

**This application is incomplete without 1) current proof of income, 2) a copy of the student's birth certificate, and 3) a copy of the student's social security card attached. Please attach a copy of one of the following documents as current proof of income: Personal Statement of Family Income (enclosed) or 2016 Signed Income Tax Return if filed.**

**Southeastern Louisiana University**  
**Classic Upward Bound / Math Science Upward Bound Program**  
**2017-18 Application**  
**Phone: (985) 549-5708**  
**1-888-922-5186**

Dear Parent/Guardian:

Classic Upward Bound and Math-Science Upward Bound are Federal programs funded by the Department of Education and are specifically designed for students 1) whose parents' or guardians' income is defined as low by federal standards (see table on page 3) and/or 2) neither parent nor guardian have completed a four-year college degree. If your child meets these requirements, we welcome his/her application for this program.

If you have received this application, your child has either expressed a desire or has been recommended to participate in the Classic Upward Bound or Math-Science Upward Bound Program at Southeastern Louisiana University. The Classic Upward Bound Program is designed to prepare high school students for general post-secondary education programs and the Math-Science Program is designed to prepare high school students for post-secondary education programs that lead to careers in the fields of science, technology, engineering and math. Before filling out the enclosed application, please take time to read this letter and understand the contents in order to decide if this program will benefit your child.

The Southeastern Louisiana University Classic Upward Bound and Math-Science Upward Bound Programs serve students each year from the Louisiana high schools listed (see table on page 2). Students must have completed the eighth grade, but have not entered the twelfth grade, and for the Math-Science Program, must have an interest in the career fields of science, technology, engineering or mathematics.

Students must participate in both the academic year program that consists of sixteen (16) Saturdays and a six-week summer residential program, both of which are held on Southeastern's campus in Hammond, Louisiana.

The **academic year program** consists of Saturday School where students attend academic classes on Southeastern's campus taught by certified high school or college instructors. Classes include current high school and college academic subjects as well as ACT preparation and testing. During the school year, program staff meet with students briefly at their schools once a month for college preparatory workshops on various topics such as developing study skills, college selection, financial aid assistance, and career and personal counseling. Students who participate in the academic year program will receive a stipend for each Saturday session they attend, if they achieve a grade of C or better in all school subjects, which is disbursed after midterms and finals of each academic year. The academic year program is tentatively scheduled to begin mid-October.

In the **summer program**, participants attend pre-college and college classes on Southeastern's campus

for a six-week period while living on campus for four days each week. Some career, academic or cultural field trips may be scheduled during this time. Students earn points throughout the year towards an end-of-the-year Summer Trip based on their participation and grades throughout the year. They also earn a summer stipend determined by their attendance and summer grades. The summer program is a required component of the year, but students may receive permission in advance to be excused from summer program activities.

All information regarding this program is made available through the Math-Science Upward Bound web page: [www.selu.edu/msub](http://www.selu.edu/msub) and the Classic Upward Bound web page: [www.selu.edu/cub](http://www.selu.edu/cub)

Schools	Parish	Contact Persons
Hammond High Magnet School	Tangipahoa	Classic Upward Bound 1-888-922-5184 Ms. Juanita M. Showers 985-549-3395 Ms. Lataisha Tate 985-549-5739
Amite High School		
Kentwood High Magnet School		
Sumner High School		Math Science Upward Bound 1-888-922-5186 Ms. Kimberly Caruso 985-549-2292 Mr. Donta Mills 985-549-5710
Ponchatoula High School		
Loranger High School		
Independence High School		
Albany Springfield	Livingston	Classic Upward Bound 1-888-922-5184 Ms. Roshanna King 985-549-3864 Mr. Joseph Hart 985-549-2348
St. Helena	St. Helena	
Franklinton Mt. Hermon Pine	Washington	Math Science Upward Bound 1-888-922-5186 Ms. Wendy Stevens-Conarro 985-549-2352 Ms. Donnetta Flowers 985-549-5319
Grace King High School	Jefferson	Classic Upward Bound 1-888-922-5184 Ms. LaDrika Winzy Carey 985-549-2542 Ms. Ciara Reed 985-549-2236
Riverdale High School		
East Jefferson High School		
Alfred Bonnabel High School		
Director	All Programs	Mr. Ron Abel 985-549-3402

