What is Upward Bound?
Upward Bound provides fundamental support to participants in their preparation for college entrance. The goal of Upward Bound is to increase the rate at which participants complete secondary education and enroll in and graduate from institutions of postsecondary education.

University of Pikeville Upward Bound has operated since 1975 and now serves approximately 135 students in Floyd, Martin and Pike counties. Participants are selected on the basis of potential for post-secondary success, need for project services, recommendations from counselors and teachers, and personal interviews.

How does the program work?
Upward Bound helps participants prepare for college, both academically and socially through assistance with college selection, the application process, scholarship search, and financial aid application. Seminars are offered during the academic year in topics such as study skills and ACT preparation. Academic tutoring is also offered throughout the year.

During the Upward Bound summer program, participants reside in University of Pikeville dorms for five weeks, going home on the weekends. Participants are given a chance to experience life on a college campus, tour many colleges and universities, attend theatrical productions, visit local businesses, job shadow professionals in their field of interest, dine at exotic restaurants, and travel to distant cities. All trips are designed to be academically and culturally enriching. All Upward Bound services, trips, meals, and classes are FREE.

How do I apply?
Complete this application packet and return it to the Upward Bound office. All information on this application is CONFIDENTIAL. Mail your completed application to:

Upward Bound
University of Pikeville
147 Sycamore Street
Pikeville, Kentucky 41501

Phone: (606) 218-5707  Fax: (606) 218-5708
Student Medical Form

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

Name: ___________________________________  Age: ________  Gender: Male / Female

Address: _______________________________________________________________________________________

In case of emergency contact: __________________________________________ Telephone: (_____)________

Relationship to student: _____________________  Place of employment: __________________________________

Family doctor: __________________________________________ Telephone: (_____)__________________

- Student’s allergies (medications, insect bites, plants, etc.): ___________________________________________
  (It is vital that you provide all known allergies on this form)

- Is the student capable of participating in physical education activities?  Yes / No
- Is the student receiving (or under referral for) medical or counseling treatment?  Yes / No
  If yes, please explain: __________________________________________________________________________

- Do you have hospitalization insurance?  Yes / No  If yes, Company & Policy #___________________________
- Do you have a Kentucky Medical Assistance card?  Yes / No  Card #_________________________________
- Please list any over the counter or prescription medication that your student may take:
  _______________________________________________________________________________________________
  _______________________________________________________________________________________________

Authorization for Medical Treatment

This document must be NOTARIZED!

This instrument will authorize the Upward Bound Director at University of Pikeville or any senior staff member of the Upward Bound Program designated by the Director to carry out the following actions regarding the medical or dental care of my child.

First, I authorize Upward Bound to select and employ a qualified physician/dentist, and/or to use hospital facilities for the emergency treatment of illness or accident. Second, I authorize Upward Bound staff members to render such information as required by hospital admission rules and to sign as a competent adult, such forms as may be necessary to permit examination and possible treatment.

I understand that (A) Physicians/Dentists are reluctant and somewhat unwilling to examine and treat patients without such signatures, and (B) Upward Bound will permit only routine and emergency procedures, and that major or prolonged treatment will be undertaken only with my specific permission, except when such permission is impossible to obtain within the limitation of time or other conditions.

I further understand that, in the event of an accident or illness, all actions of the Upward Bound Program and any sought after medical/dental attention will be guided by the best interests of my child.

Signature: ___________________________________  Date: __________________

Relationship to Student: _________________________________________________

Notarized By: ___________________________________________________________

My Commission Expires: _________________________________________________
Student Information

Name: ____________________________________________ (Last) (First) (Middle)

Mailing Address: ____________________________________________________________

(PO Box or Street)

(City) (State) (Zip Code)

Personal E-mail: ____________________________________________________________

Home Phone: ( _____ )___________ Birth Date: ___ / ___ / ___ Social Security #: _____ - _____ - ______

Gender: Male / Female US Citizen: Yes / No

Race (Circle all that apply): White African American Hispanic Asian American Indian/Alaskan Native Native Hawaiian/Islander

High School: ____________________________________________ Current Grade Level: 9 10 11 12

Do you have any physical or learning disabilities? Yes / No If yes, please explain:____________________________________

With whom do you live? Circle one: Both Parents One Parent Foster Parents Other

Total number of family members living at home _____________

Name of Parents/Guardians: Occupation: Place of Employment:

a.)__________________________________________________ a.)__________________________________________________ a.)__________________________________________________

b.)__________________________________________________ b.)__________________________________________________ b.)__________________________________________________

Do either of your parents have a four-year degree? Yes / No If so, which parent(s)? Father Mother

Name of college(s) and degree(s) earned: ____________________________________________

Authorization for Release of Records

The signatures below certify that the above information is accurate. The signatures also grants authorization for my educational records (grades, transcripts and test scores) to be released to the Upward Bound program at University of Pikeville. We understand that the Upward Bound program will request grades at the conclusion of each grading period and transcripts/test scores at least annually. Such information may also be forwarded to student selected post-secondary institutions to assist in acceptance and admission.

Student Signature: __________________________________________________________________

Parent/Guardian Signature: __________________________________________________________________

High School: __________________________________________________________________
Application Check List

Please use this check-list to ensure that you have included all of the necessary documents. Incomplete applications will be delayed in processing.

◊ Signed Student Information Page / Authorization for Release of Records
◊ NOTARIZED Medical Information / Medical Dental Release
◊ Income documentation (copy of most current Income Tax Return Form 1040, a statement from the Social Security Office, or a statement from the AFDC office)
◊ Elementary and high school Transcripts
◊ PLAN Test Scores (If available)
◊ KERA Grade Test Scores
◊ Counselor/Teacher Recommendation with Signatures (to be mailed to our office by your Counselor or Teacher separately from this application)

The University of Pikeville Upward Bound Program does not discriminate on the basis of sex, race, creed, religion, nationality, or physical handicap.
Upward Bound
Counselor or Teacher Recommendation

Student’s Name: ___________________________________________ Grade: ______________

High School: _________________________________________________________________

Present Academic Curriculum: General College Prep Vocational Other

We are looking for students that:
1. Meet the academic and educational guidelines
2. Demonstrate potential for post-secondary education
3. Demonstrate a need for program services
4. In your judgment, are willing to participate consistently in and benefit from project services

Need for Services

Please check all factors applicable to this student. Candidates for Upward Bound must demonstrate academic need.

- **Academic**: Although the student clearly demonstrates the ability to succeed in post-secondary education, he/she demonstrates a need for support in a limited subject area.
- **Financial**: The family's financial situation is extreme and long term and has limited the student's ability to set realistic academic, personal, or career goals.
- **Cultural**: Lack of cultural exposure has had a limiting effect on the student's ability to assimilate successfully to other environments, including post-secondary settings.
- **Motivation**: The student's background has severely limited his/her perception of the benefits and rewards of educational pursuits.
- **Personal Issues**: The student exhibits self-esteem well outside the normal range or has experienced personal issues that have severely limited the student's goal-setting range.

Additional Information

School Attendance: Excellent Good Fair Poor
Class Participation: Excellent Good Fair Poor
Completion of Assignments: Excellent Good Fair Poor

What issues might this student face which Upward Bound could impact?

Signed: ___________________________________________ Date: ______________

Fax or mail this form to Upward Bound. Call if you have any questions. Please note that until this form is completed and received, the student's application will be considered incomplete.

Fax: 606-218-5708 Phone: 606-218-5707

Mail: University of Pikeville Upward Bound * 147 Sycamore St. * Pikeville, KY 41501