



UPWARD BOUND

Polk State College

A college preparatory program for high school students

We are delighted that you are interested in applying for acceptance into the Upward Bound Program. You are taking a very serious step toward preparing for your future. We encourage you to do your very best in completing this application.

The completed application ***MUST*** include the following information to determine a student's eligibility to participate in Upward Bound:

- ❑ A completed application signed by the student and parent/guardian
The 1st Generation Affidavit must be notarized
The Authorization for Release of Records and Photos must be signed (Page 5)
- ❑ A copy of the student's Social Security Number
- ❑ A recommendation (Page 5)
(School official may detach and mail the recommendation.)
- ❑ A current school report card, transcript and FCAT Scores
- ❑ A copy of the family's most recent federal income tax return (1040-1040A **OR** the Taxable Income form.)
- ❑ Information on other sources of income (Public Assistance, Child Support, Retirement Income, Workmen's Compensation, Social Security, AFDC, Disability, etc.)

If you have any questions, please contact the Upward Bound office at (863) 292-3705. **Your application cannot be processed without completing all of the requested information and receiving all the above highlighted information.**

Please mail to:
The Upward Bound Program
Polk State College
999 Avenue H. Northeast
Winter Haven, FL 33881
(863) 292-3705



Applicant Information

Name: _____ Date of Birth ____/____/____ Place of Birth: _____
 First MI Last

Mailing Address: _____
 Street Name/PO Box City Zip Code

Telephone () _____ Alt. Telephone () _____

Student Social Security # _____ U.S. Citizen? Yes No

Gender: Male Female E-mail address: _____

Ethnicity: Black White American Indian Hispanic Multi Racial

Educational Information

School presently attending _____ Academic Year 20____-20____

Present Grade Level _____ High School you will be attending _____

Did your parent(s) graduate from a four (4) year college? Yes No If yes, specify:

Parent Name _____ College _____ Degree _____

Parent Name _____ College _____ Degree _____

1st Generation Affidavit

This is to certify that I (parent/Guardian) did not graduate from a four (4) year college or university.

Parent/Guardian Signature (Father) Social Security Number Date

Parent/Guardian Signature (Mother) Social Security Number Date

Family Information

Parents' marital status: Single Married Separated Divorced

Whom do you live with? Both Parents Mother Father
 Other (specify)_____

Father's Name _____ Occupation _____ Phone _____

Mother's Name _____ Occupation _____ Phone _____

Guardian Name _____ Occupation _____ Phone _____

If not living with parents **(Must provide proof of Guardianship)**

Total number of people living in your household: _____

Total family taxable income: Yearly \$ _____

Source of Income: Salary Retirement Social Security Pension

Other (specify): _____

Educational Plans

Education and career goals, please write below:

Essay-Please respond to the following question: **“Why do you want to participate in the Upward Bound Program?”**

Date Submitted: ____/____/____

Signature of Student _____

Signature of Parent _____

Student Name _____

Student Self Assessment

Please use the following code to complete this section:

- 0 – I need intensive help in this area
- 1 – I need a lot of help in this area
- 2 – I need some help in this area
- 3 – I need to improve in this area, because my skills are average
- 4 – I need very little or no help in this area
- 5 – I am very strong in this area, strong enough to tutor fellow students