If your child is interested in applying for this program, please read and follow these instructions carefully:

**STEP 1:** Determine your child's eligibility.

**ELIGIBILITY**

**To be eligible, each participant must:**

1. Plan to attend college or other postsecondary schooling
2. Attend one of the public high schools listed above
3. Be currently enrolled in the 9th, 10th, or 11th grade
4. Cumulative GPA 2.5 or above is recommended, but not required
5. Come from families that are considered by the federal government guidelines to be low income and/or first generation. (Families may be either low income **or** first generation **or** both.)
  - a. **Low income** status is determined from **taxable income** (if filed, see line for taxable income on the 1040 Federal Income Tax form, or equivalent line on other forms) AND by the number of people in the household.

<u>Size of Family</u>	<u>Income Limitation</u>
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
5	\$43,170
* add \$6270 for each additional person in household	

- b. **First generation** means that neither of the participant's parents or guardians has **completed** a bachelor's degree in college. If the participant lives in a single-parent household and that parent has not completed a bachelor's degree, then the participant is first generation. Foster children are automatically eligible.

**STEP 2:** Read through the application forms and help him/her obtain the necessary documentation. You will probably need the help of the high school counselor to get copies of transcripts, current grade reports, and standardized test score sheets.

**STEP 3:** Return the application forms and include copies of the following at any time. Priority deadline is Oct 1, 2016 (see note in Step 4):

1. Copy of income information
  - a. **Signed** 2016 income tax form 1040, 1040E, etc.
  - b. **OR** signed personal statement of family income (form is included in this application)
2. Copy of current high school transcript, including interim grades, if applicable, and upcoming and/or current school schedule
3. Copy of 8<sup>th</sup> grade report card

4. Copy of all standardized test scores: LEAP, PARC, EOC, ACT, IOWA, etc.
5. Copy of social security card
6. Copy of birth certificate
7. Copy of the official State of Louisiana *Universal Certificate of Immunization*
8. Copy of the student's medical card

Mail the completed packet to:

**CLASSIC UPWARD BOUND / MATH-SCIENCE UPWARD BOUND PROGRAM**

**CHOOSE ONE PARISH:**

**JEFFERSON PARISH  
LIVINGSTON  
ST. HELENA PARISH  
TANGIPAHOA PARISH  
WASHINGTON PARISH**

**SLU 10568  
HAMMOND, LA 70402**

Completion of this application packet will establish eligibility, but it does not guarantee that your child will be accepted into the program. Participants will be notified of their selection **within 30 days of receipt of complete application.**

**STEP 4:** Participants who meet the eligibility requirements will be scheduled for an interview. **Note: There is no application deadline. We will start holding interviews during the months of August & September and will continue interviewing students until openings are filled.** The program starts in October 2018.

**STEP 5:** After the completed application has been reviewed, participants will be notified of their acceptance into the program. Once the programs reach their target numbers, additional eligible students will be placed on the waiting list. The number of openings is limited to the number of graduating seniors from the previous year.

Please make sure all the forms are completely filled in with the appropriate documents attached. If you need any assistance, feel free to contact us at (985) 549-5708 or 1-888-922-5186.

Ron Abel, Director  
Classic Upward Bound / Math Science Upward Bound  
[rabel@selu.edu](mailto:rabel@selu.edu)

**CLASSIC UPWARD BOUND / MATH SCIENCE UPWARD BOUND 2016-2017 APPLICATION**

**Please Use Ink and Please TYPE OR PRINT Your Information**

**Date Completed:**        /        /

<b>NAME</b>	FIRST	M.I.	LAST	<b>DATE OF BIRTH</b>	/	/
<b>SOCIAL SECURITY NUMBER</b>	-        -        -			<b>SEX</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>MAILING ADDRESS</b>	STREET or BOX NUMBER		CITY	STATE	ZIP	
<b>HOME PHONE</b>	(        )		<b>Student's cell phone</b>	(        )		
<b>Best time and way to contact you</b>			<b>Student's email</b>			

