



UPWARD BOUND APPLICATION

SOUTHERN UTAH UNIVERSITY
CEDAR CITY, UTAH 84720

TO BE COMPLETED BY STUDENT

Please include a copy of your most recent high school transcript

Date _____ School _____ Grade _____ Present GPA _____

Student's Name _____ Male _____ Female _____

Email address _____

Social Security Number _____ - _____ - _____ Telephone Number (_____) _____ - _____

Home Address _____
City _____ State _____ Zip Code _____

Mailing Address _____
City _____ State _____ Zip Code _____

Date of Birth _____ Place of Birth _____

Name of Parent(s) or Guardian(s) _____ Relationship _____

Address _____
City _____ State _____ Zip Code _____

Are you now active in Educational Talent Search (ETS)? Yes ___ No ___ Have you ever been? Yes ___ No ___

Mark all that apply: Hispanic/Latino ___ American Indian ___ Asian ___ Black ___ White ___ Pacific Islander ___

Are you a U.S. Citizen? Yes _____ No _____ If no, list status _____

Do either of your parents /guardians have a Bachelor's Degree? Yes _____ No _____

What are your parents/guardians present occupations? _____

With whom do you live? **Mark all that apply:** Both Parents ___ Father ___ Mother ___ Other _____

Language spoken at home _____ Expected date of graduation _____

Student's Employment Information (If applicable):

Employer's Name _____ Telephone Number _____

Address _____
City _____ State _____ Zip Code _____

Three careers in which you are presently interested:

1. _____ 2. _____ 3. _____

Check the **ONE** most important of the following academic needs that Upward Bound can help you overcome.

- 3. Low educational aspirations
- 7. Lack of opportunity, support, and/or guidance to take challenging college preparation classes
- 8. Lack of career goals and/or need for accurate career information
- 9. Limited proficiency in English
- 10. Lack of confidence, self esteem, and/or social skills.
- 11. Predominately low-income community
- 12. Rural isolation
- 13. Interest in careers in math and science
- 14. Other: Please list _____
- 15. Diagnosed learning disability

For which subjects do you feel you need help?

Math _____ English _____ Reading _____ Science _____ Other _____

Do you need help in:

- | | | |
|----------------------------------------------------------------------|-----|----|
| 1. Checking your high school graduation requirements? | yes | no |
| 2. Selecting a career? | yes | no |
| 3. Selecting a college or vocational/technical school? | yes | no |
| 4. Filling out applications for college/vocational/technical school? | yes | no |
| 5. Applying for grants or scholarships? | yes | no |
| 6. Finding a job? | yes | no |
| 7. Talking about personal problems? | yes | no |

What do you hope to accomplish by participating in Upward Bound? _____

I have included a copy of my most recent high school or middle school transcript. yes no

I hereby apply for admission to Southern Utah University Upward Bound Program and agree to abide by the rules and regulations. I hereby state that information given can be released to the Department of Education solely to determine eligibility and measure participant's success. I also give permission for the SUU UB program to obtain admission, attendance, aid and grade information from the secondary and postsecondary institutions I attend.

Student's Signature

Date



UPWARD BOUND STUDENT CONTRACT
SOUTHERN UTAH UNIVERSITY
CEDAR CITY, UT 84720

Please **initial each line** to show that you understand and agree to the following:

- ____ 1. I will participate in weekly meetings and will earn a minimum of eight (8) meeting points each month.
- ____ 2. I will earn a minimum of fifteen (15) points each month through meetings and other activity in the Upward Bound program.
- ____ 3. I will work to reach and maintain at least a 2.0 grade point average in each of my classes in my first year of Upward Bound, and will maintain at least a 2.5 GPA each succeeding year thereafter. I will also work to raise one class a letter grade during each quarter.
- ____ 4. I will attend and actively participate in at least one of the two (2) On-Campus visits each year and at least one of the six-week Summer Components before my senior year of high school.
- ____ 5. I will take the practice ACT test before the end of each school year to remain on the active list of Upward Bound.
- ____ 6. I will take the regular ACT test before I graduate from high school. I will also apply to and be accepted by a minimum of one college, apply for at least one scholarship, and apply for federal financial aid (FAFSA) before the end of my senior year of high school.
- ____ 7. I will attend college during the fall semester following my high school graduation.
- ____ 8. I understand that I will not receive a stipend, nor attend any out-of-school UB activity, in any month in which I am earning an F (failing grade).
- ____ 9. In the event that I fail to live up to the above requirements, I realize that I will lose my stipend and/or the right to participate in Upward Bound.

