Dear Applicant,

The University of Memphis Upward Bound Program is a federally funded program whose purpose is to provide its students the skills necessary to complete high school and obtain a college degree upon graduating from high school. Students who apply for the program must plan to attend college, have academic potential, need assistance with college preparation and be willing to put forth the effort to excel academically. **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 a U.S. Citizen or a Permanent Resident of the United States
- Must be a low-income individual and/or a potential first-generation college student
- Must be enrolled at a program target school: Sheffield, Melrose, or Kirby High School

Personal information should be provided by a parent or guardian. You may email this application or return it directly to Upward Bound staff or your school guidance counselor. Students are selected for Upward Bound based collectively on recommendations from teachers or counselors, thoughtfulness of personal statements, staff observations from interviews, eligibility, and application completion. Therefore, please begin your process by doing the following:

- Use ONLY black or blue ink.
- Print neatly.
- Fill out this application completely by including ALL requested information on each form.
- Provide actual SIGNATURES and FULL DATES in designated areas.
- Turn in application by appropriate deadline.

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

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

**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

Birthdate: ____/____/____                       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: _____________

Do you plan to attend college/university after you graduate from high school? □ YES □ NO (check one)

When would you like to start Upward Bound? □Fall  □ Spring  □Summer (check one) Year:__________

Are you a member of another TRIO program (UB, UBMS, or ETS,)? □ YES  □ NO (check one)
**Personal Statement**

**Directions:** Write a paragraph indicating why you want to join the Upward Bound Program. Include your expectations of the program and how it will assist you with your educational goals.

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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:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

What are your special interests or hobbies?
_______________________________________________________________________________________
_______________________________________________________________________________________

Will your extracurricular activities or job conflict with attending Upward Bound meetings or participating in the summer program? ☐ No ☐ Yes Explain:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
<table>
<thead>
<tr>
<th>Parent/Guardian Name 1: ______________________________</th>
<th>Relationship: __________________</th>
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<tbody>
<tr>
<td>Employer: ______________________________________</td>
<td>Job Title: ______________________</td>
</tr>
<tr>
<td>Cell Phone #: ___________________________</td>
<td>Work Phone #: ____________________</td>
</tr>
<tr>
<td>Parent/Guardian Name 2: ______________________________</td>
<td>Relationship: __________________</td>
</tr>
<tr>
<td>Employer: ______________________________________</td>
<td>Job Title: ______________________</td>
</tr>
<tr>
<td>Cell Phone #: ___________________________</td>
<td>Work Phone #: ____________________</td>
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</tbody>
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Has either parent (natural or adoptive) graduated from a four-year college/university with a Bachelor’s Degree? ☐ Yes ☐ No

If yes, please list the name of the Parent/Guardian with the degree & the name of the college/university.

___________________________________________________________________________________

Number of family members living at home: Adults: ________ Children: _________ Total: ________

In order for us to determine eligibility for participation in TRIO Upward Bound, federal regulations require us to obtain documentation of taxable income for the preceding CALENDAR YEAR:

**A copy of a RECENT INCOME TAX RETURN will be REQUIRED AFTER ACCEPTANCE.**

Taxable Income (Form 1040, line 43; Form 1040A, line 27; Form 1040EZ, line 6)

☐ $0 - $18,210
☐ $18,211 - $24,690
☐ $24,691 - $31,170
☐ $31,171 - $37,650
☐ $37,651 - $44,130
☐ $44,131 - $50,610
☐ $50,611 - $57,090
☐ $57,091 - $63,570
☐ $63,571 and above

If you did not file a tax return, please complete the following:

SSA/SSI: $__________  Unemployment: $__________  VA/GI Bill: $__________
Food Stamps: $__________  TANF $__________  Pension/Retirement $__________
Child Support $__________  Other (specify): $__________
Emergency Information/Contact

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone #</th>
<th>Relationship</th>
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<tbody>
<tr>
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Please list any medical conditions we should be aware of to better serve the applicant. List any medications, allergies, food allergies/dietary restrictions or any disability that requires accommodations. If none, please mark the box ☐

_______________________________________________________________________________________
_______________________________________________________________________________________

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 Upward Bound program. I understand Upward Bound in an academic program designed to help students develop the knowledge and skills necessary for the pursuit of education beyond high school. I understand, if admitted, I will be expected to participate fully in the academic year program activities.

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

I understand that all Upward Bound 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 Program.

<table>
<thead>
<tr>
<th>Student Name (print)</th>
<th>Student’s Signature</th>
<th>Date</th>
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</table>

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 program 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.

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