



TRIO

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

Participant Information(Please Print)

Name:			SSN	
First	M.I.	Last		
Address:				
Street/Box	X.	City	State	Zip Code
Phone: ()		Student E-Mail A	Address:	
Sex: Male Female D	ate of Birth: _	/	Age:	_
Are you left handed?				
Racial/Ethnic Origin: (m	ark all that ap	ply)		
Asian African American Native American Caucasian		Nativ	anic or Latino e Hawaiian/Pacifi r (please list)	c Islander
High School:		Current Gi	rade: 9 th	10 th
High School Graduation	Year:	_		
I have submitted an appl	ication for the	Oklahoma's Pron	nise Program	Yes No
Do you have a disabling con			_	es please list)
, s		S		• /
With whom do you live?				
Parent/Guardian Name:		Relationship: _		
Phone #				
Parent/Guardian Name:		Relationship		
Phone #				
Name of Math teacher cor Teacher Email	npleting evaluat			
Name of English teacher of Teacher Email	completing evalu	nation form?		

Please give them the attached QR Code to scan

Please list all classes you are currently tak	ing
Please list your extracurricular activities	
Please select ONE choice below that applied	es 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 go	oals 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, I	Resident Alien Number:
Are you Currently In Foster Care? Yes No	
Please check only one blank for father and one blan	nk for mother for their highest level of education:
Your birth/adoptive father:	Your birth/adoptive mother:
did not graduate high school	did not graduate high school
high school diploma	high school diploma
obtained an Associate's degree(2 yr)	obtained an Associate's degree(2 yr)
obtained a Bachelor's degree(4 yr)	obtained a Bachelor's degree(4 yr)
has a Master's or Doctorate degree	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
	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	r? 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, l	line 27; Form 1040EZ, line 6)
If you did not file a federal tax return please li	st your income:
	provided in this document is true and accurate to the best swill be kept in strict confidence and in accords with the
Parent/Guardian Signature	
i aichu Guafuiah Sighatufe	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:
grades, test scores, disciplinary being to the Carl Albert State C	records and other information cond	ident information including transcripts, cerning my academic and personal well d Bound Math Science Programs. I also I my report cards
Student's Signature		

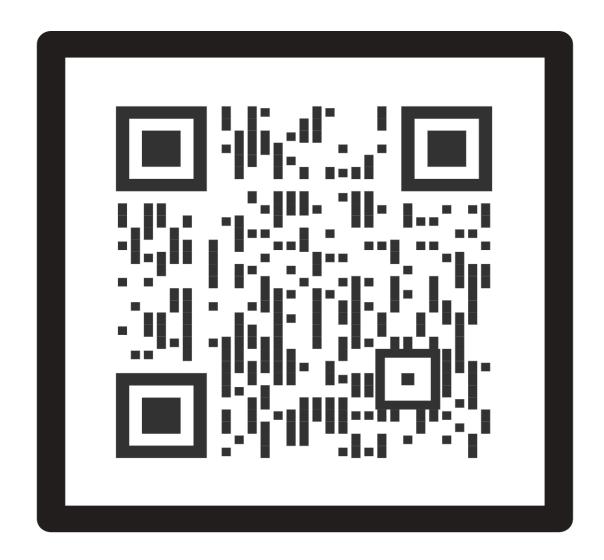
FOR HIGH SCHOOL USE ONLYTO BE COMPLETED BY COUNSELOR***

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? YesNo_	
If yes please explain	
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Additional comments:	
Signature of Counselor	
EmailPhone#	
Please indicate your recommendation of the student for participation in thi	s 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.