I agree to the provisions and requirements of this contract and indicate my intention to live up to them by my signature.

Student's Signature

Date

I understand the provisions and requirements of this contract and indicate by my signature below my intention to support and assist my student in accomplishing them.

Parent or Custodial Guardian's Signature

Date



UPWARD BOUND W-9 FORM

TO BE COMPLETED BY STUDENT

This form must be completed and signed by student before UB student can receive stipends

Substitute Form W-9 Request for Taxpayer ID# and Information

This form is used to ensure that vendors are not duplicated and are accurately input in the Southern Utah University's accounts payable system. Also, the Internal Revenue Service requires Southern Utah University to issue 1099 forms when payments to individuals, partnerships or limited liability companies for rents, services, prizes, and awards meet or exceed \$600.00 for the calendar year. An IRS Form 1099 is not required when payments are specifically for merchandise or made to some types of corporations.

- Please provide the requested information below to determine if a Form 1099 is required.
- This information must match the information that you provide to the Internal Revenue Service for Tax Reporting.
- Federal Law requires us to take backup withholding from future payments made if you fail to provide the information requested.

INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
STUDENT'S LEGAL NAME: _____ STUDENT'S SSN: _____		
ADDRESS: _____ CITY: _____ ST: _____ ZIP+4: _____ <small>(ADDRESS USED ON LEGAL AND TAX DOCUMENTS)</small>		
PHONE: _____ FAX: _____ EMAIL: _____		

BUSINESS TYPE - Check the appropriate box/s:

Sole Proprietor	Corporation - General
Partnership	Legal Services
Corporation Limited Liability Company (LLC)	Medical Services
Corporation Other:	Nonprofit Corporation

LEGAL NAME: _____
(NAME TAX ID IS ASSIGNED TO AND USED FOR TAX REPORTING)

BUSINESS NAME (if different from Legal Name): _____
(ADDRESS USED ON LEGAL AND TAX DOCUMENTS)

REMITTANCE ADDRESS: _____ CITY: _____ ST: _____ ZIP+4: _____
(ADDRESS USE FOR REMITTANCE IF DIFFERENT FROM ABOVE)

CONTACT NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

IF CHANGE OF BUSINESS TYPE / OWNERSHIP: _____ DTE OF CHANGE: _____

PREVIOUS OWNER / BUSINESS NAME: _____

THIS BOX FOR OFFICE USE ONLY

REQUIRED INTERNAL REVENUE SERVICES STATEMENT	
<p>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Under penalties of perjury, the person signing this form certifies that:</p> <ol style="list-style-type: none"> The number shown on this form is the payee's correct taxpayer identification number, and The payee is not subject to backup withholding because: (a) the payee is exempt from backup withholding, or (b) the payee has not been notified by the IRS that the payee is subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRS has notified the payee they are no longer subject to backup withholding, and The payee is a U.S. person (including a U.S. resident alien). 	
Student's Printed Name:	Student's Birthdate:
Student's Signature:	Date:

UPWARD BOUND PARENT INFO
SOUTHERN UTAH UNIVERSITY
CEDAR CITY, UTAH 84720



TO BE COMPLETED BY STUDENT'S PARENT OR GUARDIAN

Father or custodial guardian's name: _____

Mailing Address _____
City State Zip Code

Home Telephone (____) _____ - _____ Work Telephone (____) _____ - _____

Place of Employment _____ Occupation _____

Mother or custodial guardian's name: _____

Mailing Address _____
City State Zip Code

Home Telephone (____) _____ - _____ Work Telephone (____) _____ - _____

Place of Employment _____ Occupation _____

Head of household's relationship to applicant _____

Number of people living in same household (including applicant) _____

Please provide the following information about each of your dependent children:

	Name	Age	Grade	School
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Circle highest grade level completed:	Father (or male guardian)	Mother (or female guardian)
High School	0 9 10 11 12	0 9 10 11 12
Trade (technical/vocational)	1 2 3 4	1 2 3 4
Junior College (2 years)	1 2 ____	1 2 ____
College (4 years)	1 2 3 4 ____	1 2 3 4 ____
Graduate/Professional	1 2 3 4 ____	1 2 3 4 ____

If a degree was conferred, give year:

Father/guardian: High School Diploma ____ AA ____ BA ____ BS ____ MA ____ Phd ____ Other ____

Mother/guardian: High School Diploma ____ AA ____ BA ____ BS ____ MA ____ Phd ____ Other ____

