



Upward Bound

University of Pikeville

Please use the checklist below to ensure that you have included all necessary documents.
An incomplete application will be delayed in processing.

- Signed** Applicant Information Page
- NOTARIZED** Medical Information / Medical Dental Release
- Income documentation** (copy of most recent INCOME TAX RETURN, a statement from the SOCIAL SECURITY OFFICE, or a statement from the TANF office) must have the name of the applicant on the form
- Middle School **Transcripts**
- High School **Transcripts**
- Test Scores** (Explore, PLAN, ACT, K-Prep)
- Counselor/Teacher **Recommendation with Signatures**

If you have questions or need additional information, contact us at:

Upward Bound
University of Pikeville
147 Sycamore Street
Pikeville, KY 41501
606-218-5707
ub@pc.edu

FOR OFFICE USE ONLY

Name: _____ High School: _____

_____ Notarized Medical Form _____ Applicant Information Page _____ Recommendation Form _____ Transcript _____ Test Scores	_____ Income Documentation _____ Authorization Form _____ IT Agreement _____ Parent Meeting YES / NO At Risk
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PARTICIPANT MEDICAL INFORMATION

Inaccurate information could jeopardize participant safety. If inaccurate information is given, Upward Bound necessarily reserves the right to reevaluate acceptance.

Name: _____
First Middle Last

Address: _____
Street/ P.O. Box City State Zip Code

Emergency Contact: _____ Telephone: _____

Relationship to Participant: _____ Place of Employment: _____

Family Doctor: _____ Telephone: _____

Health Insurance Provider: _____ Policy Number: _____

* Participant's allergies (dietary, medications, insect bites, etc.): _____
It is vital that you provide all known allergies.

* Is the participant capable of participating in physical education activities? Yes No

* Is the participant receiving (or under referral for) medical or counseling treatment? Yes No

If yes, please explain: _____

Medications: Please indicate all medications the participant is currently taking and the condition for which medication is needed. If so, ensure the participant has the medication with him or her.

Medication	Condition

AUTHORIZATION FOR MEDICAL TREATMENT

This document must be NOTARIZED!

PARENT/GUARDIAN: Every reasonable precaution will be taken to provide safety and care for your son/daughter. Every effort will be made to notify you in the event of an accident or injury which may require emergency care. If you cannot be contacted, permission is granted to the staff to seek medical attention. All financial responsibility for hospitalization and medical care provided in the case of an emergency is to be assumed by the parent/guardian.

In case of injury, I grant permission for _____ to receive medical attention deemed necessary by qualified medical personnel during the entire time that he or she (listed within) is participating in the University of Pikeville Upward Bound program.

Participant's Name

Parent/Guardian Signature: _____

Relationship to Participant: _____ Date: _____

Notarized By: _____

My Commission Expires: _____

AUTHORIZATION OF RELEASE

Please read the following information before signing. All information will be kept confidential.

- * I hereby grant authorization for my educational records (grades, transcripts and test scores) to be released to the University of Pikeville Upward Bound Project. I understand that Upward Bound will request grades at the conclusion of each grading period and transcripts/test scores at least annually. I furthermore agree that Upward Bound may share academic information regarding participation in Upward Bound (grades, test scores, etc.) with my parents and/or high school.
- * I also authorize the University of Pikeville Upward Bound Project to use photographs and/or videotape with my image in Upward Bound publications and/or news releases.
- * Permission is granted for the above named applicant to participate in all activities sponsored or attended by the University of Pikeville Upward Bound Project. Permission is granted for Upward Bound staff members to transport the above named applicant to and from these activities.
- * Permission is granted to provide counseling services to the above named applicant, as necessary by the appropriate University and/or community resources.
- * Permission is granted for Upward Bound staff to provide over-the-counter medications (acetaminophen, Pepto-Bismol, Imodium, and Dramamine, etc.) for minor physical complaints.
- * We recognize that the Upward Bound Program is a major investment by the United States Department of Education and we understand that if the applicant is accepted, he or she will be expected to fully participate in the program (during the academic year and summer phase). We understand that Upward Bound is for participants who are able to handle the responsibility of being away from home for the residential phase.
- * We understand that although travel costs, stipends, room, board, insurance (secondary pay for injuries only) and fees are provided free of charge, the participant's family or guardian must assume responsibility for illnesses (including prescription coverage) or pre-existing conditions, medical release forms and any information needed to complete them.
- * We understand that if the Upward Bound Project accepts the applicant, he or she will have to adhere to the project's rules and regulations concerning participant responsibility and behavior in the academic and residential programs. We understand that the Upward Bound Director will have the right to dismiss any participant whose behavior is incompatible with the goals and standards of the Upward Bound Project.
- * We agree that the applicant, if accepted into Upward Bound, may participate in answering questionnaires and other appropriate and approved research projects done as a part of the project's evaluation.
- * University of Pikeville, the Upward Bound Project, nor any staff member will be held responsible for any injuries or obligations resulting from these activities.

Activities for which permission is NOT granted: _____

Over-the-counter medications NOT to be administered: _____

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____