

INSTRUCTIONS FOR COMPLETING THE MARIST UPWARD BOUND STUDENT APPLICATION PACKET

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To prospective applicants and their parents/guardians:

Thank you for your interest in the Upward Bound Program at Marist College. Before you start the paperwork, please carefully review the eligibility guidelines to determine if you qualify for the program. Completed applications for the 2005-2006 academic year and Summer 2006 program must be received by **Wednesday, March 15, 2006**. Eligible candidates may be invited to Marist College for an interview, depending on available openings and program needs.

The following forms are enclosed:

1. Marist Upward Bound Student Application *(four pages)*;
2. Two (2) copies of the Upward Bound Student Recommendation Form;
3. Upward Bound Student Disciplinary Action Form;
4. Camp Health Examination Form for Children, Youths and Adults *(two pages; upon request, may be submitted after the interview)*.

Candidates must also submit copies of the following documents, which can be obtained through your school's guidance department:

1. An official school transcript;
2. Grade 8 standardized test scores in English Language Arts (ELA) and Mathematics*;
*(*Current eighth graders may submit their standardized test scores at a later date, once they are received.)*
3. Final (4th quarter) report card for the 2004-2005 school year;
4. Most recent report card for the current school year;
5. An IEP report, where applicable.

The complete application packet will also include the following, which may be submitted when invited for an interview:

1. A copy of the student's Social Security card;
2. Income verification *(when required)*;
3. Documentation of current immigration status *(for non-U.S. citizens)*.

Please refer to the back of this page for instructions on how to complete each section of the application packet.

Please be certain that all parts of the application packet are carefully filled out by the appropriate person(s).
Incomplete applications will result in delays.

Application materials must be sent to the Marist Upward Bound Admissions Committee at the address provided. If you have any questions about filling out the application forms, **please call our office at 575-3258** between 8:30 a.m. and 5:00 p.m., Monday through Friday. If you call after hours, you may leave a brief message.

Additional copies of the application forms may be downloaded from our website: www.marist.edu/upwardbound/.

Again, thank you for your interest in Marist Upward Bound!

- (over, please) -

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Please note: If forms have been returned to you as incomplete, please fill out the highlighted sections and return to Marist Upward Bound or, if applicable, forward to school personnel.

1. **Application:** Detailed instructions are listed on the form. Please be certain to fill in **all** applicable sections and **sign and date** the *Information Release Authorization* (parent/guardian and student) and the income affidavit (parent/guardian). **You must enter the applicant's social security number – do not leave blank.**

Please note: Priority is given to applicants who meet **both** federal low-income and education criteria. If you wish to claim eligibility under income, your income information **must** be provided in its **entirety** (Sections 1 **or** 2 of Page 3) in order to determine eligibility. If your income information is not provided or is incomplete, eligibility will initially be determined under education criteria only. Although proof of income does not have to be submitted with the application, you will be required to submit proof of income before acceptance into the program. Please call the Upward Bound Office at 575-3258 if you have any questions.

2. **Camp Health Examination Form:** *Page 1* - Detailed instructions are listed on the form. Parents must **sign and date** the *Parent Authorization* at the bottom. *Page 2* - The *Immunization History* is to be completed by the parent/physician, or may be submitted as a separate record from your doctor's office or school nurse. The *Medical Examination* must be **completed and signed by the examining physician**, or a separate medical examination form signed by your doctor on his/her own office letterhead may be submitted instead. School physicals are also acceptable. *Please note: Physicals are valid for one year and must be taken annually. For the Summer 2006 Program, physicals are valid only if taken on or after August 5, 2005.*
3. **Disciplinary Action Release Form:** Detailed instructions are listed on the form. The form must be **read, signed and dated** by the parent/guardian and student, then **submitted to the school principal's office for completion**. The principal must mail the completed original form **directly** to Marist Upward Bound.
4. **Student Recommendation Form (2):** Detailed instructions are listed on the form. **Two** recommendations are needed in order for a student to be considered for the program. This form must be given to teachers, guidance counselors or other school administrators for completion. School personnel completing the forms must send them **directly** to Marist Upward Bound.
5. **School Transcript:** The applicant's transcript can be requested from your school guidance counselor. Ask your counselor for the transcript – which should (but may not) include Grade 8 standardized test scores in English Language Arts and Math – or to mail or fax it directly to Marist Upward Bound (Fax: 575-3259).
6. **Grade 8 Standardized Test Scores in English Language Arts and Math:** These scores, which are usually included in school transcripts, can be requested from your school guidance counselor. Ask your counselor for the scores, or to mail or fax them directly to Marist Upward Bound (Fax: 575-3259).
7. **Recent Report Card:** Send a copy of the applicant's most recent report card to Upward Bound. (If several months pass, you may also be asked to submit a new or final report card if you are invited for an interview.)