Does the student have health insurance? Yes ____ No ____

If yes, name the insurance plan _____ Plan Number _____

Is there a doctor you wish to have called in case your child needs medical attention? Yes ____ No ____

If yes, name the doctor _____ Telephone (____) _____

Address _____
City State Zip Code

Statement of present health (list any physical complaints) _____

Statement of past health (list any physical complaints and dates encountered) _____

List any medication the student is presently taking: _____

List any special medication the student must or might need in case of emergency: _____

Is the student allergic to any foods or medication? If yes, what? (Aspirin, Penicillin, Milk, Etc.) _____

Has the student had a tetanus shot? Yes ____ No ____ If yes, what year was it given? _____

Optional Release: I authorize the use of my child's picture in UB newsletter, publications, website & publicity.

YES NO Parent initials _____

NOTE: YOUR MOST RECENT 1040 TAX FORM OR OTHER ACCEPTED FORM OF FINANCIAL VERIFICATION MUST BE INCLUDED OR STUDENT'S APPLICATION WILL BE DENIED. THE FORM(S) MUST INCLUDE THE TOTAL FAMILY TAXABLE INCOME.



UPWARD BOUND PARENTAL CONSENT
SOUTHERN UTAH UNIVERSITY
CEDAR CITY, UTAH 84720

I hereby grant permission for my son/daughter _____
Student's Nameto participate in the Upward Bound Program at Southern Utah University. I also give my consent to the administration of the high school my student is attending to make available to the Director and/or Assistant Director of the Upward Bound Program any and all information pertaining to my child's academic progress in school.

I understand that there will be an occasional supervised field trip and give permission for my son/daughter to participate in them. Should he/she elect to attend the summer program, I give my permission with the understanding that the student will be covered by accident insurance and will be appropriately supervised and chaperoned.

In return, the participant and his/her parents, or legally appointed guardians, hereby agree to indemnify, hold harmless and release and forever discharge Southern Utah University and their employees and agents from all claims and demands which the participants, his/her parents or legal guardians or the representatives and/or their employees and agents put forth by reason of acts, illness or injury, or other consequences arising or resulting directly or indirectly from the participation in the aforementioned Upward Bound Program, or any time subsequent thereto.

I also verify by my signature below that the information provided on these application pages and the financial information attached is accurate and complete to the best of my knowledge.

Mother or Female Guardian's Signature

Date

Father or Male Guardian's Signature

Date



UPWARD BOUND ACTIVITIES Participation Agreement for Minors

MINOR PARTICIPANT:

Name: _____

Address: _____

PARENT/GUARDIAN:

Name: _____

Address: _____

Phone Number: _____

DESCRIPTION OF ACTIVITY: (hereafter the Activity) Upward Bound meetings, workshops, tours, use of campus facilities, etc.

LOCATION: Multiple locations including the SUU campus and other schools.

DATES: Upon acceptance date to end of participant's participation in UB program.

This Activity Participation Agreement (the "Agreement") is a consent, waiver, and release entered into between Southern Utah University ("SUU"), and the undersigned as Parent/Guardian of the Participant.

Guardian acknowledges that this Agreement contains, among other provisions, the following contractual terms: an assumption of risk, a covenant not to sue, a release of the Guardian and Minor's claims, and indemnification obligations. Guardian represents that Participant is under 18 years of age and that Guardian is fully competent and authorized to sign this Agreement on Participant's behalf. Guardian gives permission for Participant to engage in the Activity. In consideration for SUU permitting Participant to engage in the Activity, Guardian, for Participant, and for their respective heirs, personal representatives, and assigns, agrees as follows:

1. Assumption of Risk. Guardian represents that Participant is qualified, in good health, and in proper physical condition to participate in the Activity. Guardian acknowledges and understands that the Activity may include but is not limited to the following: physical activities (e.g., running, jumping, climbing); physical exertion such as lifting or moving heavy objects; spending extended periods of time outdoors being exposed to the elements (sun, wind, rain); travel to and from the Activity; and consumption of food and/or beverage Guardian acknowledges and understands that Participant may be exposed to certain risks that are inherent in participation in the Activity. These risks may include but are not limited to such things as incidents related to the above-mentioned activities, including sprains, broken bones, cuts, bruises, entrapment, temporary or permanent disability, illness, personal injury, and/or death; adverse weather conditions; exposure to theft and other criminal activity; allergic reactions to food and drink items; other physical, mental, and emotional injury; other risks and dangers, whether known or unknown nor reasonably foreseeable. Guardian, on behalf of Participant, knowingly and voluntarily, accepts, and assumes responsibility for each of these risks and dangers, and all other risks and dangers that could arise out of, or occur during, Participant's engagement in the Activity.