<b>U.S. CITIZEN</b>	If no, what is your citizenship?	<b>LANGUAGE(S) SPOKEN AT HOME</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>ETHNICITY (RACE)</b>	<b>PHYSICAL CONDITION</b>
<input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander (specify) <input type="checkbox"/> African American <input type="checkbox"/> American Indian (tribe) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify)	<b>Do you have any physical condition or handicap which requires special medical treatment, diet, travel arrangement, or</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>If yes, explain</b>

**FAMILY INFORMATION**

<b>WITH WHOM DO YOU LIVE?</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Relative or Guardian (specify):		
<b>MOTHER'S NAME</b>		<b>EMAIL</b>	
<b>CELL PHONE</b>	(        )	<b>WORK PHONE</b>	(        )
<b>FATHER'S NAME</b>		<b>EMAIL</b>	
<b>CELL PHONE</b>	(        )	<b>WORK PHONE</b>	(        )

**CONTACT INFORMATION**

List three (3) alternative contact persons other than your parents, such as guardian or relative with whom you live:

<b>NAME</b>		<b>PHONE</b>	
<b>ADDRESS</b>		<b>RELATIONSHIP</b>	
<b>NAME</b>		<b>PHONE</b>	
<b>ADDRESS</b>		<b>RELATIONSHIP</b>	
<b>NAME</b>		<b>PHONE</b>	
<b>ADDRESS</b>		<b>RELATIONSHIP</b>	

**SCHOLASTIC INFORMATION**

<b>CURRENT GRADE</b>		<b>GRADUATION YEAR</b>	
<b>HIGH SCHOOL</b>		<b>COUNSELOR</b>	
<b>EDUCATIONAL INTERESTS AFTER HIGH SCHOOL</b>		<input type="checkbox"/> 4-Year College <input type="checkbox"/> 2-Year College <input type="checkbox"/> VoTech <input type="checkbox"/> Training School <input type="checkbox"/> Military	
<b>CAREER INTERESTS</b>	<b>*Do Not Leave Blank:</b>		
<b>DO YOU PARTICIPATE IN ONE OF THE FOLLOWING</b>		<input type="checkbox"/> Talent Search <input type="checkbox"/> Upward Bound <input type="checkbox"/> EOC <input type="checkbox"/> Other (specify)	

My signature indicates that all the information provided in this application is true/correct.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Student Signature

## PARENT / GUARDIAN GENERAL PROGRAM CONSENT FORM

The Classic Upward Bound / Math-Science Upward Bound Program is designed for educational purposes. Thus, participants must meet Program educational goals and objectives to remain in the Program. Each program year, students who have progressed both academically and socially will be invited to return to the Program.

The Program is completely voluntary. Students may withdraw from the Program at anytime without penalty or loss of benefits prior to the time of withdrawal.

The Program is a federally funded program. In order to continue operating at Southeastern, the staff must demonstrate their ability to motivate and encourage Program participants to achieve the objectives of the program. Therefore, the Program requires that each participant demonstrate academic/social progress. Thus, participants are tested at the beginning and ending of each academic year. Results are used to determine the student's progress and the effectiveness of the Program. Therefore, testing is mandatory and vital to the success of the Program.

There are many times when we are required to report on both the progress of the individual students and the progress of the total Program. As part of Program implementation, we will report your child's progress to his/her high school counselor, to you the parent or guardian, to the funding agency, and to other officials as required. **By signing this form, you are giving us permission to release the necessary information in order for your child to participate in the activities designed to accomplish the educational goals set forth in the Program.**

There are also times when your child will be required to participate in various academic and cultural enrichment activities. This may require both in-state and out-of-state travel. **By signing this form, you are giving your child permission to participate in and be transported to/from the selected activities and events.**

If you have any questions concerning this matter, please contact our office at 985-549-5708.

I have read and understand the information presented, and I give my child permission to participate in the Program as described above.