If you have any questions, please call the Upward Bound Office at (845) 575-3258, e-mail us at Upward.Bound@Marist.edu, or visit our website at www.marist.edu/upwardbound/. Thank you!

MARIST UPWARD BOUND STUDENT APPLICATION

Please read instructions carefully. The applicant (student) should complete Page 1 of the application form. **The applicant's correct Social Security Number must be provided.** The **Information Release Authorization** is to be signed by both the parent/guardian and student. Pages 2 & 3 are to be completed by the parent/guardian. The **Affidavit** on Page 3 must be signed by the parent/guardian. To avoid delays, please complete all sections of application. All information provided is protected by the Privacy Act. Please call the Upward Bound Office at 575-3258 **prior** to submitting the application if you have any questions or need assistance.

STUDENT PERSONAL INFORMATION *(Please print clearly.)*

Name: First _____ Middle _____ Last _____

Sex: Male ___ Female ___ **Birth Date** _____ **Social Security #** _____ - _____ - _____

Home Address: Street & Number _____ Apt. # _____

City _____ NY Zip Code _____ Home Tel. # (____) _____

Mailing Address *(if different than home address):* Street & Number or PO Box _____

Apt. # _____ City _____ NY Zip Code _____

Cell Phone (____) _____ **E-Mail Address** _____

US Citizen: Yes ___ No ___ **Permanent Resident:** Yes ___ No ___ Alien Registration Number _____

Ethnic Background: Afro American ___ White ___ Hispanic ___ Native American ___ Alaskan Native ___
(optional) Asian ___ Pacific Islander ___ Other (please state) _____

Name of agency, if in a foster home or group home _____

Name of School _____ **School Tel. #** (____) _____

Grade _____ **High School Graduation Year** _____ **Guidance Counselor's Name** _____

If in 8th grade, indicate which high school you will attend _____

Indicate your area(s) of academic weakness English _____ Math _____ Science _____ Social Studies _____

Indicate your future career choice(s) _____

INFORMATION RELEASE AUTHORIZATION

I hereby authorize school officials in my school district to release any requested academic or personal information (transcript, report cards, test scores, disciplinary records, IEP reports, change of address, etc.) to the Upward Bound Program at Marist College. Upon Upward Bound enrollment, I understand this information will be provided until all graduation requirements are met. I also authorize Upward Bound to release this information to other agencies conducting business with Upward Bound.

Parent/Legal Guardian Signature

Date

Student Signature

Date

(Continue to Page 2)

PARENT/GUARDIAN PERSONAL INFORMATION

Name of Student: _____

(Please print clearly.)

Please check one: Mother Step-Mother Legal Guardian Other: _____

Mother's First Name Mother's Last Name (_____) Home Telephone Number

Home Address: Street & Number _____ Apt. # _____

City _____ State _____ Zip Code _____

(_____) _____ (_____) _____
Cell Phone Number Pager Number E-Mail Address

Presently working Yes ___ No ___ Work Tel. # (_____) _____ Occupation _____

Circle highest grade level of education completed: 1, 2, 3, 4, 5, 6, 7, 8 / 9, 10, 11, 12 / 13, 14, 15, 16 / 17,18,19

Please check one: Father Step-Father Legal Guardian Other: _____

Father's First Name Father's Last Name (_____) Home Tel. #

Home address: Street & Number _____ Apt. # _____

City _____ State _____ Zip Code _____

(_____) _____ (_____) _____
Cell Phone Number Pager Number E-Mail Address

Presently working Yes ___ No ___ Work Tel. # (_____) _____ Occupation _____

Circle highest grade level of education completed: 1, 2, 3, 4, 5, 6, 7, 8 / 9, 10, 11, 12 / 13, 14, 15, 16 / 17,18,19

EDUCATIONAL STATUS: Has either parent/legal guardian received a four-year college degree (B.A., B.S., etc.)?

