

UPWARD BOUND/ UPWARD BOUND MATH & SCIENCE APPLICATION



TRIO

1507 S. McKenna
Poteau, OK 74953
918-647-1381

CARL ALBERT STATE COLLEGE
VIKINGS

Participant Information(Please Print)

Name:

_____ SSN _____
First M.I. Last

Address: _____
Street/Box City State Zip Code

Phone: (____) _____ **Student E-Mail** Address: _____

Sex: Male Female Date of Birth: ____/____/____ Age: _____

Are you left handed? _____

Racial/Ethnic Origin: (mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Caucasian | _____ |

High School: _____ Current Grade: 9th _____ 10th _____

High School Graduation Year: _____

I have submitted an application for the Oklahoma’s Promise Program Yes No

Do you have a disabling condition or documented learning disability? Yes No (If yes please list)

With whom do you live?

Parent/Guardian Name: _____ Relationship: _____

Phone # _____

Parent/Guardian Name: _____ Relationship _____

Phone # _____

Name of Math teacher completing evaluation form? _____

Teacher Email _____

Name of English teacher completing evaluation form? _____

Teacher Email _____

Please give them the attached QR Code to scan

Please list all classes you are currently taking

Please list your extracurricular activities

Please select ONE choice below that applies to your personal education goal.

No plans for higher education

Complete an Associate degree (2yr)

Complete a Bachelor degree (4yr)

Trade school

Military

I am still undecided

More specifically, my college and career goals include:

Financial Information Form

This information is mandatory for the applicant to be considered for the program

Student Name _____ **Parent Phone#** _____

Are you a U.S. Citizen? Yes No **If No, Resident Alien Number:** _____

Are you Currently In Foster Care? Yes No

Please check only one blank for father and one blank for mother for their highest level of education:

Your birth/adoptive father:

- did not graduate high school
- high school diploma
- obtained an Associate's degree(2 yr)
- obtained a Bachelor's degree(4 yr)
- has a Master's or Doctorate degree

Your birth/adoptive mother:

- did not graduate high school
- high school diploma
- obtained an Associate's degree(2 yr)
- obtained a Bachelor's degree(4 yr)
- has a Master's or Doctorate degree

Do you live with your birth/adoptive father?
Yes No

Do you live with your birth/adoptive mother?
Yes No

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

Did you file a federal income tax form last year? Yes No

How much was your Taxable Income for 2023? _____

How many people reside in home? Adults _____ **Children** _____

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

If you did not file a federal tax return please list your income: _____

This certifies that all of the information I have provided in this document is true and accurate to the best of my knowledge and I understand that all records will be kept in strict confidence and in accords with the Privacy Act of 1974.

Parent/Guardian Signature

Date

Please answer the following questions in 100 words or so, hand written and in your own words.

1) Describe your favorite subjects in school and how they will impact your college and career goals?

2) What are three words that friends or family would use to describe you and why would they choose them?

Upward Bound – Records Release Form

(To Be Completed By Student and Parent)

Student Name: _____ Current Grade: _____ High School: _____

1) I hereby authorize my high school to release my official student information including transcripts, grades, test scores, disciplinary records and other information concerning my academic and personal well being to the Carl Albert State College Upward Bound and Upward Bound Math Science Programs. I also authorize my high school to release official copies of any and/or all my report cards

Student's Signature

Parents Signature

Date

*****FOR HIGH SCHOOL USE ONLY***TO BE COMPLETED BY COUNSELOR*****

What is students CUM. GPA from last year? _____

Grade Level _____

Scored proficient or above on State Standardized testing? (Please mark yes or no)

Math: Yes ___ No ___ R/LA: Yes ___ No ___

Does this student have any diagnosed learning disabilities? Yes ___ No ___

Has this student had any disciplinary action or suspension? Yes ___ No ___

If yes please explain

Additional comments: _____

Signature of Counselor _____

Email _____ Phone# _____

Please indicate your recommendation of the student for participation in this program:

- Strongly Recommend
- Recommend
- Recommend with Reservation
- Do not recommend

***Please include test scores and their most recent grade report**

UB/UBMS Teacher Recommendation

Students Name: _____



Please have your Math teacher scan the QR code and fill out the recommendation form. All recommendations need to be submitted by October 31st.

UB/UBMS Teacher Recommendation

Students Name: _____



Please have your English teacher scan the QR code and fill out the recommendation form. All recommendations need to be submitted by October 31st.