



**CLAFLIN UNIVERSITY
UPWARD BOUND**



DIRECTIONS:

This application should be completed neatly in ink and returned to your High School Guidance Counselor, or deliver to the Upward Bound office at 887 Goff Ave., Claflin University, Orangeburg, South Carolina, or mail to Upward Bound Program, Claflin University, 400 Magnolia Street, Orangeburg, S.C. 29115.

PART I

Date:		Name:			
Social Security #:			Email Address:		
Mailing Address: Street and Apt. No.					
City		State		Zip	
Cell/Home Phone Number:			Alternative Phone Number:		
Date of Birth:		Gender: Male _____ Female _____		Age:	T-Shirt Size:
Ethnic Background: _____ Hispanic/Latino _____ African American or Black _____ American Indian/Alaskan Native _____ White _____ Asian _____ Native Hawaiian or other Pacific Islander _____ Other _____				U.S. Citizen: _____ YES _____ NO	
High School/School Currently Attending:			Current Grade Level:	GPA:	
Principal's Name: (Dr., Mr., Mrs., Miss)			Counselor's Name: (Dr., Mr., Mrs., Miss)		

Are you a participant in a summer program or educational program during the school year? Yes No

If yes, name the program: _____

FOR OFFICE USE ONLY

Low Income _____ YES _____ NO
 1ST GEN. COL. _____ YES _____ NO
 At risk for academic failure _____ YES _____ NO
 High risk for academic failure _____ YES _____ NO
 FAMILY INCOME _____ NO. IN FAMILY _____
 TAXABLE _____ NON-TAX _____

FOR OFFICE USE ONLY

DATE RECEIVED _____
 ACCEPTED _____ YES _____ NO
 REJECTED _____ YES _____ NO
 WAIT LIST _____ YES _____ NO

PART II - FAMILY BACKGROUND

The following sections (PARTS II, III and IV) must be completed and signed by the applicant's parent or guardian. The information is required by the U.S. Department of Education, which provides funding for the Upward Bound Program. It will be used solely for the determination of the applicant's eligibility for acceptance into the Program.

Do you live with both parents? (If No, only give information on the parent you live with.)			
Yes _____	No _____		
If "No," sign the following statements:			
I, _____, am not a 4-year college graduate.			
(Please Print) Father or Male Guardian			

Signature of Father or Male Guardian			
I, _____, am not a 4-year college graduate.			
(Please Print) Mother or Female Guardian			

Signature of Mother or Female Guardian			
Give the names of your sisters or brothers below 18 years of age who live in the home in which you live:			
Give the names of your sisters or brothers in college:			
When you graduate from high school where do you want to go?			
College _____	Vocational School _____	Technical College _____	Other _____
Claflin University does not discriminate based on Race, Color, Religion, Sex, Handicap/Disability, National Origin or Veteran Status			

PART III - FAMILY INCOME

Is your Father (Male Guardian) employed?	YES _____	NO _____
Is your Mother (Female Guardian) employed?	YES _____	NO _____

If you checked "yes," for either or both, give the following information:	
First and Last Name of Father or Male Guardian:	First and Last Name of Mother or Female Guardian:
Name of Employer:	Name of Employer:
Employer's Address:	Employer's Address:
Salary (Yearly):	Salary (Yearly):

Verification of Income

If you answered "NO," what sources of income do your parents or guardians have? Mark only those that pertain to your family and attach documentation (computer printout, letter or statement from a governmental source, etc.):

_____	Welfare.....	Amount \$ _____	monthly
_____	Social Security.....	Amount \$ _____	monthly
_____	Veterans' Benefits... ..	Amount \$ _____	monthly
_____	Other (name).....	Amount \$ _____	monthly
Do you receive a Social Security check in your name? Yes _____ No _____			
If you answered "yes," give the amount : \$ _____ monthly			
How many persons live on your family income? _____			
Is applicant eligible for the school lunch program? _____ Not Eligible _____ Free _____ Reduced			

Verification of Income

By signing below I certify that all information in Parts I, II, and III are true and correct to the best of my knowledge.

