Highest Grade Completed _____

10. Guardian(s) Name: _____

Occupation _____ Business Number _____ Highest Grade Completed _____

Parent/Guardian Information:

11. Applicant lives with? Please check all that apply and give names:(Cont')

_____ Natural Mother Name: _____ (H#) _____

_____ Natural Father Name: _____ (H#) _____

_____ Female Guardian Name: _____ (H#) _____

_____ Male Guardian Name: _____ (H): _____

_____ Grandparent Name: _____ (H): _____

12. Do either of you parents/guardian have a four year degree? Yes _____ No _____

13. Martial Status: Single _____ Married _____ Divorced _____ Separated _____ Deceased _____

14. Income/Academic Eligibility: Low Income: _____ First Generation _____ LI/FG _____

Applicant Future Plans:

15. Future plans: (Check as many as apply) _____ undecided _____ Two-year College _____ Four-year College
Military _____ Other (please explain) _____

16. Career Goal: _____

17. How can Upward Bound help you? (check as many as apply)

Math Tutoring _____ Reading Tutoring _____ Cultural Activities _____ Study Skills Instruction _____
English Tutoring _____ Science Tutoring _____ Career Planning _____ Counseling _____
Postsecondary Educational Assistant _____ Scholarship Information _____
Financial Aid _____

How did you hear about Upward Bound?

Signature of Applicant

Date

Middle School Guidance Counselor Signature/Date

or

High School Guidance Counselor Signature/Date

For Staff Use Only

Upward Bound Coordinator of Counseling Signature

Date

Part B: CONFIDENTIAL FINANCIAL STATEMENT

NOTE: The United States Department of Education requires that we obtain income information from all applicants. The information supplied here will be held confidential. Please answer all questions.

Applicant's Name: _____
Last First MI

Head of Household: _____
Last First MI

RELATIONSHIP TO APPLICANT: _____ Father _____ Mother _____ Guardian _____
Grandparents _____ Other (Specify Relationship): _____

Address: _____
Street Name/PO Box City State Zip

Employer of Head of Household: _____ Position: _____

- Is the applicant eligible or do you qualify for free/reduced lunch? _____ Yes _____ No
- Is the applicant a foster child or legally adopted? _____ Yes _____ No

How many people are in your household? (Fill in blanks)

Applicant 1 Other Dependents (specify) _____
Parent(s) _____
Brothers/sisters _____

TOTAL

Please indicate tax return filing status of HEAD OF HOUSEHOLD: (Check one)

Married, filing jointly _____ Single, head of household _____
Married, filing singly _____ Did not file _____

Please attach a copy of your tax return if you filed your child. If someone other than yourself filed your child as a dependent we will need a copy of their tax returns.

INCOME:

(1) Social Security _____ Amount/Month Unemployment _____ Amount/Month

AFDC _____ Amount/Month Disability _____ Amount/Month
SSI _____ Amount/Month Retirement _____ Amount/Month
Child Support _____ Amount/Month Vet's Benefits _____ Amount/Month

Please submit an official government document indicating amount of benefits.

(2) Adjusted gross income for the last tax year was \$ _____. If you filed jointly, please include both incomes. Do not include from any of the categories listed above). By signing below, I verify that the above information and income data is correct to the best of my knowledge; furthermore, I understand that all information provided is confidential.

Head of Household Signature: _____ Date: _____

PART C: RELEASES AND SIGNATURES

PERMISSION TO REVIEW CONFIDENTIAL SCHOOL RECORDS

We understand that Upward Bound at Voorhees College is designed to provide academic, motivational, and interpersonal support to high school students who are interested in pursuing a college degree.

We recognize that UB is a major investment by the United States Department of Education and we understand that if the student is accepted, he or she will be required to participate fully in the academic, summer, and bridge components.

We understand that travel to and from Voorhees College is provided free of charge for the student and should it become necessary for the student to return to his/her home (due to parent's request, illness or discipline matters) parents must assume this responsibility.

We understand that the UB student's family or guardian must assume responsibility for illnesses or pre-existing conditions, medical release forms and any information needed to complete them.

