Florida A&M University

Upward Bound Program Application
STUDENT INFORMATION

Name _____________________________________________ Social Security # __________________________ (Required)

Address __________________________________________________________________________________

(Street) (City) (State) (Zip Code)

Phone _________________________ Emergency Phone ______________________________

Date of Birth ____________________ Age ______ Gender ___________ Current Grade ___________

Race: (check one) Black____ White____ Hispanic____ Native American____ Other_____________

Current High School______________________________________________________________

Email Address _______________________________ Cell Phone ________________________________

GPA ___________ Date_________ FCAT: ENG_______ MATH_______ Date of Test_________

Check one of the following that best describes your current course of study:

Vocational or Technical_____ College Preparatory_____ General_____ Other__________________

List classes in which you have difficulty: _______________________________________________

________________________________________  __________________________________________

________________________________________  ________________________________________

________________________________________  ________________________________________

Are you currently enrolled in any other projects or programs? (i.e. CROP, Talent Search)

Yes_____ No_____ If yes, please list: _________________________________________________

ELIGIBILITY: EDUCATION CERTIFICATION

Father’s Name _______________________________ Mother’s Name_______________________________

(Guardian’s) (Guardian’s Name)

High School Diploma: Yes_____ No_____ High School Diploma: Yes_____ No_____

College Degree: Yes_____ No_____ College Degree: Yes_____ No_____

List other family members

Whom you live Relationship to you Age (if under 21) Degree (yes/no)

________________________________________ ________________________________________ ______

________________________________________ ________________________________________ ______

________________________________________ ________________________________________ ______

________________________________________ ________________________________________ ______

________________________________________ ________________________________________ ______
To be eligible for the Florida A&M University Upward Bound Program the student must be able to verify income that falls within the federal governments’ low-income guidelines. (www.ed.gov/about/offices/list/ope/trio/incomelevels.html)

The family must
   a. Provide a signed statement regarding taxable income
   b. Verify this income from another government source
   c. A signed financial aid application, or
   d. A signed US or Puerto Rico income tax return

Parents, fill out the income verification statement that applies to your family. Please provide the appropriate documents as well. Be sure and sign in the appropriate place(s).

1. Does your family receive Public Assistance?  Yes_____ No_____

   If yes, please attach AFDC statement

2. Do you or your spouse receive Social Security benefits?  Yes_____ No_____  

   If yes, attach copy of SS Statement

3. Does your child receive free lunch?  Yes_____ No_____  

   Include copy of free lunch eligibility document

4. Your taxable income is ________________________  
   (1040 – on or about line 43  OR  1040A – on or about line 27)

   Copy of signed tax return with the total number of exemptions shown on the tax return

I certify that the above information is true and accurate to the best of my knowledge.

________________________________________  __________________________  
(Parent/Guardian’s Signature)  (Date)
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<th>Perceived Academic and Social Weaknesses:</th>
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<th>List Your Personal Goals:</th>
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FLORIDA A&M UNIVERSITY
STATE OF FLORIDA
CONTACT/MEDICAL INFORMATION

Student: ______________________________________________________________________________________

Social Security#: ____________________________           Date of Birth: __________________________________

Parent(s)/Guardian(s) Names: ____________________________________/________________________________

Home Address: ___________________________________________________________________________________

City:________________________________________ State:________________________ Zip Code: ____________

Home Telephone: (_____)___________________

Parent(s)/Guardian(s) Work Telephone(s) (_____)__________________      (_____)____________________

Another Person to Contact in Case of Emergency: _______________________________________________________

Phone Number: (____)______________________  Relationship: ___________________________________

***************************INSURANCE INFORMATION***************************

Do you have insurance?    Yes ________ No __________

Primary Insurance Company Name: _____________________________________________________________________

Insured’s Name: ___________________________________   Insured’s Social Security Number: __________________

Address: ________________________________________________________________________________________

City:________________________________________ State:________________________ Zip Code: ______________

Telephone: (____)___________________

Policy Number: _____________________________________   Fax Number: (____)___________________

Plan Type or Code Number: ________________________________________________________________________

*****************************MEDICAL INFORMATION****************************

The following section is to include special allergies or medical conditions that might require special attention during the UPWARD BOUND PROGRAM. Examples are food, drug or insect allergies, diabetes, chronic illness, recent surgery, fainting spells, etc. It must also include any hospitalizations for any reason, any regularly prescribed medications, and any special or psychological examinations, conditions, or treatments.

