



**Florida A&M University**

**Upward Bound Program  
Application**



**@Florida A&M University**

**\*\*\*\*\*STUDENT INFORMATION\*\*\*\*\***

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 (Last, First, M.I.) (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)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*\*\*\*\*INCOME CERTIFICATION\*\*\*\*\*

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)

**Upward Bound Program  
Student Statement of Needs**

What would you like to gain from you Upward Bound Experience?  
Please state your purpose for wanting to join Upward Bound. List weaknesses you would like to improve, and goals you would like to achieve during the program.

**Purpose for joining:**

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**Perceived Academic and Social Weaknesses:**

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**List Your Personal Goals:**

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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)

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 in 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\*\*\*\*\*

8<sup>th</sup> 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.

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*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***