---

Parent/Guardian Signature

Date

Southeastern Louisiana University  
Classic Upward Bound / Math-Science Upward Bound Program

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

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

Student Social Security Number: \_\_\_\_\_

School: \_\_\_\_\_

**LOW INCOME VERIFICATION**

YOU MUST PROVIDE THIS INFORMATION FOR YOUR CHILD TO BE CONSIDERED FOR THE CLASSIC UPWARD BOUND / MATH SCIENCE UPWARD BOUND PROGRAM

OUR TAXABLE\* FAMILY INCOME FOR 2016 WAS \$ \_\_\_\_\_

NUMBER OF FAMILY MEMBERS \_\_\_\_\_

\_\_\_\_\_  
MOTHER/GUARDIAN SIGNATURE

\_\_\_\_\_  
FATHER/GUARDIAN SIGNATURE

**\*PLEASE PROVIDE A SIGNED COPY OF YOUR 2016 FEDERAL INCOME TAX FORMS, IF FILED.\***

Southeastern Louisiana University  
Classic Upward Bound / Math-Science Upward Bound Program

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

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

Student Social Security Number: \_\_\_\_\_

School: \_\_\_\_\_

**FIRST GENERATION ELIGIBILITY VERIFICATION**

Each PARENT must supply the following information:

1. Mother (if in student's household):

I, \_\_\_\_\_, have **NOT** received a bachelor's degree from a college or  
(print name clearly)  
University.

Mother's Signature \_\_\_\_\_

2. Father (if in student's household):

I, \_\_\_\_\_, have **NOT** received a bachelor's degree from a college or  
(print name clearly)  
University.

Father's Signature \_\_\_\_\_

3. **Or: I have received** a Bachelor's Degree (parent of student's household)

Name \_\_\_\_\_ Signature \_\_\_\_\_

**PERMISSION FOR RELEASE OF RECORDS**

**STUDENT NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

The applicant and parents certify that all information on this application is correct, and by signing this form agree to grant permission for the release of any information regarding the student's school records.

I authorize the following types of information to be sent:

- ☆ Official transcript (grade level, completed grades, course grades, courses completed, credits earned and final grades; current grades are included if information is being used)
- ☆ Attendance records
- ☆ Graduation information
- ☆ Achievement, aptitude, and interest scores
- ☆ Iowa and LEAP/EOC Achievement scores
- ☆ Health data
- ☆ Extra-curricula activities
- ☆ Family background data
- ☆ Interview information from school administration, counselors, and teachers
- ☆ Official copy of report cards

We give permission to the Classic Upward Bound / Math-Science Upward Bound Program to have access to student records, such as report cards, transcripts, test results, disciplinary records, etc. which may be on file at the high school(s), with the local Upward Bound or Talent Search Program, or at a Postsecondary Institution. In addition, we give permission to the Classic Upward Bound / Math-Science Upward Bound Program to exchange such records with other educational institutions and the U.S. Department of Education. Furthermore, we give the Classic Upward Bound / Math-Science Upward Bound permission to use student data collected from normal program operations for the use of program improvement through related research, assessment and evaluation efforts meeting all required approvals. This permission is given with the understanding that such access, exchange and use of student records will be done in order to enhance this student's educational opportunity and to assist the Classic Upward Bound / Math-Science Upward Bound Program in evaluating student progress. This permission will continue until you receive written notification to the contrary.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**PARENT / GUARDIAN RELEASE FORM FOR MEDIA RECORDING**

I, the undersigned, do hereby grant my permission to Classic Upward Bound / Math-Science Upward Bound to use the image of my child, \_\_\_\_\_. Such uses include the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Upward Bound / Math-Science Upward Bound Web sites.

---

Parent/Guardian Signature

Date

*Please make a copy of these forms for your own records and return the originals with the application forms to:*

Classic Upward Bound / Math Science Upward Bound  
SLU 10568  
Hammond, LA 70402  
FAX 985-549-3477

***If you have questions, contact Upward Bound at 985-549-5708 or  
Toll free at 1-888-922-5186.***





## STUDENT HEALTH HISTORY

TO THE PARENT: A health history form is required of students on admission to the Program. The purpose of this form is to provide Program Staff and University Health Service physicians, nurses and nurse practitioner with information about a student's health should he/she become ill while attending the Program. This information is completely confidential and is reviewed only by the Program Staff and the Health Service professionals. Please answer every question as accurately as you can and return to Upward Bound Programs, SLU 10568, Hammond, LA 70402.

