



**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	rican AmericanNative Hawaiian/Pacific Islander tive AmericanOther (please list)		c Islander	
High School:		Current Gi	rade: 9 <sup>th</sup>	10 <sup>th</sup>
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 Pa	Parent Phone#	
Are you a U.S. Citizen? Yes No If No, Reside	nt 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:	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	
For us to determine eligibility for participation in Upware		
documentation of taxable income for the preceding CALI	ENDAR 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 you	r income:	
This certifies that all of the information I have provide of my knowledge and I understand that all records will 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)

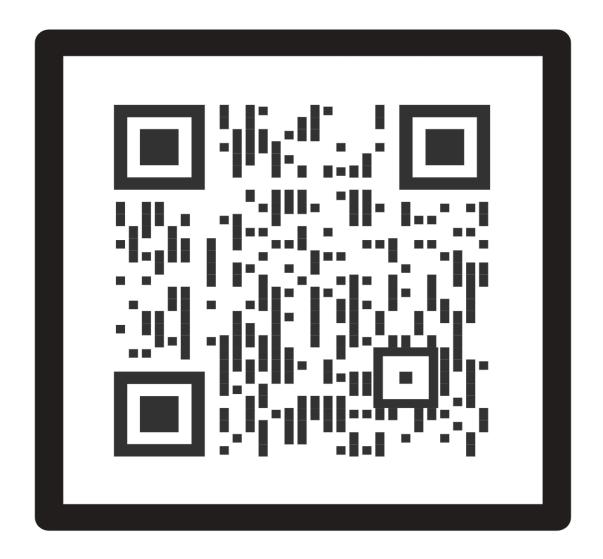
Student Name:	Current Grade:	High School:
grades, test scores, disciplinary being to the Carl Albert State C	records and other information cond	ident information including transcripts, cerning my academic and personal well d Bound Math Science Programs. I also I my report cards
Student's Signature		

#### \*\*\*FOR HIGH SCHOOL USE 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	
Additional comments:	
Signature of Counselor	
EmailPhone#	
Please indicate your recommendation of the student for participa	tion in this program:
☐ Strongly Recommend	
□ Recommend	
<ul><li>☐ Recommend with Reservation</li><li>☐ Do not recommend</li></ul>	

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

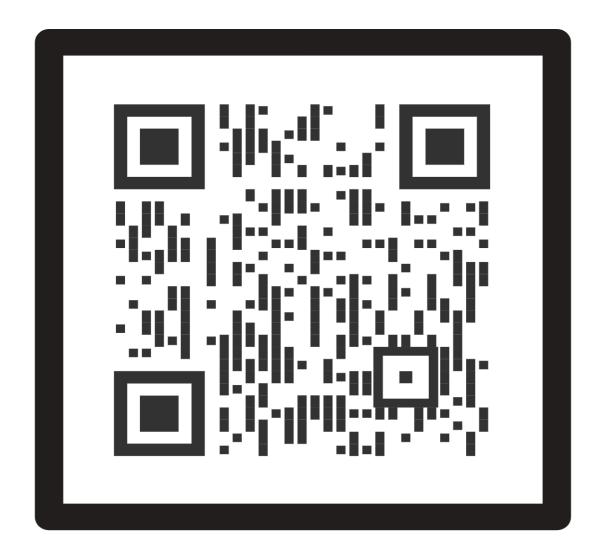
## **UB/UBMS Teacher Recommendation**



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.