We realize that UB must maintain at least a 2.5 grade point average each academic quarter. We will ensure that all academic requirements are adhered to, including the following:

- Enrollment in a college preparatory curriculum.
- Successful completion of all high school course requirements and all Upward Bound assignments.
- Provision of copies of current grade reports and transcripts upon counselor request.
- Completion of the Scholastic Aptitude or the American College Test by spring of the junior year.

We agree that the student, if accepted into UB, may participate in answering questionnaires and other appropriate and approved research projects done as part of the programs evaluation. We also agree that photographs of the students taken during the program, papers written by the student during the program, and similar items may be used by the UB in reports and public information materials. We further agree to allow UB to release, for education purposes, photographs and video recordings, with or without audio, of UB activities and projects involving the student.

We do authorize Project UB to release or request information from authorized officials to maintain the educational records of the student, including postsecondary follow-up.

We understand that if the applicant is accepted to UB, he or she will have to comply with the rules and regulations of the program as stipulated by UB. We understand that the UB Director has the right to dismiss any student whose behavior is incompatible with the goals and standards of UB.

Student's Signature

Date

Parent/Guardian's Signature

Date

**Part D: PARENT/GUARDIAN
PLEDGE FORM**

I pledge to support (child's name) _____ in his/her endeavors for academic success and to encourage his/her participation in the Voorhees College Upward Bound Program. I understand that my child will be required to attend class sessions on Saturdays during the academic year, and attend the six-week summer session on the campus of Voorhees College during the months of June and July.

Upon completion of the Upward Bound Program, I also understand that my child will be required to attend the BRIDGE Component at Voorhees college which will run parallel with the Summer Component. Participants in the BRIDGE Component will be recent high school graduates who have completed the requirements of the academic year component.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

**Part E: PARENT/GUARDIAN
CONSENT FORM**

STATE OF SOUTH CAROLINA: COUNTY OF BAMBERG

In consideration of the Voorhees College (“the College”) UB Program providing sports activities for Upward Bound participants during the fall, spring, and summer components; and in consideration of the College providing the opportunity for and permitting the undersigned participant to participate, and or take part in any activity, the undersigned participant (and, if applicable, the undersigned parent or legal guardian of the participant) does/do hereby release, remise, and forever discharge, indemnify and agree to hold harmless the College, its officers, faculty, agents, servants, employees, and/or any one or more of any thereof against any claim, demand or cause of action whether now in existence, or hereby arising for any loss of any personal property, injury to the participant or for the death of the participant, arising out of, resulting from, caused by, occurring during or in any way connected with the aforesaid student activity, whether or not such injury, death, or damage is caused by or contributed to in whole or any part— any action or failure to act, negligence, breach of contract, or other misconduct on the part of the College, its officers, faculty, agents, servants, employees, and any other participant in said student activity, any participating parent and/or any one or more of any thereof.

Participant recognizes and acknowledges that certain risks of harm are or may be inherent in the various activities contemplated herein and that the College cannot control all of these risks.

Each of the undersigned hereby acknowledges receipt of a copy of this Release Waiver.

Parent or Legal guardian of the Participant does hereby grant consent for any medical treatment that may be required during any activity and acknowledges that the aforementioned release and waiver covers any such treatment.

WITNESS our signatures this _____, **Date** _____, **Month** _____, **Year** _____, day of _____, _____, which gives permission for my son/ daughter to participate in any activity of the Upward Bound Program.

Name of Participant _____ Signature of Participant _____

Parent/Guardian’s Signature: _____ Date: _____

Doctor’s Name: _____ Phone: _____

Person to Contact in Case of Emergency

Name: _____

Relationship _____

Phone: _____ (home) _____ (work) _____ (cell) _____

PART F: MEDICAL INFORMATION

Name: _____ Sex: _____ Birthdate: _____

Address: _____
Street City State Zip

Phone: _____ Parent's Cell: _____

Mother's Name: _____ Father's Name: _____

Name of Family Physician: _____

Name of Family Dentist: _____

Hospital to be taken in case of emergency: _____

Where parents/guardian can be reached in case of an emergency: _____

Address: _____
Street City State Zip

General Health Condition (circle) Excellent Good Fair Poor

Illness you have had (check)

