



COPPIN STATE UNIVERSITY

**STUDENT APPLICATION PACKET
School Year 2010-2011**

Student's Name
Last: _____
First: _____

**PLEASE DO NOT WRITE ON THIS FORM
FOR OFFICE USE ONLY**

The information requested in this packet is needed to determine eligibility for admission to this federally-funded program. It is necessary for the student to submit a transcript of grades and standardized test scores. Two recommendations are required prior to admittance to the program. The recommendations should be provided by school staff, e.g., a guidance counselor, organizational head or an English, Social Studies, Science, Math and/or Foreign Language teacher. **We are always accepting applications for the Upward Bound program.** Please check our website for upcoming program start dates. You may complete the application online or submit a hard copy. We will not accept applications via facsimile.

Applications will be considered when completed in full **AND** all required documentation requested has been received. Federal regulations require that Upward Bound keep such records on all students. All responses will be treated as confidential. It is the applicant's responsibility to ensure that the appropriate recommendations are submitted. The applicant should check with school staff, or school organization to make sure necessary information has been submitted. Admission to the program is based on financial eligibility, academic eligibility and a personal interview.

THIS IS WHAT IS NEEDED SO WE MAY PROCESS YOUR APPLICATION:

- | | | |
|---|---|---|
| <input type="checkbox"/> Student Application | <input type="checkbox"/> Image Use Consent Form | <input type="checkbox"/> Two Recommendations |
| <input type="checkbox"/> Family Financial Statement | <input type="checkbox"/> Consent to Release Information | <input type="checkbox"/> Senior High School Transcripts |
| <input type="checkbox"/> Student/Parent Agreement | <input type="checkbox"/> Official GPA Form | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Field Trip Permission Form | <input type="checkbox"/> Student Interview Guide | |

These forms, also a part of the applicant's file, are not necessary to complete the initial application process.

- | | | |
|---|---|--|
| <input type="checkbox"/> Eligibility Form | <input type="checkbox"/> Student Handbook | <input type="checkbox"/> IEP or 504 Plan (if applicable) |
| <input type="checkbox"/> Medical Form | <input type="checkbox"/> Emergency Contact Form | <input type="checkbox"/> Emergency Contact/Med Form |

**Coppin State University Upward Bound
2500 W. North Avenue, Baltimore, MD 21216
Phone: 410-951-4141 Fax: 410-951-4142
www.coppin.edu/upward/
upwardbound@coppin.edu**



Coppin State University Upward Bound Student Application

Please complete all items below. Please make sure your parent and/or guardian signs ALL appropriate places. An incomplete application can cause delay and in some instances denial into the program. (Please type or write legibly using, preferably, black ink.)

STUDENT INFORMATION			
First Name	M.I.	Last Name	Nickname
Street Address			
City	State	Zip Code	Date of Birth
Home Telephone		Student Mobile Number	Gender
Student Email Address			Is Applicant a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If no, please explain on separate sheet)</small>
Ethnic Background <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other			Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No
School Currently Attending	Guidance Counselor		Present Grade in School
PARENT/LEGAL GUARDIAN INFORMATION			
With whom does the applicant live? <input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother Only <input type="checkbox"/> Mother and Stepfather <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Father Only <input type="checkbox"/> Father and Stepmother <input type="checkbox"/> Other (specify)			
Name of Mother or Female Guardian		Relationship to Applicant	
Cell Phone Number		Work Telephone Number	
Highest Educational Degree Attained <input type="checkbox"/> High School Diploma <input type="checkbox"/> 2 Year College Degree <input type="checkbox"/> 4 Year College Degree <input type="checkbox"/> Other (specify)		Address of Employer	
		Mother/Guardian's Salary or Wages \$ _____ <input type="checkbox"/> per month <input type="checkbox"/> per year	
Name of Father or Male Guardian		Relationship to Applicant	
Cell Phone Number		Work Telephone Number	
Highest Educational Degree Attained <input type="checkbox"/> High School Diploma <input type="checkbox"/> 2 Year College Degree <input type="checkbox"/> 4 Year College Degree <input type="checkbox"/> Other (specify)		Address of Employer	
		Father/Guardian's Salary or Wages \$ _____ <input type="checkbox"/> per month <input type="checkbox"/> per year	
Is the applicant a ward of the state? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the applicant in foster care and not an official ward of the state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WITH YOUR SIGNATURE BELOW, PLEASE VERIFY THAT THE INFORMATION STATED ON THIS PAGE IS CORRECT			
Student Signature		Parent or Guardian Signature	
Date		Date	



