



# LAKE SUPERIOR STATE UNIVERSITY

Dear Upward Bound Applicant:

I am pleased that you are interested in applying for the Upward Bound Program. This letter will try to answer the most commonly asked questions about the Upward Bound Program and give you and your parents some idea of what Upward Bound is all about.

Upward Bound's goal is to assist high school students in preparing for, and succeeding in, college. All Upward Bound participants are either low-income or first-generation college-bound students. The program is funded by the United States Department of Education for the purpose of providing students with academic, cultural, and personal support that will increase their ability to do well in college. **There is no financial cost to any participant.**

Requirements for participation are:

- The student must demonstrate the academic capacity to benefit from postsecondary education (i.e., MEAP scores, GPA, other educational testing), and
- Either meet federal income guidelines or be first generation (meaning neither residential parent can have a Bachelor's degree.)

The Upward Bound year is divided into two parts—the Summer Session and the Academic Year. The Summer Session is a six-week residential program that begins mid-June and ends by July 31<sup>st</sup>. Students come to the campus at Lake Superior State University on Sunday Night and go home every Friday afternoon. While staying on the campus, students attend academic classes throughout the day, then participate in a variety of activities in the afternoon and evening. In addition, students have the opportunity to participate in plays, talent shows and dances.

During the school year, the program staff meets regularly with the student to provide them with tutoring, academic guidance, and information about college, financial aid, and career choices. We provide free tutoring to any student in the program who needs assistance. Once a student has been accepted into the program, he or she must maintain a good attendance at his/her school, participate in program activities, and maintain a 2.5 GPA or better in his/her classes. During the academic year we hold two workshops per month at LSSU. Students must attend at least one of the meetings each month. A student who is in good standing with the program will receive a stipend of fifteen dollars a week while the Summer Session is in progress, and twenty-five dollars a month during the school year.

Fill out the application completely and return it to the Upward Bound office in the envelope provided. In order for us to consider your application, we must receive a **signed** copy of your parent(s)' **federal income tax return**. All information will be kept confidential. Please feel free to call 635-2590 if you have any questions.

Sincerely,

Heidi Witucki  
Director of Upward Bound

## Upward Bound

650 W. Easterday Ave., Sault Ste. Marie, MI 49783  
Telephone: 906-635-2590 • Fax: 906-635-6668  
[www.lssu.edu/upbound](http://www.lssu.edu/upbound)

## PERSONAL INFORMATION

Name: \_\_\_\_\_

First	Middle	Last
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School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Email: \_\_\_\_\_

Email: \_\_\_\_\_

names: \_\_\_\_\_ Address: \_\_\_\_\_

Number of people living at home:

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Applicant is currently a state or court ward      yes      no

To be in compliance with Federal guidelines, please submit a copy of last year's IRS form; i.e., 1040 or 1040A. Family Taxable Income last year was: \$

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SIGNATURE OF PARENT OR GUARDIAN

**AUTHORIZATION FOR ACCESS TO SCHOOL RECORDS  
AND RELEASE OF UPWARD BOUND RECORDS DATA**

**Request**

Records to be released or requested:

Student's complete educational records: such as, Academic Records (including grades), Standardized Test Scores, Academic Standing, Enrollment Verification, Transcripts, Special Education Evaluations (if applicable), Enrollment & Attendance Records, *and access to the student's Skyward or Powerschool account.*

Name of Requester:

Heidi Witucki

Organization and Position:

Upward Bound Program Director

Signature of Requester:



Reason for Request

Records will be used by the Upward Bound Program staff to determine student needs and progress.

**Consent**

I understand that the U.S. Department of Education requires the Upward Bound Program to monitor the educational attainment of its participants. Due to these requirements, your signature on this release will allow LSSU's Upward Bound Program to monitor your progress during your participation in the project and until six (6) years after your high school graduation date, even if you leave the project. In accordance with the Family Rights and Privacy Act of 1974, I hereby give my permission for my son's/daughter's institution to release records to the Lake Superior State University Upward Bound Program; and further, for the Upward Bound Program to release said information to professional program staff, Lake Superior State University, and as required, to the U.S. Department of Education which funds this program.

Student Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Upward Bound Medical Statement

The following information is necessary if we are able to provide the best medical and health services for each participant. Periodically, you will be asked to update this form. Applicants will not be excluded from the program because of health factors, but the director and staff should be aware of any special conditions that must be considered or avoided.

