



Student SSN: \_\_\_\_\_

# JAMES SPRUNT COMMUNITY COLLEGE TRiO UPWARD BOUND PROGRAM

## PARTICIPANT APPLICATION

(PLEASE PRINT IN INK)

Student High School: \_\_\_\_\_ Current Grade Enrolled: \_\_\_\_\_

<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>	
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Mailing Address</b>		<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Phone # (Student)</b>			<b>Phone # (Parent/Guardian)</b>		
<b>Email Address (Student) ***Provide email address that is regularly checked***</b>					
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Birthday (MM/DD/YYYY)</b>		<b>Birthplace (city, state)</b>	
<b>U. S. Citizen</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Are you a member of Educational Talent Search (ETS)?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Ethnicity (Select all that apply)</b>					
<input type="checkbox"/> Black/African American			<input type="checkbox"/> American Indian/Alaska Native		
<input type="checkbox"/> White			<input type="checkbox"/> Asian		
<input type="checkbox"/> Hispanic/Latino			<input type="checkbox"/> Other _____		
<b>Parents' Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single			<b>Primary Residence</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____		
<b>Mother's Name</b>			<b>Father's Name</b>		
<b>Phone #</b>			<b>Phone #</b>		
<b>Do you have a court appointed guardian?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>Do you live with foster parents?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		

P.O. Box 398, Kenansville, NC 28349, (910) 275-6382

Equal opportunity in Education and Employment Without Regards to Race, Sex, Color, National Origin, Religion or Disability

## Student Interest

1. Do you plan to attend college immediately after high school?  YES  NO

2. What are your career goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Eligibility Information

1. **First Generation:** Does either parent or guardian possess a Bachelor's Degree (4-year College)?  YES  NO

2. **Income:** (If you do not have a copy of your completed income tax form (1040, 1040EZ, 1040A) please complete the section below:

**-Your family's \*\*Taxable Income for last year?**

\*\* Taxable income is located on your completed tax form (1040-line 43; 1040A-line 27; 1040EZ-line 6) \*\*

-I received \$\_\_\_\_\_ for my total income for the previous year.

**( PLEASE DO NOT USE YOUR ANNUAL SALARY )**

-How many people are living in your household? \_\_\_\_\_

\*Include yourself, spouse (if married), children who receive more than half of their support from you and any other individuals (not your children or spouse) who live with you and receive more than half of their support from you.

**My signature certifies that the above information is true and accurate. I understand that this information is confidential and will only be used to determine eligibility for the Upward Bound Program as set forth by the United States Department of Education.**

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

\_\_\_\_\_  
Date

## 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 Project or are specifically authorized to see the information. The information is necessary to help determine if you are eligible to participate in the program in which the goal is to assist students in obtaining a post-secondary education.

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 James Sprunt Community College Upward Bound Project and receive its benefits, must agree to submit all necessary information requested by Project personnel.

I (the student) understand the purpose of the Upward Bound Program. If accepted, I agree to participate fully in the academic year and summer component of the program. I agree to allow my photo to be used for Upward Bound promotion material and website. I further agree to comply with any rules and regulations established by the Director and staff of the Upward Bound Program with the understanding that failure to comply could result in dismissal.

I certify that the information provided in this application is correct to the best of my knowledge.

## ACADEMIC RECORDS RELEASE (TO BE COMPLETED BY PARENT OR GUARDIAN)

My child, \_\_\_\_\_ is an applicant for the Upward Bound Program at James Sprunt Community College in Kenansville, North Carolina. An evaluation of the student's school/college record is needed on a yearly basis. Information from the transcript may be used for academic assessment and federal reports required of the Upward Bound Program.

In accordance with the Family Education Rights and Privacy Act of 1974, Section 513 of the Education Amendment, parents must authorize release of transcript. Therefore,

I HEREBY REQUEST THAT HIS/HER OFFICIAL SCHOOL/COLLEGE TRANSCRIPT AND ALL TEST MATERIALS BE SENT EACH YEAR TO:

*Upward Bound Program  
James Sprunt Community College  
P.O. Box 398 Kenansville, NC 28349*

\_\_\_\_\_  
Printed Student's Name as it appears on permanent record

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

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

\_\_\_\_\_  
Date



**JAMES SPRUNT COMMUNITY COLLEGE ACKNOWLEDGMENT OF RISK AND ASSUMPTION OF PERSONAL RESPONSIBILITY**

***(Students WILL NOT be allowed to attend trips if section is incomplete!)***

We understand that although the Upward Bound project at James Sprunt Community College has taken precautions to provide proper organization, supervision, instruction and equipment for each Upward Bound sponsored activity. It is impossible for Upward Bound or James Sprunt Community College to guarantee absolute safety.

