

Dear Applicant,

The University of Memphis TRiO Upward Bound Student Advisory Board (SAB) is an extension of the TRiO Upward Bound Academic Success Program, which is a federally funded program whose purpose is to provide its students the avenues to navigate throughout the program successfully, build strong positive relationships, leadership skills, and equip fellow students with the tools necessary for success as well. **Please make note of the following information below, as we will not be able to consider incomplete applications.**

To be eligible to participate in the program, applicants must meet the following eligibility criteria:

- Must be an active TRiO Upward Bound (UB) participant.
- Must have a 3.0 GPA or higher.
- Must be enrolled at a program target school: Sheffield, Melrose, or Kirby High School.

Personal information should be provided to Upward Bound staff by a parent or legal guardian. You may email the completed application or return it in person to UB staff at the University of Memphis office. Students will be selected for the UB Student Advisory Board based on recommendations from teachers or counselors, thoroughness of personal statements, staff observations from interviews, eligibility, and application completion. Therefore, begin your application process by doing the following:

- Use **black or blue ink** only.
- **Print neatly.**
- **Fill out this application in its entirety by including ALL requested information on each form.**
- **Provide actual signatures and full dates in the designated areas. Do NOT leave them blank.**
- **Turn in this application by appropriate deadline.**

*****If you have any questions or difficulty filling out this application please contact Upward Bound staff. For phone calls, please contact the office during regular business hours (8am-4pm).*****

Email: upwardbound@memphis.edu
Phone: 901-678-1465 or 901-678-1482

PRIVACY ACT AND CONFIDENTIALITY STATEMENT

The personal information you give to the Upward Bound staff is compiled and reported to the United States Department of Education. The information is protected by the Family Educational Rights and Privacy Act of 1974. No one may see the information unless they work with or for the Upward Bound Program or are specifically authorized to see the information. The information is necessary to help determine if your child is eligible to participate in the program in which the goal is to assist students in obtaining a post-secondary education. The Department of Education has the authority to gather information to help make Upward Bound a better program for future participants. (20 United States Code 12 3/A). Great care is taken to make sure that the personal information collected on students is kept confidential. Any student who wishes to be considered for membership in the University of Memphis Upward Bound Program and receive its benefits must agree to submit all necessary information requested by Project personnel.

Please keep this page for your records and submit pages 2-5.

Student Information

Name: _____
First Name Middle Name Last Name

Birth date: ____/____/____ **Gender:** Male Female (**check one**) **SSN** ----- _____

Student Phone #: _____ **Student Email Address:** _____

Address: _____
Street/Box Apt.# City State Zip Code

U.S. Citizen? Yes No (**check one**) **If No, Permanent ID Number:** _____

Racial/Ethnic Origin: Please select one or more from the categories listed.

- Black or African American
- Caucasian
- Hispanic
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native (tribe: _____)

What languages are spoken in your home: English Spanish Other: _____ (**select one**)

Education Information

Current School: _____ **Current G.P.A.:** _____

What is your current grade level in school? 9th 10th 11th 12th (**circle one**)

Expected HS Graduation Year: _____

Have you graduated from high school? YES NO (**check one**)

When would you like to start the SAB? Fall Spring Summer (**check one**) **Year:** ____

Prospective Member Questionnaire (use a separate sheet of paper, if needed)

Directions: Write a paragraph (**3-5 sentences**) indicating why you want to join the UB Student Advisory Board.

Please provide a brief description of an instance where your leadership skills were put to the test.

What leadership positions have you held? What were your responsibilities, and did you meet or exceed the need?

Are you currently employed? (**Check one**) No Yes, at _____

Work Schedule (**circle the days you typically work**) M T W Th F Sat Sun | **Total hours per week:** _____

List your extracurricular activities: _____

Will your extracurricular activities or job conflict with attending Upward Bound meetings or participating in the UB Student Advisory Board? No Yes

If yes, then please explain:

Emergency Information/Contact

Parent Information: (completed by parent or guardian with whom applicant lives)

ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE

Parent/Guardian Name 1: _____ Relationship: _____

Employer: _____ Job Title: _____

Cell Phone #: _____ Work Phone #: _____

Parent/Guardian Name 2: _____ Relationship: _____

Employer: _____ Job Title: _____

Cell Phone #: _____ Work Phone #: _____

Name of person(s) to be contacted if parent(s) is not available in the event of an emergency:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Applicant please initial on each line below then sign and date. Parent please sign and date.

_____ I hereby apply for admission to the University of Memphis TRiO Upward Bound Student Advisory Board. I understand that the Upward Bound Student Advisory Board is in an extension of the TRiO Upward Bound Academic Program designed to help students develop the knowledge and skills necessary for the pursuit of education while still enrolled and beyond high school. I understand, if selected, I will be expected to participate fully in the Student Advisory Board activities.

_____ I agree to abide by all Upward Bound/Student Advisory Board policies and rules as established to create a safe, welcoming, and positive learning environment.

_____ I understand that all Upward Bound/Student Advisory Board participants, regardless of age, may not possess, use, or distribute to others tobacco products, alcohol, or illegal drugs. I understand that if I violate this policy, I will be subject to suspension or expulsion from the program.

I hereby certify that all the information provided in this application packet is true and correct. I understand that a false statement or misrepresentation will make the applicant ineligible for the University of Memphis Upward Bound Student Advisory Board.

Student Name (print)	Student's Signature	Date
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I have read and agree to the above provisions to which my child has agreed. I give permission for my child to participate in the Upward Bound Student Advisory Board and I acknowledge that University of Memphis cannot guarantee the health, safety, or well-being of any individual. I understand that admission to and continuation in the program is at the discretion of the coordinator upon review of my child's academic standing, level of participation, attitude, behavior, or upon the coordinator's assessment of the program's capacity to adequately meet the specific needs of my child.

Parent Name (print)	Parent's Signature	Date
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