Student's **Complete Name**: \_\_\_\_\_ Birthdate \_\_\_\_\_  
First Middle Last

Phone # \_\_\_\_\_ Name of person completing this form \_\_\_\_\_

Relationship to student \_\_\_\_\_ Notify in case of emergency \_\_\_\_\_

\_\_\_\_\_ Relationship and Phone # \_\_\_\_\_

### Student's Medical History

General Health \_\_\_\_\_ Date of last physical \_\_\_\_\_ Dental Exam \_\_\_\_\_

Any current health problems or injuries? \_\_\_\_\_

Allergies? (Medicine or other) \_\_\_\_\_

Currently on Medication? \_\_\_\_\_ Student ever had surgery? \_\_\_\_\_

Has student ever been seriously ill? \_\_\_\_\_ Serious injuries? \_\_\_\_\_ Date of last TB test? \_\_\_\_\_

Comments: \_\_\_\_\_

Any serious family health problems? \_\_\_\_\_

**STUDENT IMMUNIZATIONS** – enter month/year – Enter “No” if student has not had shot or “Uncertain” if not sure.

DTP \_\_\_\_\_ Tetanus \_\_\_\_\_ Small Pox \_\_\_\_\_ Polio \_\_\_\_\_ Measles/Mumps/Rubella \_\_\_\_\_

*Is there anything else about the general health of your child which should be known to anyone administering treatment?* \_\_\_\_\_

Are you covered by any type of medical assistance? \_\_\_\_\_ Number \_\_\_\_\_ Do you have health insurance? \_\_\_\_\_ Name of Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### RELEASE OF INFORMATION/CONSENT OF TREATMENT

I HEREBY GRANT PERMISSION for the information provided on this form to be used if necessary as an aid to provide the necessary health care while my child is a student in the Upward Bound Program.

I UNDERSTAND that should a health emergency arise, I will be notified, but if I cannot be reached by telephone, such x-ray examination, medical, dental, or surgical diagnosis or treatment and hospital services as deemed necessary by competent medical personnel is authorized

DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_



### STATEMENT OF RESPONSIBILITIES

As a member of the Upward Bound community, each student must meet the following requirements:

1. Attend and participate in both summer and academic year UB activities
2. Strive toward academic excellence, acceptable classroom behavior, and consistent class attendance;
3. Strongly consider future attendance in form of post-secondary education.

If these responsibilities are not conscientiously striven for, the Upward Bound staff reserves the right to terminate a student's involvement in the program.

#### Student Acceptance

As an accepted member of Upward Bound, I have discussed the above requirements with my parents or guardians and accept the responsibility to fulfill them.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Parent or Guardian Acceptance

I hereby give me permission for my child or dependent to participate in the Lake Superior State University Upward Bound Program.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### LIABILITY RELEASE STATEMENT

IN CONSIDERATION of the Student's participation in the Upward Bound Program hosted by Lake Superior State University, Student and Student's Parent or Legal Guardian, hereinafter referred to as the "UNDERSIGNED", hereby release the Upward Bound Program, its staff and faculty, successors and assigns; and Lake Superior State University, its successors and assigns, from all claims for damages arising out of any injury incurred by student's participation in the Upward Bound Program, whether arising directly or indirectly from such participation in said program.

THE UNDERSIGNED acknowledges the physical disabilities, if any, as set out in the Medical Statement to be true to the best of our knowledge and that there are no medical reasons to the best of our knowledge that would not allow the Student to participate in all or any of the activities of the above named program.

THE UNDERSIGNED hereby agrees that no claim for negligence will be pursued against Lake Superior State University, its officers, agents, employees, and volunteers in connection with any injury arising out of the Student's participation in the Upward Bound Program.

THE UNDERSIGNED hereby acknowledge that the program participants may be photographed or videotaped for project historical records or newspaper articles, etc. and do hereby give permission for public release of these videos and/or photos.

THE UNDERSIGNED PARENT/GUARDIAN further agrees to defend, indemnify, and hold harmless, Lake Superior State University, its officers, agents, employees, and volunteers from all loss, cost and expense arising out of any liability or claim of liability for bodily injury, personal injury, property damage, or wrongful death, sustained or claimed to have been sustained, arising from my child's participation in Lake Superior State University's Upward Bound Program.

THE UNDERSIGNED acknowledges the reading of the above and foregoing statements and fully understand the nature and consequences thereof.