INCOME ELIGIBILITY INFORMATION

To determine financial eligibility for the Upward Bound program, we use the federal [family income guideline](#) established by the U.S. Department of Education (federal family income guidelines are subject to change). **IF YOU MEET THE FEDERAL FAMILY INCOME GUIDELINE below, please select the family size and income that pertains to you.**

Size of Family Unit	Family Income	If applicable, check the box that matches your family size and income status
1	\$16,245	<input type="checkbox"/>
2	\$21,855	<input type="checkbox"/>
3	\$27,465	<input type="checkbox"/>
4	\$33,075	<input type="checkbox"/>
5	\$38,685	<input type="checkbox"/>
6	\$44,295	<input type="checkbox"/>
7	\$49,905	<input type="checkbox"/>
8	\$55,515	<input type="checkbox"/>

Exceeding the income guideline above does not automatically exclude your child from participation in the Upward Bound program. A segment of our students are allowed to fall outside of this category.

WITH YOUR SIGNATURE BELOW, PLEASE VERIFY THAT THE INFORMATION STATED ON THIS PAGE IS CORRECT

I certify that all the above information is true and correct and that all requested income is reported. I understand that this information is given for the receipt of federal funds: that a school official may verify the information on this application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of person who claims the applicant on most recent federal income tax return	Printed Name	Date



Coppin State University Upward Bound
Family Financial Statement

Name of Student (please print)	School

Please enter the following income information from the most recent (IRS) Federal Income Tax Return. Please do not approximate. The information is required from the parent/guardian who claims the applicant as a dependent. Attach a copy of the tax return to this statement. If you do not file a tax return, please indicate that in the appropriate space below.

PART 1. Which tax form do you file? (check only one)

Form	Continuation Instructions
<input type="checkbox"/> 1040	▶ Proceed to Part 2
<input type="checkbox"/> 1040-A	▶ Proceed to Part 2
<input type="checkbox"/> 1040-EZ	▶ Indicate the taxable amount found on Line 6: \$ Disregard Part 2 and sign at the bottom
<input type="checkbox"/> Do not file a tax return	▶ Disregard Part 2, sign at the bottom and attach a copy of the AFDC or ANFC statement, or a letter from a case worker indicating the applicant is a ward of the state.

PART 2. Please provide the following information from your 1040 & 1040-A forms.

How do you file? (check one)		
<input type="checkbox"/> Single	<input type="checkbox"/> Married filing separately	<input type="checkbox"/> Qualifying Widower
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Married filing jointly	

Reminder: Along with this page with an original signature, attach a complete copy of the most recent Federal Income Tax Return including all schedules filed such as Schedules A,B,C,D and E. **We need only the federal tax return that claims the applicant as a dependent.**

Does the student applicant receive free or reduced lunch benefits through Baltimore City Public Schools?

Yes No

WITH YOUR SIGNATURE BELOW, PLEASE VERIFY THAT THE INFORMATION STATED ON THIS PAGE IS CORRECT

I certify that all the above information is true and correct and that all requested income is reported. I understand that this information is given for the receipt of federal funds: that a school official may verify the information on this application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of person who claims the applicant on most recent federal income tax return	Printed Name	Date

For Upward Bound Office Use Only	



COPPIN STATE UNIVERSITY

Student and Parent Program Agreement

Upon reading and signing this agreement, I understand that participation in academic year and in the six-week summer program is REQUIRED. This commitment to take advantage of the resources and services of CSU Upward Bound should be considered seriously and fully. I understand and comply with the rules and regulations of the Upward Bound Program. I am aware that this is a high school program and will participate through high school unless I move out of my target area. I commit my time, effort, and energy to this program because I am totally committed to attending college. I understand that attendance is a huge sign of my willingness to learn and be involved in the planned activities. Should I fall short of these obligations, I will be penalized accordingly—limited participation and eligibility in social activities and stipend reduction. If my commitment is further compromised, I understand that I could be dismissed permanently from the program. I agree to comply with the following requirements each year in Upward Bound, which will demonstrate my commitment to UB, college entrance, and my future:

1. Attend a minimum of 13 Saturday Academy sessions
2. Participate in all grade appropriate activities
3. If tutorials are mandated, comply with 90% participation
4. Attend full summer program
5. Commit to attending at least 5 meetings/conferences

Student Signature

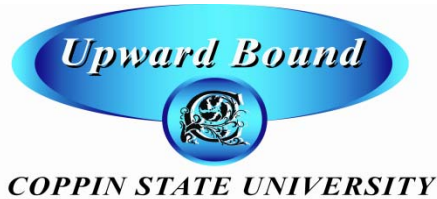
Date

As a parent/guardian, I am aware of Upward Bound expectations and the commitment of my son/daughter/ward. I agree to continue to be a supportive mechanism and contribute to the success of this student in all the ways I can. I will play an active role in his/her participation in this program.