Yes _____ No _____ If yes, specify below:

Name	Name of College Attended	State	Degree	Year Graduated
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Continue to Page 3)

Name of Student: _____

FINANCIAL INFORMATION - Must be completed in its entirety for consideration under federal income guidelines. Please call the Upward Bound Office prior to submitting the application if you have any questions. Proof of income is required by the federal government if you are submitting income as criteria for eligibility, and should be enclosed with the application.

Note: a) If you **were required** to file a tax return last year, complete sections 1 & 3 only. Enclose as proof of income a copy of your signed tax return.
b) If you **were not required** to file a return last year, complete sections 2 & 3 only. Enclose as proof of income a copy of your awards letter for Social Security, Social Services, child support or other untaxed benefits.

1. PARENT/GUARDIAN INCOME FOR LAST CALENDAR YEAR FOR THOSE REQUIRED TO FILE WITH THE IRS

_____ Write in total number of exemptions/dependents claimed

\$_____, _____ .00 GROSS INCOME

\$_____, _____ .00 Total amount of itemized deductions (write in "0" if deductions were not itemized)

The above income figures are (check one) _____ from a completed IRS Form _____ estimated, will file

Check Filing Status: _____ Single head of household _____ Married / filed separately _____ Married / filed jointly
_____ Over 65 years old

2. TO BE COMPLETED BY PARENT/GUARDIAN NOT REQUIRED TO FILE A TAX RETURN AND/OR WHO RECEIVED ANY TYPE OF PUBLIC ASSISTANCE FOR THE LAST CALENDAR YEAR

A tax return was not filed because (check off those items that applied to your situation)

_____ Amount of total income earned Indicate Annual Income \$ _____

_____ We received public assistance Indicate Monthly Assistance Income \$ _____

Department of Social Services Case Number _____

Check each type of assistance you received

_____ Social Security Benefits

_____ Temporary Aid to Needy Families (TANF)

_____ Child Support

_____ Rent Subsidies

_____ Food Stamps

Check Marital Status

_____ Single _____ Married

_____ Separated _____ Divorced

_____ Widow _____ Single Head of Household

Are you/your spouse over 65 years old? _____

Total Number in Household _____

Indicate number of dependent children _____

3. AFFIDAVIT: I certify that the above information is true and correct and all income is reported. The sponsor, auditor or other official may verify it and that deliberate misrepresentation may subject me to prosecution under applicable State/Federal laws. If I do not give proof when asked, the applicant will not be accepted.

Mother's / Guardian's Signature

Social Security Number

Date

Father's / Guardian's Signature

Social Security Number

Date

Please Return this application to: Marist Upward Bound Admissions Committee
3399 North Road
Poughkeepsie, N.Y. 12601-1387

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MARIST UPWARD BOUND APPLICATION CHECKLIST

Before submitting your application, please check off each completed item listed below to ensure that you have provided the information and documentation requested. Please note that **incomplete applications will not be reviewed.** Only students who have submitted complete application packets will be considered for interview and enrollment.

- APPLICATION PAGE 1 – STUDENT INFORMATION**
 - ALL applicable information filled in completely (including social security number, name of guidance counselor and future career choices).
 - Signed and dated by BOTH the student and a parent/legal guardian.

- APPLICATION PAGE 2 – PARENT/GUARDIAN INFORMATION**
 - ALL applicable information filled in completely.
 - Highest grade level for each parent circled.
 - Education status checked.
 - Colleges/degrees of parents entered, if applicable.

- APPLICATION PAGE 3 – FINANCIAL INFORMATION**
 - **Section 1** completed by parents/guardians **who were required** to file a tax return last year.
 - Copy of last year's tax return enclosed.
 - **Section 2** completed by parents/guardians who **were not required** to file a tax return last year.
 - Copy of other income verification (awards letter from Social Security, Social Services, child support, other untaxed income or benefits) enclosed.
 - **Section 3** signed and dated by parents/guardians; Social Security numbers entered.