DATED AT: \_\_\_\_\_, MI, THIS DAY OF \_\_\_\_\_, 20\_\_\_\_.  
(city/town) (day) (month) (year)

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Please PRINT name of student

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Please PRINT name of Parent or Guardian

# APPLICANT QUESTIONNAIRE

Date: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parents' or Guardians' Name(s): \_\_\_\_\_

Where or from whom did you learn about the program? \_\_\_\_\_

	Current or most recent class	Teacher's Name
Math		
Science		
History/Geo.		
English		

Estimate the amount of time you spend each day on homework and study preparation at home or in school. \_\_\_\_\_  
 \_\_\_\_\_ What subjects do you spend the most time on? \_\_\_\_\_

Have you ever considered going to college? Why or why not? \_\_\_\_\_

What career areas have you considered? \_\_\_\_\_

What primary interests, hobbies, and extra-curricular activities do you participate in after school? \_\_\_\_\_

Name two books, other than schoolbooks, that you have read recently. \_\_\_\_\_

If you have a job, can your hours be arranged for afternoons, evenings, and weekends? \_\_\_\_\_

What would you consider to be your greatest needs? Check as many as apply to you and \* next to those you feel are the most urgent to you.

- |   |   |
|---|---|
| <input type="checkbox"/> English Grammar        | <input type="checkbox"/> College Planning and Information |
| <input type="checkbox"/> English Composition    | <input type="checkbox"/> Geography                        |
| <input type="checkbox"/> Reading                | <input type="checkbox"/> Sociology                        |
| <input type="checkbox"/> Literature             | <input type="checkbox"/> Note Taking                      |
| <input type="checkbox"/> Vocabulary Development | <input type="checkbox"/> Outlining                        |
| <input type="checkbox"/> Spelling               | <input type="checkbox"/> Listening                        |
| <input type="checkbox"/> Algebra I              | <input type="checkbox"/> Time Management                  |
| <input type="checkbox"/> Algebra II             | <input type="checkbox"/> Test Taking                      |
| <input type="checkbox"/> Geometry               | <input type="checkbox"/> Organization                     |
| <input type="checkbox"/> Trigonometry           | <input type="checkbox"/> Using Resources                  |
| <input type="checkbox"/> Biology                | <input type="checkbox"/> Test Preparation                 |
| <input type="checkbox"/> Chemistry              | <input type="checkbox"/> Reading Tests                    |
| <input type="checkbox"/> Physics                | <input type="checkbox"/> Self Image                       |
| <input type="checkbox"/> Psychology             | <input type="checkbox"/> Getting along with others        |
| <input type="checkbox"/> Economics              | <input type="checkbox"/> Career Counseling                |

NAME: \_\_\_\_\_

**TO THE UPWARD BOUND APPLICANT:**

Write two or three paragraphs describing yourself. Include how you see yourself as a person; your strengths, your weaknesses, your plans during and after high school, your values, hopes and dreams. This is to be written without assistance.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# Lake Superior State University

## Counselor or Teacher Recommendation Form

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**This part to be filled out by the counselor / teacher. All information will be kept confidential.**

Grade point average: \_\_\_\_\_ Date: \_\_\_\_\_

Check any of the following that apply:

- \_\_\_\_\_ Student is not meeting academic potential at this time.
- \_\_\_\_\_ Student has expressed an interest in the Upward Bound Program.
- \_\_\_\_\_ Student shows potential for success in a college or university education.

Please check any areas below where you feel the student could benefit as a participant in the Upward Bound Program.

- \_\_\_\_\_ Low GPA
- \_\_\_\_\_ Low Test Scores
- \_\_\_\_\_ Low Education Aspirations
- \_\_\_\_\_ Lack of Career Goals
- \_\_\_\_\_ Limited English Proficiency
- \_\_\_\_\_ Lack of confidence, self esteem, and/or social skills
- \_\_\_\_\_ Interest in a Math / Science Career
- \_\_\_\_\_ Self Motivation
- \_\_\_\_\_ School Attendance
- \_\_\_\_\_ Socialization
- \_\_\_\_\_ Basic Intelligence
- \_\_\_\_\_ Other \_\_\_\_\_

Please use this additional space to provide any comments or concerns which you feel might provide us with better insights about this student's needs, strengths, weaknesses, etc.

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Name and title of person filling out form: \_\_\_\_\_

It is the policy of Lake Superior State University and the Upward Bound Program that no person shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination on the basis of race, color, religion, national origin, or ancestry, age, sex, marital status or handicap.

Upward Bound \* 906-635-2590

650 W. Easterday Ave. \* Sault Ste. Marie, Michigan 49783