Parent Signature

Date

I am available to help out in this/these ways:



EMERGENCY CONTACT / MEDICAL CONSENT FORM

Name:	Parent/Guardian Name:
Address:	
Home Phone:	Alternate Phone:
Email Address:	
EMERGENCY CONTACT	
Name of Contact:	Relationship to student:
Address:	
Home Phone:	Alternate Phone:
ALTERNATE CONTACT	
Name:	
Relationship to student:	
Address:	
Home Phone:	Alternate Phone:

Dear Parent:

The law requires that parental permission be obtained for medical procedures performed on minors. The parents or legal guardians must sign the following consent form, so that such procedures can be promptly carried out. However, no major operation will be performed on any student, except in an emergency, without the parents or guardians of that student being contacted and fully informed.

I, the undersigned parent/guardian of, _____ hereby give permission to the physician and attendant staff of Coppin State University to perform such diagnostic, therapeutic and operative procedures for him/her as they deem necessary, and to refer him/her to a physician off campus when deemed appropriate. I further give permission to have my son/daughter referred to a physician off campus in the event it becomes necessary on out of town excursions and college visits. In addition, I do hereby guarantee payment in full of any and/or all charges for medical services, not covered by school insurance or the Upward Bound Program, rendered by the Coppin State University Community Health Center and its affiliates on behalf of my son/daughter. I understand some student trips will be taken out of town, or out of Maryland.

Signature of Parent/Guardian

Date



COPPIN STATE UNIVERSITY

FIELD TRIP PERMISSION FORM
School Year 2010-2011

Dear Parent,

Please read this form carefully and sign below. Your signature gives Upward Bound permission to take your child on various field trips including out-of-state and overnight trips.

I, _____, give permission for _____
 (Parent/Guardian) (Name of Student)

to ride in Chartered Buses/Vehicles provided by the Upward Bound program at Coppin State University during program related trips. I agree that as long as careful driving procedures are followed, I will not attempt to prosecute or sue the program or any of its staff in the event of an accident where my child is hurt. I understand that the Upward Bound program provides accident and health insurance for emergency treatment and that I will be immediately contacted if an accident does happen involving my child. I also agree to urge my child to follow all safety procedures while s/he rides in the Upward Bound vehicles, so as not to distract the driver and so as not to cause an accident.

Student Signature	Printed Name	Date
Parent/Guardian Signature	Printed Name	Date
Emergency Contact Name	Relationship to Student	Phone Number

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 upwardbound@coppin.edu](http://www.coppin.edu/upward/upwardbound@coppin.edu)

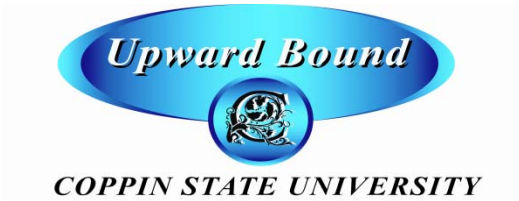


IMAGE USE CONSENT FORM
School Year 2010-2011

Dear Parent,

Please read this form carefully and sign below. Your signature gives Upward Bound permission to publish photos and images of your child in various media to include the Coppin State University website.

I, _____, give permission for my child's photo or image to be published in various media including the Coppin State University website and other marketing materials.

Parent/Guardian Signature	Printed Name	Date



COPPIN STATE UNIVERSITY

CONSENT TO RELEASE INFORMATION 2010-2011

A copy of this form should be retained in the student's file at his/her high school.

I _____, give permission for _____
(Parent/Guardian) (Name of School/Institution)

to release records and/or documents pertaining to _____
(Name of Student)

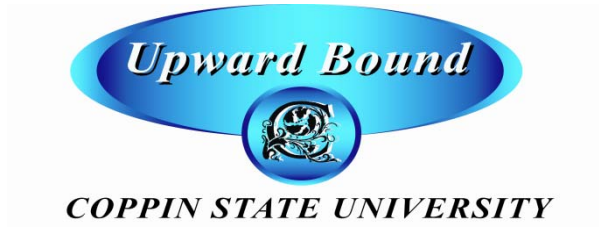
to the Upward Bound program at Coppin State University.