_____ Measles _____ Chickenpox _____ Mumps
_____ Scarlet Fever _____ Strep Throat _____ Rheumatic Fever

Surgery, accidents and other illnesses or special problems (explain) _____

Hearing problems? _____ Yes _____ No If yes, please explain: _____

Visual problem? _____ Yes _____ No If yes, please explain: _____

Do you wear glasses? _____ Yes _____ No If yes, please explain: _____

Name of eye specialist: _____

Immunization Record (check)

_____ Smallpox _____ Poliomyelitis _____ Diphtheria
_____ Measles _____ Tetanus _____ Influenza

Please list any allergies or special medical conditions:

Student's Signature

Date

Parent/Guardian's Signature

Date

PART G: TEACHER'S RECOMMENDATION

TO BE COMPLETED BY A SCIENCE, MATH OR ENGLISH TEACHER.

Applicant Full Name: _____

1. How long have you known the applicant? _____

In what relationship (course taught) _____

2. Please rate the applicant by circling the numbers on the scale which comes closest to your opinion of the applicant's characteristics. Excellent (8-10); Very Good (5-7); Good (3-4); Fair (1-2)

Outgoing personality	10	9	8	7	6	5	4	3	2	1
Likes group activities	10	9	8	7	6	5	4	3	2	1
Strong Leader	10	9	8	7	6	5	4	3	2	1
High morals and standards	10	9	8	7	6	5	4	3	2	1
Works well with others	10	9	8	7	6	5	4	3	2	1
Appreciates authority	10	9	8	7	6	5	4	3	2	1
Eager to learn; curious about life	10	9	8	7	6	5	4	3	2	1
Seeks personal challenges	10	9	8	7	6	5	4	3	2	1
A real self-starter	10	9	8	7	6	5	4	3	2	1
High degree of discipline	10	9	8	7	6	5	4	3	2	1
Creative and energetic	10	9	8	7	6	5	4	3	2	1
Strives to do the best possible job	10	9	8	7	6	5	4	3	2	1
Stays with a task	10	9	8	7	6	5	4	3	2	1
Shy and quiet personality	10	9	8	7	6	5	4	3	2	1
Radical and quiet personality	10	9	8	7	6	5	4	3	2	1
Radical mood changes	10	9	8	7	6	5	4	3	2	1
Prefers solitary pursuits	10	9	8	7	6	5	4	3	2	1
Willing follower	10	9	8	7	6	5	4	3	2	1
Has difficulty with authority	10	9	8	7	6	5	4	3	2	1
Needs prodding to get along	10	9	8	7	6	5	4	3	2	1
Low level of discipline	10	9	8	7	6	5	4	3	2	1
Comfortable with "just enough"	10	9	8	7	6	5	4	3	2	1

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3. According to what you know about the applicants academic abilities and motivation, do you think the applicant is a good candidate for the a college preparatory academic program like Upward Bound? Why or why not?

4. Please fell free to make any additional comments or observations. If there are any features in the applicants Back ground that will help us better understand his or her academic or extracurricular performance, please Include these here.

5. Teacher's Signature: _____ Date Signed: _____

Home Address: _____
Street/PO Box City State Zip

Day Telephone:(____) _____ Night Telephone:(____) _____

**Return to
Voorhees College
Upward Bound
PO Box 678/29 Academic Circle
Denmark, SC 29042
803-780-1291**

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PART H: GUIDANCE COUNSELOR'S RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT

Student's Name: _____ Date of Birth: _____

Social Security Number: _____ / _____ / _____ School: _____

Grade Level: _____ GPA: _____ U.S. Citizen: _____ Yes _____ No

Name of Parent/Guardian: _____

Address: _____

First Generation College Student: _____ Yes _____ No If no, why not: _____

TO BE COMPLETED BY THE APPLICANTS GUIDANCE COUNSELOR

1. How long have you known the applicant?

2. **Class Rank**

This applicant ranks _____

in a college prep group

in a entire class of _____

This rank covers a period of _____ to _____
Month/Year Month/Year

This rank is: weighted

cumulative

unweighted

noncumulative

3. **Curriculum**

Compared to other college-bound students, the applicant's program can be described best as:

below average average above average rigorous most rigorous available

4. **General Ratings**

Has this applicant ever been placed on probation or dismissed from school for academic or disciplinary reasons?