SKILL AREAS	YOUR RESPONSE
1. Grammar Spelling	0 1 2 3 4 5
2. Writing Mechanics	0 1 2 3 4 5
3. Compositions and Essays	0 1 2 3 4 5
4. Research Papers	0 1 2 3 4 5
5. Library Usage and Research Methods	0 1 2 3 4 5
6. General Reading and Comprehension	0 1 2 3 4 5
7. Critical Reading and Analysis	0 1 2 3 4 5
8. Study Skills	0 1 2 3 4 5
9. Lecture Note taking	0 1 2 3 4 5
10. Textbook Marking and Note taking	0 1 2 3 4 5
11. Listening Skills	0 1 2 3 4 5
12. Examination Preparation	0 1 2 3 4 5
13. Test-Taking Skills	0 1 2 3 4 5
14. Arithmetic	0 1 2 3 4 5
15. Pre-Algebra	0 1 2 3 4 5
16. Elementary Algebra	0 1 2 3 4 5
17. Plane Geometry	0 1 2 3 4 5
18. Advanced Algebra – Trigonometry	0 1 2 3 4 5
19. Pre-Calculus	0 1 2 3 4 5
20. Scientific Inquiry Method	0 1 2 3 4 5
21. Biology	0 1 2 3 4 5
22. Physics	0 1 2 3 4 5
23. Chemistry	0 1 2 3 4 5
24. Foreign Language (Spoken): _____	
25. Foreign Language (Written): _____	
26. Computer Science Literacy	0 1 2 3 4 5
27. Computer Science Language _____	
28. Public Speaking Ability	0 1 2 3 4 5
29. FCAT Preparation	0 1 2 3 4 5
30. SAT Preparation	0 1 2 3 4 5
31. ACT Preparation	0 1 2 3 4 5

Recommendation of School Official

Name of Student _____ Date _____

Estimate of student's academic ability:

Below Average Average Above Average Excellent

Courses currently enrolled:

_____	_____
_____	_____
_____	_____

Do you recommend this student for Upward Bound, a college preparatory program?

Yes No Undecided

Additional comments that you feel would be helpful in evaluating this student as a potential participant in Upward Bound:

Completed by: Print Name of School Official: _____

Signature of School Official: _____

Position: _____

School: _____ Telephone: _____

Please attach a copy of the student's report card and/or transcript to the application or recommendation

Authorization for release of Educational Records and Photos

I hereby grant authorization for my educational records (grades, transcripts, and test scores) to be released to the Upward Bound Program at Polk State College. I understand that the Upward Bound Program will request grades at the conclusion of each grading period and transcripts/test scores at least annually.

I also authorize the Upward Bound Program at Polk State College to use photographs and/or videotape with my image, without compensation, in Upward Bound publications and/or news releases.

Print Student's name as it appears on permanent record: _____

Parent/Guardian Signature: _____

STUDENTS: If you are in an Athletic Program, please have your Coach read, date and sign this form

Athletic Participation Release Form

Dear Coach,

We have a student that expressed an interest in joining Polk State College's Upward Bound program. As an academic and cultural enrichment program which awards high school elective credit, it is essential that our participants commit to full participation during our Discovery Summer activities and classes.

In 2009, our Discovery Summer begins on June 10th and ends on July 23rd. Our hours generally run from 8:00 a.m. until 3:00 p.m.

Do you anticipate that summer sports preparation will interfere with this student's ability to participate in Upward Bound?

Check One:

_____ Our summer sports practice schedule *will* conflict with Upward Bound's Discovery Summer program. I will not be able to excuse this student from the sports program according to the dates and time you have provided above.

_____ While our summer sports practice schedule conflicts with Upward Bound's Discovery Summer program, this student will be allowed to participate in the program according to the dates and times you have provided above.

_____ There is no foreseeable schedule conflict between Upward Bound and the sports practice.

_____ I wish to discuss this matter further. Please call me at this number: _____

Student Name (please print) _____

Coach's PRINTED Name and Title _____

Coach's Signature _____

Date of Signature _____

Polk State College is committed to and encourages
equal opportunity/equity/access for its programs, services, and activities.

Winter Haven * Lakeland * Lake Wales



Taxable Income Form

TO WHOM IT MAY CONCERN:

I, the parent/guardian of _____ hereby certify that the information below regarding my taxable income and number of people in the family is correct. *This form is in lieu of 1040 Federal Income Tax Return.*

My taxable income (according to your 1040 tax form, NOT from your W2 form) is _____

The number of people in the family is _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STATE OF FLORIDA, COUNTY OF _____ I hereby certify that the foregoing was executed before e this
_____ day of _____, by _____ who is personally know to me or who has produced
_____ identification.

Signed, sealed and delivered in the presence of:

Notary Public, State of Florida Date: _____