We understand that Upward Bound at James Sprunt Community College has a limited health and accident insurance policy. Should it become necessary to acquire medical treatment because of illness or accident, we give the Upward Bound staff permission to use their judgment to secure medical assistance in our behalf.

We agree to comply by the instructions and directions of the Upward Bound project at James Sprunt Community College staff members during participation in the program. We shall indemnify and hold harmless Upward Bound and James Sprunt Community College and its trustees, officers, agents and employees from all liabilities, losses, costs, damages, claims or causes of action of any kind and expenses, including attorney's fees, arising or claimed to have arisen out of any injuries or damages received or sustained by any person or persons or property as a result of intentional or unintentional acts.

I, \_\_\_\_\_, give my permission for \_\_\_\_\_, to ride in vans, cars, and buses provided by Upward Bound during the 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 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 he/she rides in the vehicles provided by Upward Bound so as not to distract the driver and so as not to cause an accident.

Student's insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of policy holder \_\_\_\_\_

**James Sprunt Community College TRiO Upward Bound MEDICAL INFORMATION FORM  
(To Be Completed by Parent)**

Name of Family Physician \_\_\_\_\_

Name of Family Dentist \_\_\_\_\_

Hospital to be taken in case of Emergency \_\_\_\_\_

Where parents can be reached in case of emergency:

Mother's Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Address \_\_\_\_\_ Phone \_\_\_\_\_

General Health Condition (Circle):      *Good*              *Fair*              *Poor*

Illnesses Student has had (Check): ( ) Measles ( ) Chicken Pox ( ) Mumps ( ) Cold/Flu  
( ) Strep Throat ( ) Rheumatic Fever ( ) Allergy (Indicate Type) \_\_\_\_\_

Daily Medication(s): \_\_\_\_\_

Surgery, Illnesses or Special Problems: \_\_\_\_\_

Name of Eye Specialist: \_\_\_\_\_

Immunization Record: ( ) Small Pox ( ) Poliomyelitis ( ) Diphtheria ( ) Measles ( ) Tetanus ( ) Influenza

\_\_\_\_\_  
Parent Signature

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



Student SSN: \_\_\_\_\_

**JAMES SPRUNT COMMUNITY COLLEGE  
UPWARD BOUND PROGRAM  
STUDENT CONTRACT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**As a member of the James Sprunt Community College Upward Bound Program, I accept the following responsibilities and agree to:**

- Attend all Upward Bound classes and scheduled tutoring sessions.
- Follow all Upward Bound and James Sprunt Community College rules.
- Conduct myself as a lady or gentlemen at all times.
- Uphold the policies of the Upward Bound Program.
- Strive for academic excellence by satisfactorily completing my UB classes/tutoring.
- Strive to develop leadership qualities.
- Adhere to the Upward Bound disciplinary policy.

**As a member of the James Sprunt Community College Upward Bound Program, I accept responsibility for the fulfillment of the above obligations. I understand that failure to attend and/or participate in Upward Bound activities, maintain the minimum GPA, or to fulfill the requirements of this contract could result in my dismissal from the program.**

**I promise to be in attendance, abide by the rules and regulations, and participate fully in all activities. I further understand that the following behaviors may result in automatic dismissal from the Upward Bound Program. I WILL NOT engage in any of the following:**

- Possession of alcohol or illegal drugs
- Sexual misconduct
- Physical or verbal abuse of staff/tutors or another student
- Possession of weapons or fireworks
- Stealing or shoplifting
- Intentional damage of property: public, personal or private

Upward Bound Student Signature \_\_\_\_\_ Date \_\_\_\_\_

As the parent or legal guardian of the above named student, I agree to support the rules and decisions of the Upward Bound Program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_