- RECOMMENDATION FORMS (2)**
 - Given to two of the student's teachers, guidance counselors or other school administrators to be completed and mailed directly to Upward Bound by the teachers, counselors or administrators. (Check back with school staff to make sure the forms were mailed.)

- DISCIPLINARY ACTION RELEASE FORM**
 - Signed and dated by BOTH student and parent/guardian.
 - Given to the school principal's office to be completed and mailed directly to Upward Bound by the principal. (Check back with the principal to make sure it was mailed.)

- CAMP HEALTH EXAMINATION FORM** (*This form may be submitted after the interview.*)
 - Page 1 completed, signed and dated by parent/guardian.
 - Page 2 completed, signed and dated by physician or school nurse OR separate physical and immunization record attached on physician's letterhead. (School physicals are acceptable.)

- COPY OF STUDENT'S SOCIAL SECURITY CARD** (not needed if submitting tax return with student's SSN)

- DOCUMENTATION OF CURRENT IMMIGRATION STATUS** (for non-U.S. citizens)

The following may be enclosed or requested from the Guidance Office to be sent directly to Upward Bound:

- SCHOOL TRANSCRIPT** - requested from school Guidance Office or enclosed.
- FINAL REPORT CARD FROM 2004-2005 SCHOOL YEAR** - requested from school Guidance Office or enclosed.
- MOST RECENT REPORT CARD FOR CURRENT YEAR** - requested from school Guidance Office or enclosed.
- IEP REPORT** (*only where applicable*) – requested from school Guidance Office or enclosed.

Ninth and Tenth Graders Only (current eighth graders must submit as soon as scores are available):

- GRADE 8 NEW YORK STATE STANDARDIZED TEST SCORES IN ENGLISH LANGUAGE ARTS (ELA)** - requested from school Guidance Office or enclosed.
- GRADE 8 NEW YORK STATE STANDARDIZED TEST SCORES IN MATH** - requested from Guidance or enclosed.

MARIST UPWARD BOUND STUDENT RECOMMENDATION FORM

Student Name _____ Grade _____ Counselor _____

TO THE APPLICANT: After filling in your name, grade, and counselor, give this form to a teacher, guidance counselor, or other school administrator who knows you well and can assess your academic achievement and potential for success in completing high school and a post-secondary educational program.

TO THE TEACHER/COUNSELOR: This student has filed/will file an application with the Upward Bound Program at Marist College. This college preparatory program is designed for students with academic potential who need additional support in order to complete high school and enroll in a post-secondary educational program. Your valuable comments will assist the selection committee in making an informed decision. **Please mail the completed form directly to:**

Upward Bound Admissions Committee
Marist College
3399 North Road
Poughkeepsie, NY 12601-1387

1. Please rate the student according to the criteria listed below.

Response Items	Low		Medium		High	
	1	2	3	4	5	
Assertiveness						
Commitment						
Creativity						
Decisiveness						
Enthusiasm						
Humor						
Integrity						
Maturity						

Response Items	Low		Medium		High	
	1	2	3	4	5	
Leadership						
Perseverance						
Sensitivity						
Tough-Minded						
Attendance						
Punctuality						
Work Habits						
Study Skills						

2. Academic Strengths _____

3. Academic Weaknesses _____

4. Please describe specific activities, attitudes and abilities that appear to you to be especially noteworthy.

5. How long have you known the applicant? _____

6. In your opinion, this student (check one)

Has the potential for success in a post-secondary educational program.

At this time, the student has not yet exhibited potential for success in a post-secondary educational program.

(Please print clearly.)

Name _____ Title _____

Signature _____ Date _____

School Name and Address _____

UPWARD BOUND STUDENT DISCIPLINARY ACTION RELEASE FORM

Students and Parents: Please read, sign, and submit this release form to your school principal's office.

STUDENT/PARENT AUTHORIZATION:

We authorize school officials to release a list of the dates and nature of any disciplinary action (i.e. in-school suspension, superintendent hearing) contained in school files to the Marist College Upward Bound Program.