Allergies __________________________________________________________________________________________

Chronic Conditions (Asthma, etc.) _______________________________________________________________________

Regular Medication(s) ________________________________________________________________________________

Medical History _____________________________________________________________________________________

___________________________________________________________________________________________________

Parent(s)/Guardian(s) Signature(s) _________________________________________          Date ____________________
FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY
STATE OF FLORIDA
MEDICAL AUTHORIZATION

PARENTAL CONSENT & AUTHORIZATION

We/I understand that our/my son/daughter has been selected to attend the Summer Camp Programs to be held on the campus of Florida Agricultural and Mechanical University (FAMU) from

The FAMU Summer Camp Programs accident and sickness insurance coverage is limited to a total amount of $25,000 per accident per participant and $2,500 for sickness per participant. The policy is arranged through FAMU and will be in effect for the duration of the PROGRAM. Upon written request, a copy of the policy will be sent to parents or guardians when it is available. This coverage will be effective from the time the participants register until the dismissal of the camp program, exclusive of time away from the PROGRAM for the holiday weekend or at other times as approved by the Director or the Director’s Designee. We/I understand that my/our health insurance, if available, will be the excess coverage for the event of accident or illness while attending the PROGRAM. We/I further understand that in the event we/I do not have personal accident/medical insurance or have exceeded the camp programs coverage limits, our/my son/daughter will be financially responsible for the remaining balance of any medical treatment in which he/she receives.

We/I also authorize the sponsors/administrators of the PROGRAM and authorized representatives of the Insuring Agency to obtain information regarding the medical history, physical condition, and diagnosis of our/my son/daughter as required to document covered accidents/illnesses. A photocopy of this authorization shall be valid as the original. This authorization will be valid for the term of our/my son/daughter’s coverage under the policy.

We/I, the parent(s) or guardian(s) do hereby request that the FAMU, through its agents or employees, take whatever steps necessary to secure medical treatment for the child named above in the event such child appears to be in need of such treatment while attending the PROGRAM. We/I consent to the rendering of all necessary treatment including admission to a hospital or other appropriate health care facility, in such institutions and at such places as FAMU summer camp programs, is acting through its agents or employees, deems best. I authorize the agents or employees of the University to execute whatever forms might be necessary to ensure complete and adequate care of our/my child.

We/I affirm that the above medical information is complete and accurate. We understand that pre-existing health conditions are not covered by the FAMU summer camp program insurance and that such conditions are the financial responsibility of the parent(s) or guardian(s). We/I also understand that the insurance policy cited above does not cover any medical problems known to us/me or that should have been known to us/me and not revealed by us/me to the FAMU summer camp program, and that certain conditions will not be covered under the terms of the insurance policy.

If this document is being signed by only one parent, I, the undersigned, affirm that I have been judicially granted sole custody of the participant. If this document is being signed by a guardian(s), I/we, the undersigned, affirm that I/we have been judicially granted legal guardianship of the participant.

I HAVE READ THIS ENTIRE PARENTAL CONSENT & AUTHORIZATION. I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT.

Name of Summer Camp Program

Program Start Date / Program End Date

Print Name of Minor Participant

Participant’s Date of Birth

Print Name of Parent(s), Legal Guardian or Custodian

Date

Signature of Parent, Legal Guardian, Custodian or Participant if 18 years or older

Date
Transcripts, FCAT scores, and Free Lunch Certification Consent Form

I, ________________________________, parent of ________________________________,
(parent’s name) (student’s name)
would like the unofficial transcript, FCAT scores, and free/reduced lunch certification documents released to Upward Bound academic advisement and recruitment staff.

Signed,

_________________________________ ________________
(Parent’s signature) (Date)

_________________________________ ________________
(Witness’ signature) (Date)
**************DOCUMENTS REQUIRED WITH APPLICATION***************

8th Grade Report Card
Or
High School Unofficial Transcript

**************PARTICIPATION AGREEMENT***************

I, ______________________________________, hereby agree to participate fully in all scheduled activities. I will attend all required weekly meetings. I will attend all scheduled tutoring/counseling sessions, as well as the 6-week summer residential session. I will commit myself to the Florida A&M University Upward Bound Program until I graduate from high school and complete the Summer Bridge Program.

I understand that the only way in which I may be excused from any of the above is through verified sickness or extreme emergency.

_____________________________________   ____________________________________
(Student Signature)                                   (Date)

**************PARENT’S AGREEMENT***************

I have read all pages of this application and fully understand the obligation my son/daughter/ward is assuming. I certify that all information on this application is correct and complete, including the information about family income. I will assist my son/daughter/ward in his/her obligation to the Upward Bound Program.

_________________________   ________________________

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APPLICATION CHECKLIST

Student’s Name ___________________________________________ High School & Year _______________________________________

_____ Student Information (page 1)

_____ Education Certification (pages 1)

_____ Income Certification (page 2)

_____ Contact/Medical Information: FAMU’s State of Florida (page 4)

_____ Consent Form: Transcript, FACT scores, and Free Lunch Certification (page 6)

_____ Participation Agreement (page 7)

_____ Parent’s Agreement (page 7)

_____ Medical Authorization: FAMU’s State of Florida (page 5)

_____ Statement of Needs: Student (page 3)

_____ Domestic Travel

Mail Completed Application to:

Upward Bound
TRIO Academic Support Center
640 Gamble Street
Florida A&M University
Tallahassee, FL 32307-5800
www.famu.edu/upwardbound