



UPWARD BOUND

Frostburg State University
101 Braddock Road
Frostburg, MD 21532-1099
(301)-687-4994

STUDENT APPLICATION

Student Information (Please Print or Type)

Name _____ SS# _____

Address _____

City, State, Zip _____

Home Phone _____ Sex: Male () Female () Age _____

E-Mail Address _____ Birthdate _____

Race/Ethnic Identification: White () Black () Hispanic () Asian () Other () _____

Citizenship: United States () Other () _____ Birthplace _____

How long have you lived in Maryland? _____

With whom do you live? Both Parents () Father () Mother () Other () _____

How did you hear about Upward Bound? _____

School _____ Grade _____

Student ID Number (on report card) _____ GPA _____

Office Use Only: Date Received ____/____/____ Complete ____/____/____

School Records: Academic Verification ____/____/____ Transcripts ____/____/____

Math Evaluation ____/____/____ English Evaluation ____/____/____

Interview Date/Time ____/____/____ at _____ AM PM

Comments: _____

Eligible () Ineligible () Accepted () ____/____/____ Waiting List () Not Accepted ()

Status : LI () OI () FG () DB () Expected Grad Date ____/____/____

Graduation Date ____/____/____ or Date Exited ____/____/____ Bridge: FSU AC

College/University Initially Attending _____

CONFIDENTIAL INCOME CERTIFICATION

(To be filled out by parent or guardian)

•If you filed a federal income tax return last year:

Total number of household members (claimed on 1040) _____

Indicate your appropriate **taxable income** category. Refer to IRS form (2004) 1040, line 42 or 1040A, line 27, or 1040 EZ, line 6: \$ _____

•If no income tax return was filed:

Please attach a copy of proof of income and complete all appropriate information below:

Type of income	Case Number	Yearly Amount
Public Assistance	_____	_____
Social Security	_____	_____
Unemployment Comp.	_____	_____
Other _____	_____	_____

I certify that the income information given above is correct to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

OTHER INFORMATION:

Please list names and ages of brothers and sisters:

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

IN CASE OF EMERGENCY CONTACT:

Name _____	Name _____
Relationship _____	Relationship _____
Phone (Day) _____	Phone (Day) _____
Phone (Evening) _____	Phone (Evening) _____

INSURANCE INFORMATION:

Name of insurance company _____

Policy number _____

Name of family doctor _____

Phone number _____

PARENTS AND STUDENTS MUST READ AND SIGN:

- Upon request, Upward Bound may secure copies of any and all subsequent material(s) relative to the applicant's academic performance. This includes, but is not limited to standardized test scores, report card grades, transcripts, and other pertinent educational materials.
- I (we) understand that students participating in Upward Bound will be engaged in certain recreational activities, including but not limited to: camping, hiking, canoeing, and softball, that come with it the risk of personal injury. I understand also that various field trips to off-campus locations may be taken under the supervision of the Upward Bound program.

In consideration of participation in Upward Bound, I (we) understand that Frostburg State University (the "University") shall in no way be deemed responsible for the operation, safety and management of any means of transportation, public or private, or off-campus facilities used while participating in the Upward Bound program. I (we) do myself, my heirs and personal representatives, hereby defend, hold harmless, indemnify, and release the State of Maryland, the University, the Upward Bound program, and all its officers, agents and employees from and against all claims, demands, and actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my participation in the Upward Bound program.

- I (we) understand that all participants must have a physical examination before participating in the Upward Bound program. **I (we) understand that I (we) am solely responsible for determining whether the participant has any physical or mental limitations preventing him or her from participating in the Upward Bound program.** I (we) further understand that the University has no actual or constructive notice of any such limitation, and hereby release the State of Maryland, the University, and its officers, agents and employees, from any liability arising from any injuries resulting from such limitation.

- I (we) give consent for the participant to receive routine and/or emergency medical services (if needed) for the participant's entire enrollment period in the Upward Bound program.

In signing this application, I (we) understand that my (our) son/daughter is applying to the Upward Bound program, a year-round academic program which includes a six-week summer residential program and an academic year component, at Frostburg State University, and that my (our) child is expected to participate in both components.

**I (we) will supply the income verification information as required by the program.
I (we) certify that I (we) have read this application and the information given is correct to the best of my (our) knowledge.**

Parent(s)/Guardian(s) please sign below:

(Signature)

(Date)

(Signature)

(Date)

Student please sign:

(Signature)

(Date)