Some of the documents that are needed to complete the application process include:

- Academic transcripts
- Health records
- Test scores (including, but not limited to, state mandated testing, aptitude or intelligence tests and college preparatory examinations)
- Copies of IEP's, 504 Plans and applicable documentation
- Grade reports
- Emergency contacts

Student Signature	Printed Name	Date
Parent/Guardian Signature	Printed Name	Date

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OFFICIAL GRADE POINT AVERAGE

Directions: Please submit this document to school counselor in order to have official GPA on file with Upward Bound office. The counselor must sign and affix school stamp if available.

Please Print.

Student _____

Social Security Number _____

High School _____

Counselor _____

I certify that the above students' official overall grade point average is _____.

Counselor Signature _____

School Stamp:

*Document may be mailed to Upward Bound or returned to student in a sealed envelope. Thank you.



**Coppin State University Upward Bound
Student Interview Guide**

Name of Student (please print)	School	Grade

1. What is your favorite subject?
2. What are your strong subjects?
3. What are your weak subjects?
4. What kind of study habits do you have?
Do you read the assignments given to you: <input type="checkbox"/> Nightly <input type="checkbox"/> Weekly <input type="checkbox"/> Just before a test <input type="checkbox"/> Not at all
5. Do you like school? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please explain why?)
6. What activities are you involved in? (Sports, music, choir, band, etc.)
7. What is the event/award/grade that you have experienced that you feel is your greatest accomplishment? What are you most proud of in your life?
8. What do you do during school vacations and in your spare time?
<input type="checkbox"/> Work <input type="checkbox"/> Recreation <input type="checkbox"/> Read <input type="checkbox"/> Volunteer service <input type="checkbox"/> Play musical instrument
9. What are your plans after high school graduation?
10. Do your parents support your decision?
11. What motivates you?
12. Do you have someone who serves as a role model for you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who and why?
13. What kind of leadership positions have you held?
14. Do you like working with groups?
15. How would you describe yourself? <input type="checkbox"/> Talkative <input type="checkbox"/> Friendly <input type="checkbox"/> Shy <input type="checkbox"/> Humorous <input type="checkbox"/> Like being alone <input type="checkbox"/> Outgoing
16. If you work or have worked, what is/was your favorite job? Why?
17. How would you rate your self-discipline? <input type="checkbox"/> Very disciplined <input type="checkbox"/> Pretty disciplined <input type="checkbox"/> Not at all



Recommendation Form

To be completed by a teacher, counselor or organizational head

APPLICANT INFORMATION

Name of applicant (please print)	School	Grade	Date

ENROLLMENT INFORMATION

Enrollment Status Full-time Part-time Not enrolled

Please rate the student in the following areas:

	Exceptional	Above Average	Average	Below Average	No Basis to Judge
Academic Potential					
Motivation					
Basic Skills (Math, Reading, Writing)					
Critical Thought/Conceptual Maturity					
Attendance and Punctuality					
Disciplined Work Habits					
Interpersonal Skills					

Please indicate the major areas that best fit this student's needs (check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Writing | <input type="checkbox"/> Speaking | <input type="checkbox"/> Interpersonal/group relations |
| <input type="checkbox"/> Math | <input type="checkbox"/> Natural sciences | <input type="checkbox"/> Social sciences | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Study skills | <input type="checkbox"/> Cultural enrichment | <input type="checkbox"/> Foster home | |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Single parent family | | |

Please describe the student's academic and personal strengths and weaknesses. *Guidance Counselor: Indicate any learning deficits, history of learning disabilities or emotional/behavioral issues that may adversely impact academic or residential participation.*

In your judgment, does the student have the potential for success in a formal, postsecondary educational institution and, if so, please cite specific sources of information that support your judgment. Use the reverse side of this page if necessary.

Guidance Counselor: Please attach all standardized test scores, senior high school transcripts to date, and a copy of most recent IEP or 504 Plan. The student's application will not be complete until all parts are received.

Signature of Person Completing This Form	Printed Name	Title	Date
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Recommendation Form

To be completed by a teacher, counselor or organizational head

APPLICANT INFORMATION

Name of applicant (please print)	School	Grade	Date

Please rate the student in the following areas:

	Exceptional	Above Average	Average	Below Average	No Basis to Judge
Motivation					
Imagination and Creativity					
Critical Thought/Conceptual Maturity					
Attendance and Punctuality					
Disciplined Work Habits					
Interpersonal Skills					

How long have you known this applicant? And, in what capacity?

Please describe the student's personal strengths and weaknesses. Please describe the experience upon which your knowledge or opinion is based.

In your judgment, does the student have the potential for success in a formal, postsecondary educational institution and, if so, please cite specific sources of information that support your judgment. Use the reverse side of this page if necessary.

Signature of Person Completing This Form	Printed Name	Title	Date
Name of Business or Institution		Phone	