2. Covenant Not to Sue: Guardian for him/herself, and on behalf of Participant, agrees that Guardian will not commence any legal action or lawsuit or otherwise assert any legal claim against SUU and its officers, directors, employees, and agents seeking relief for any claim, whether or not such claim is released or waived under this Agreement.

3. Indemnification: Guardian agrees to indemnify and hold SUU and its trustees, officers, directors, employees, and agents harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, arising out of Participant's involvement in the Activity and to reimburse SUU for any such expenses incurred.

4. Release of Claims: Guardian for him/herself, and on behalf of Participant, agrees to release and fully discharge the State of Utah, SUU, their agencies, departments, officers, employees, trustees, agents and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, malpractice, or any other actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me or the Participant arising out of Participant's participation in the Activity. This release extends to any claim made by parents or Guardian/s or their assigns.

5. Severability/Governing Law: Guardian agrees that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Utah and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The Agreement shall be governed by the laws of the State of Utah, without regard to conflicts of laws principles. Venue for any lawsuits, claims, or other proceedings between the Parties relating to or arising under the Agreement shall be exclusively in the State of Utah.

6. Likeness Release: Guardian hereby grants absolute rights and permission to SUU staff and their sponsors to use photographic portraits and/or video footage of this minor for any and all illustration, promotion, or advertising.

7. Health Insurance and Consent to Medical Treatment: Should Participant require emergency medical treatment as a result of any accident or illness arising during the Activity, Guardian expressly consents to such treatment. Guardian acknowledges that SUU will not provide health and accident insurance for Participant, and Guardian agrees to be financially responsible for any medical bills incurred as a result of emergency medical treatment. Guardian agrees to release the State of Utah, SUU, and their agencies, departments, officers, employees, trustees, agents and all sponsors, officials and staff or volunteers from the cost of any medical care that Participant receives as a result of participation in the Activity.

Health Insurance Company/Policy #: _____

Emergency Contact Name/Phone #: _____

Acknowledgment: I am the parent or legal guardian of the Participant. I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover Participant's participation in the Activity.

Printed Name: _____

Signature of Parent or Guardian: _____

Date: _____

A MESSAGE ABOUT UPWARD BOUND

Upward Bound is a federally funded program for high school students. It is a national program and is administered at your school by Southern Utah University.

The objective of the Upward Bound Program is to generate in participants the skills and motivation necessary to complete high school, and to enter and succeed in college by receiving a bachelor's degree. During Upward Bound meetings, participants will receive help in study skills, time management, goal settings and other academic assistance. They will receive instruction in literature, composition, mathematics and science as needed. Summer classes are also offered in these areas to help students raise their skills to college level by the time they enter college.

In addition to meeting with the Upward Bound counselor at their individual school for at least ninety minutes each week, the students attend two on-campus seminars at Southern Utah University during the school year. In addition, an intensive six-week academic session is held at the university during the summer. The students live on campus, attend classes, and participate in cultural activities. Students with the appropriate skill level will receive university credit for their classes. There is no cost to the parents or students for any of these services.

Freshmen, sophomores, and juniors are eligible to apply. Once selected, the student will remain in the program through their senior year.

Students must meet an income eligibility requirement. Because of this requirement, the Upward Bound office must receive verification of family taxable income through federal documentation, ie. 1040 tax form, food assistance, free or reduced school lunch documentation, or welfare documentation.

Other eligibility requirements include students with academic need and those whose parents or custodial guardians have not received a bachelor's degree from a four-year college. This is the federal designation of a potential first-generation college student.

For more information, see your high school's Upward Bound Counselor or contact the Upward Bound Office at (435) 865-8250 or (435) 865-8069. You can also check out our website at www.suu.edu/trioub/.



Upward Bound Financial Verification

Student's Name _____

Parent or Legal Guardian's Name(s) _____

Number of Dependents, including prospective UB student _____

Please complete **ALL** of the following (A-C):

A) Is the student a ward of the court? (Foster Care) Yes ___ No ___

B) Does the student qualify for Free Lunch: Yes ___ No ___

C) Taxable Income IRS Form 1040, Line 15 from previous year was:

\$ _____ **OR**

My Gross Income for the previous year was: \$ _____

By my signature below, I certify that I am the parent or legal guardian of the above-named student and that the information listed on this form is accurate and complete.

Parent's or Legal Guardian's Signature

Date