Student's Name (please print clearly)

Student's Signature

Date

Parent's Signature

Date

Dear School Administrator:

Please complete this form by listing the date(s) and nature of disciplinary action taken. Admission into the Upward Bound Program cannot be completed until the program receives this document. **If the student has received no disciplinary actions, please check "None to Report."** Thank you for your assistance.

None to Report	Date	Incident	Nature of Action

_____ *Please check here if a school disciplinary report is attached.*

Administrator's Name (please print clearly)

Title

Administrator's Signature

Date

Name of School

Please return this form directly to: Upward Bound Admissions Committee
 Marist College
 3399 North Road
 Poughkeepsie, NY 12601-1387

CAMP HEALTH EXAMINATION FORM FOR CHILDREN, YOUTH, AND ADULTS

Please Return Completed Form To: Marist Upward Bound
 3399 North Road
 Poughkeepsie, NY 12601-1387

This side of form is to be filled in by parent and checked with physician at the time of examination. **(Please Print Clearly)**

Student's Name _____
First Last MI

Birthdate _____ Age _____ Health Policy and # _____

Home Address _____
Street & Number City NY Zip Code

Mother/Guardian's Name _____
First Last

Home Phone (____) _____ Work Phone (____) _____ Cell/Pager (____) _____

Father/Guardian's Name _____

Home Phone (____) _____ Work Phone (____) _____ Cell/Pager (____) _____

HEALTH HISTORY (Check and /or give approximate dates)

Ear infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Poison Ivy, etc. _____	Measles _____
Convulsion _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other Drugs _____	Asthma _____

Operations or Serious Injuries (dates) _____
 Chronic or Recurring Illness _____
 Other Diseases or Details of Above _____
 Any Specific Activities to be Restricted? _____

IMPORTANT: Please notify the program nurse if this camper is exposed to any communicable disease during the three week period prior to camp attendance.

PARENT AUTHORIZATION: (The statements below must be read and signed. Students cannot receive medical treatment without parental authorization.) Parents are responsible for providing the Director with written notification of where they can be reached if they will be unavailable at home/work due to travel.

I hereby consent to have the Marist College Project Upward Bound Staff, or other medical professionals designated by the Director to secure treatment for my child in the event that I cannot be contacted; or if in the judgement of medical professionals, immediate attention is required prior to my being contacted.

Parent's Signature _____ **Date** _____

If I am not available in an emergency please contact: *(Please print clearly.)*

Name Relationship (____) _____
Phone Number

Name Relationship (____) _____
Phone Number

STUDENT'S NAME _____

IMMUNIZATION HISTORY: To be filled out by parent/physician. Required immunization must be determined locally. Record dates of basic immunizations and most recent booster doses.

DTP Series _____ / _____ / _____ Booster _____ Tetanus Booster _____
Polio OPV (Sabin) _____ Booster _____ Typhoid _____
Measles Vaccine (Live) _____ Tuberculin Test _____
German Measles (Rubella) _____ Mumps Vaccine (Live) _____
Smallpox _____ Other _____

MEDICAL EXAMINATION: To be filled out by licensed physician. This examination should be performed within 12 months of arrival at camp. Examination for some other purposes within this period is acceptable. Examination is for determining fitness to engage in strenuous activities. (Pregnant students are not permitted to participate in the residential component.)

Hgt. _____ Wgt. _____ B.P. _____ Hgb. Test _____ Urinalysis _____
Eyes _____ Extremities _____
Glasses _____ Posture (spine) _____
Ears _____ Skin _____
Nose _____ Allergy _____
Throat _____ Lungs _____
Teeth _____ Abdomen _____
Heart _____ Hernia _____

General Appraisal _____

For Females: Has patient begun menstruation? _____ If not, has she been told about it? _____

If menstruation has begun, is patient's history normal? _____

Special Considerations _____

Recommendations and Restrictions While in Camp:

Special Diet _____

Special Medicine (Name) _____ Is Parent Sending Medicine? _____

Swimming/Diving _____ Strenuous Activity _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

Examining Physician's Signature

Date

Examining Physician's Name (Print)

Telephone Number