I. (PLEASE COMPLETE ALL INFORMATION)		Social Security No.:		
Name: Last		First	Middle	Date
Home Address: Street & No.		City	State	Zip
Sex	Birth Date			

II. Notify in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_

III. Are you covered by Hospitalization and Accident Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of policyholder \_\_\_\_\_ Relationship \_\_\_\_\_  
 (If so, it is advised that you bring with you identification cards.)

IV. Medical consent:

I understand that I am responsible for personal expenses not provided by the University Health Center; however, I do grant permission to the University Health Service Physicians and Nurses to render emergency treatment or other medical care that might be deemed necessary to my health and well-being; also, when necessary for executing such care, permission for hospitalization at an accredited hospital is granted.

\_\_\_\_\_  
 Student's Signature

If minor, under 18 years old, signature of parent or guardian:

\_\_\_\_\_  
 Parent's or Guardian's Signature

**Instructions:**

Mark "X" in the proper column. For any "YES" answers indicate the number of the questions and give brief statement of problem or condition.

No	Have you a history of any of the following?	Yes
	1. Hospitalizations, fractures, surgery or serious medical illnesses. List, if any.	
	2. Taking any prescribed medication. Please specify.	
	3. Drug allergies or others. Please specify.	
	4. High blood pressure, heart murmur, abnormal or irregular heart rate, or recurrent chest pains.	
	5. Shortness of breath after mild exertion.	
	6. Asthma, sinusitis, cough, or frequent sore throats or ear infections.	
	7. Diabetes.	
	8. Epilepsy, fainting spells, or recurrent severe headaches.	
	9. Bladder or kidney infection.	
	10. (Female only) Abnormal or irregular menstrual period.	
	11. Counseling or treatment for emotional problems in the past five years.	
	12. Any physical handicaps which may cause difficulty in performance of normal activities; e.g., blindness, hearing loss, difficulty in walking, speech defects, missing limbs, paralysis, etc.	
	13. Bleed excessively after injury or tooth extraction.	

REMARKS

**All students must furnish proof of immunization for measles. Please attach copy of immunization records to this form.**

Immunizations status:

Date booster last given \_\_\_\_\_

- |                   |           |          |
|-------------------|-----------|----------|
| 1. Tetanus        | Yes _____ | No _____ |
| 2. Diphtheria     | Yes _____ | No _____ |
| 3. Polio          | Yes _____ | No _____ |
| 4. Measles        | Yes _____ | No _____ |
| 5. German Measles | Yes _____ | No _____ |
| 6. Mumps          | Yes _____ | No _____ |
| 7. Meningitis     | Yes _____ | No _____ |

To be completed on first visit to Health Center:

Weight \_\_\_\_\_ Height \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_

Have you had the following childhood diseases?

- |                   |           |          |
|-------------------|-----------|----------|
| 1. Measles        | Yes _____ | No _____ |
| 2. German Measles | Yes _____ | No _____ |
| 3. Mumps          | Yes _____ | No _____ |
| 4. Chickenpox     | Yes _____ | No _____ |

**In order to have a completed application\* you must include a copy of the following forms:**

Please check each box and return all documents with the application

**\*Incomplete applications will not be considered.**

- COPY of Birth Certificate
- COPY of Social Security Card
- COPY of 2016 Income tax return (signed), if filed, showing TAXABLE Income, or a personal statement of income. A check stub or W-2 will **NOT** be accepted.
- Copy of the official State of Louisiana Universal Certificate of Immunization
- Copy of Health Insurance Card
- Copy of current High School transcript including Previous year's final grades
- Copy of 8<sup>th</sup> Grade LEAP/PARC Scores
- Copy of 8<sup>th</sup> Grade final grades
- Current School Schedule
- Current Picture (headshot)

**Please be sure to sign each form where required**

**\*Incomplete applications cannot be considered\***