

# 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:

\_\_\_\_\_  
 First M.I. Last SSN \_\_\_\_\_

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)

____ Asian	____ Hispanic or Latino
____ African American	____ Native Hawaiian/Pacific Islander
____ Native American	____ Other (please list)
____ Caucasian	_____

High School: \_\_\_\_\_ Current Grade: 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_

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**

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**Please list your extracurricular activities**

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**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:**

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### 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 parents file a federal income tax form last year?** Yes No

**How much was your Taxable Income for 2023?** \_\_\_\_\_

**How many people reside in your 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?

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

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## 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\*\*\***

Student Name: \_\_\_\_\_

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

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Additional comments: \_\_\_\_\_

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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.**