Parent Signature

Date

Student Signature

Date

PART IV - AUTHORIZATION FOR RELEASE

**STUDENT AUTHORIZATION FOR RELEASE OF RECORDS
and
PHOTOGRAPHIC/AUDIO RELEASE**

I hereby grant permission for the Upward Bound Program at Claflin University to receive any pertinent records from my high school and/or College that may be useful for the purpose of evaluation, guidance, and educational follow-up. These records may include grade point averages (GPA), Transcripts, Standardized Test Scores, Teacher and/or Counselor evaluations. I further authorize the Upward Bound staff to make copies of any or all these records with the understanding that all records will remain confidential. If I am accepted into the program, I agree that all photographs taken during the program, papers written during the program, and similar items may be used by the Upward Bound Program in reports, other public information materials and venues including the Program's newsletter and the official Claflin University Upward Bound Web site.

Student Signature

Date

Parent Signature

Date

**Claflin University
Upward Bound Program
400 Magnolia Street
Orangeburg, SC 29115**

**Phone: 803-535-5058
Fax: 803-534-8323**

**The UB office is located at
887 Goff Ave.
Orangeburg, SC 29115**

Web address:

<http://www.claflin.edu/student-life/services-support/trio-programs/upward-bound>

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, and the South Carolina Public Information Act, South Carolina Government Code §552.001 et seq., are respectively federal and state laws providing for the review and disclosure of student educational records. The College and Outreach Programs-TRIO and Upward Bound will not permit access to or the release of personally identifiable information contained in student educational records to any party

UPWARD BOUND
CLAFLIN UNIVERSITY
400 MAGNOLIA STREET
ORANGEBURG, SOUTH CAROLINA 29115

ENGLISH TEACHER RECOMMENDATION

Student's Name _____ Grade _____

High School _____

Check Areas That Need Improvement:

- Oral communications
- Written communications
- Reading skills
- Study skills
- Test Taking skills

- Motivation
- Interpersonal skills
- Self-image
- Cultural enrichment
- Other (specify)

Rate The Student On The Following:

	Excellent	Above Average	Average	Below Average
Involvement in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive attitude for learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serves as a class leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide comments regarding academic potential to complete a college preparatory curriculum graduate and succeed beyond high school:

English Teacher Signature

Subject Area

Date

UPWARD BOUND
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SCIENCE TEACHER RECOMMENDATION

Student's Name _____ Grade _____

High School _____

Check Areas That Need Improvement:

- Oral communications
- Written communications
- Reading skills
- Study skills
- Test Taking skills

- Motivation
 - Interpersonal skills
 - Self-image
 - Cultural enrichment
 - Other (specify)
- _____

Rate The Student On The Following:

	Excellent	Above Average	Average	Below Average
Involvement in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive attitude for learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serves as a class leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide comments regarding academic potential to complete a college preparatory curriculum graduate and succeed beyond high school:

Science Teacher Signature

Subject Area

Date

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COUNSELOR RECOMMENDATION

Student's Name _____ Grade _____

High School _____

The above student is applying to participate in the Upward Bound Program. Please complete the following information and attach a copy of the student's **transcript, test scores, current class schedule**, and recent **report card**. The student has signed an "AUTHORIZATION FOR RELEASE OF RECORDS" form which is included with the application.

Current Academic Program:

College Preparatory Tech Prep Other _____

Check Areas That Need Improvement:

<input type="checkbox"/> Attitude toward learning	<input type="checkbox"/> Oral communication skills
<input type="checkbox"/> Motivational level	<input type="checkbox"/> Written communication skills
<input type="checkbox"/> Self-image	<input type="checkbox"/> Reading skills
<input type="checkbox"/> Behavior	<input type="checkbox"/> Math skills
<input type="checkbox"/> Social skills	<input type="checkbox"/> Science skills
<input type="checkbox"/> Cultural enrichment	<input type="checkbox"/> Social Sciences
<input type="checkbox"/> Parental/Guardian support	<input type="checkbox"/> Test Taking skills

In your opinion, does this student have the academic potential for post-secondary education?

Yes No

Do you recommend this student to participate in the Upward Bound Program?

Yes No

Please provide comments regarding academic potential to complete a college preparatory curriculum graduate and succeed beyond high school:

Counselor Signature

Date