Yes No

If yes, please explain on separate sheet.

Has this applicant had to leave school for medical or personal reasons? Yes

No

If, yes please explain:

Please do not tear out page

J. UPWARD BOUND AT VOORHEES COLLEGE

Upward Bound Program is a federally funded designed to help first generation/low income high school students to prepare for higher education. Participants receive instruction in literature, composition, reading, mathematics, and science on college campuses during the fall, spring, and summer.

About 50,000 high school students are currently served by 579 projects. The ultimate goal/purpose is to assist high school students in their schoolwork and prepare them to enroll and successfully complete a post-secondary education. Since its inception in 1973, the program has a high rate of its participants enrolling and graduating with a college degree.

THE TARGET AUDIENCE

Participants (rising freshman through tenth grades) will be recruited from the four (4) high schools (**Bamberg-Ehrhardt High, Barnwell High, Blackville-Hilda High, and Denmark-Olar High**) located in Bamberg and Barnwell Counties.

All participants must meet the program criteria for acceptance and must be willing to participate fully in the activities and follow the guidelines of the program.

ACTIVITIES

Program activities include classroom instruction, individual and small group counseling, seminars, financial aid and college admission workshops, career fairs and cultural enrichment experiences.

FALL AND SPRING

ACADEMIC SESSIONS

The Fall and Spring Academic Sessions consist of tutoring sessions held on the campus of Voorhees College on Saturdays from 8:30 am until 3:00 pm. Each participant enjoys a balanced meal and recreation, as well as receives a stipend at the end of each tutoring session. Transportation is provided for participants to and from the campus. Additional tutorials are available at Voorhees College every Monday through Thursday from 3:00 pm until 8:00 pm.

SUMMER COMPONENT

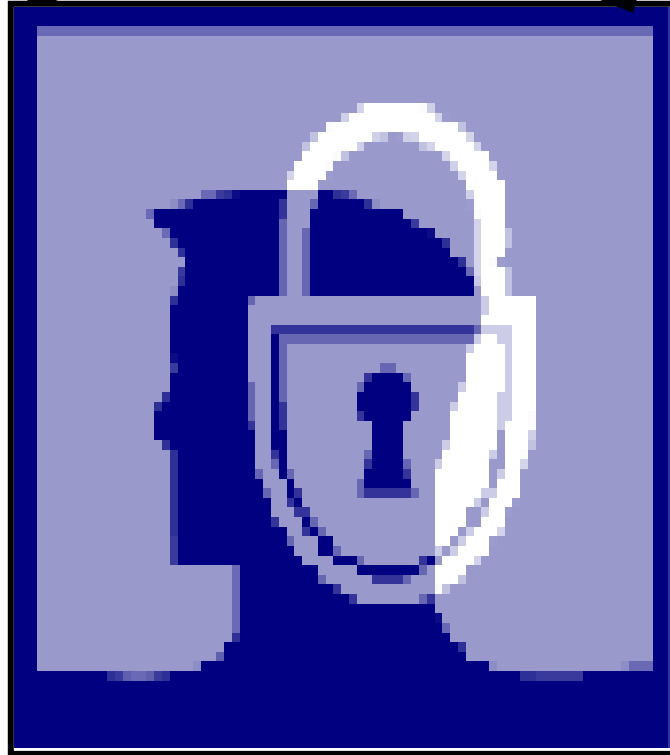
The Summer phase is considered the most important aspect of Upward Bound. Orientation to college life, intensive basic skills instruction, tutorials, counseling and cultural activities are offered for six (6) weeks during the Summer Component. All participants are required to live on campus in college housing to experience what college life will be like.

BRIDGE COMPONENT

The Bridge Component runs parallel with the Summer component. Participants are recent high school graduates who have completed the requirements of the regular Upward Bound Program.

This component offers college level work and experiences to these individuals before enrolling in a program of higher learning, thus serving as an encouraging "bridge" between the high school and college life.

VOORHEES COLLEGE



Upward Bound

Dr. Cleveland L. Sellers, Jr., President

Upward Bound is funded one hundred percent by the US Department of Education. No funds are received from a non-government source.