



University of Wisconsin - Milwaukee
Upward Bound Student Application



Submit your completed application securely online at uwm.edu/upward-bound
For questions email: upward_bound@uwm.edu or call (414) 739-5046
Mail your completed application to this address: UWM Upward Bound Mitchell Hall 205 P.O, Box 413 Milwaukee, WI 53211

I. Student Information

Form with fields: First, Middle, Last; Home Address, City, Zip Code; Home Phone Number, Cell Phone Number, E-mail address; Current School, Grade, Student Id Number; Date of Birth, City of Birth, Gender (Female, Male).

Ethnicity (Please Check one)
___ Multiracial (please specify)
___ Black/African American ___ Hispanic/Latino
___ Native American/Native Alaskan ___ Native Hawaiian/Pacific Islander
Please list tribe ___ White/Caucasian
___ Asian ___ Other not listed (please specify)

Select one:

Are you a U.S. citizen? () Yes () No Are you a Lawful Permanent Resident? () Yes () No

Have you decided on a career? () Yes, please specify: () No
Do you know what training/education it takes to get into your career choice?
() Does not require any college or training
() 1 year training program
() A 2 year degree from a community or technical college
() A 4 year degree from a college or university
() More than a 4 year degree
() I don't know yet, but I want to!

Are you a participant/member of another pre-college program? Please circle.

Yes

No

If yes, please list.

Please list any club/group or organization you belong to, either within your school, church or the community. If you hold an office in these organizations, please indicate.

Feel free to add additional pages to complete the following essay questions.

Who do you admire most and why? _____

What is the one thing you have done that you are most proud of? _____

What are your goals? _____

Explain what role you see the Upward Bound program playing in your life and college/career plans.

I attest to the fact that the above information is true to the best of my knowledge. I understand the Upward Bound Program's purpose, which is to prepare participants to successfully complete a program of post-secondary education. As part of my personal effort in this preparation, I commit to Upward Bound through completion and participation in all academic year and summer project components. I understand that attendance is an integral part of participating. Therefore, I agree to attend and actively participate in all classes, meetings and activities sponsored by Upward Bound. I will comply with all rules and regulation of the Upward Bound project, and I am aware that failure to comply could result in dismissal from the program. I understand and willingly commit to meeting these expectations.

**Online submissions can electronically sign when uploading and skip signing this form.*

Participant Signature _____

Date _____

II. Parent/Guardian Information

Student Name: _____ Student Social Security # _____

Naturalization Certificate # _____

USCIS # _____

Student lives with

(please circle one) Parents Mother Father Foster parent/s Guardian

Relatives or other (please specify) _____

First Generation Eligibility Verification - All information is kept confidential.

<p>Father/Guardian</p> <p>Name _____</p> <p>Occupation _____</p> <p>Employer _____</p> <p>Work Phone _____</p> <p>Home/Cell Phone _____</p> <p>E-Mail _____</p> <p>Highest Education Level Reached _____ None</p> <p>_____ Elementary (K-8) _____ High School (9-12)</p> <p>_____ Some College _____ Associate Degree</p> <p>_____ Bachelor's Degree _____ Graduate Degree</p>	<p>Mother/Guardian</p> <p>Name _____</p> <p>Occupation _____</p> <p>Employer _____</p> <p>Work Phone _____</p> <p>Home/Cell Phone _____</p> <p>E-Mail _____</p> <p>Highest Education Level Reached _____ None</p> <p>_____ Elementary (K-8) _____ High School (9-12)</p> <p>_____ Some College _____ Associate Degree</p> <p>_____ Bachelor's Degree _____ Graduate Degree</p>
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Low Income Eligibility Verification - All information is kept confidential.

Does your family receive assistance under WI ACCESS Services? _____ Yes _____ No

*Program(s) _____ Case # _____

Did you complete an Income Tax Return for last year? _____ Yes _____ No

Monthly Income Information

Number of persons in household _____

Please enter all source(s) of total monthly household income below:

1. Wages/Salary	\$ _____
2. Social Security	\$ _____
3. TANF	\$ _____
4. Unemployment	\$ _____
5. Other (ie., Child support, Military...please list)	\$ _____
_____	\$ _____
6. Total Monthly Income	\$ _____

I certify that all of the above income information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and any misrepresentation may make the applicant ineligible for participation. **Online submissions can skip this signature*

Parent/Guardian Signature _____ Date _____

Parent/Guardian Information

Emergency Contacts - List two additional adults with whom the student is in contact.

Name	Phone	Relation to student
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Name	Phone	Relation to student
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I understand the purpose of the Upward Bound Program, which is to prepare participants to successfully complete a program of post-secondary education, and would like to have my child participate. Because parent involvement and support are major contributing factors to student success, I agree to be involved in the following ways:

- 1) keeping informed of my child's progress in school
- 2) encouraging my child to attend all Upward Bound activities
- 3) allowing my child to attend Upward Bound field trips
- 4) participating in Upward Bound events in which parents are invited
- 5) sharing concerns about my child's education with Upward Bound staff
- 6) supporting the Upward Bound staff in their efforts on behalf of my child.

I support the mission of Upward Bound and will make it a priority to assist my child in his/her education.

I hereby attest that all information in this application is true and correct. I also understand that a false statement or misrepresentation will make the applicant ineligible for the Upward Bound Program. ***Online submissions can electronically sign when uploading and skip signing this form.**

Parent/Guardian Signature _____ Date _____

Photo Release

I understand that the University of Wisconsin-Milwaukee Upward Bound Program may take photographs and or videos of participants and activities. I agree that the University of Wisconsin-Milwaukee shall be the owner of and may use such photographs and/or videos for the program's website, on social media, the yearbook, and other publicity materials. ***Online submissions can electronically sign when uploading and skip signing this form.**

Participant Signature _____ Date _____

Parent/Guardian Signature _____

III. Permission to Release Academic Information

Dear Student:

We have asked your Parent or Guardian to sign a Release of Academic Information form allowing us access to your high school academic records for the purpose of proper placement. To fulfill U.S. Department of Education regulations for Upward Bound programs, we will need to track your academic progress for a period of six years after high school graduation. Please read and sign this Release of Academic Information form. Your signature below authorizes the University of Wisconsin - Milwaukee Upward Bound program to obtain academic performance and enrollment data from the school(s) you are enrolled in at the time of our request.

Thank you for your assistance.

**Online submissions can electronically sign when uploading and can skip signing here for now.*

Student Name Date of Birth

Parent/Guardian Name Signature

As a participant of the University of Wisconsin - Milwaukee Upward Bound Program, I hereby agree to the release of my academic records to the program. I have read and understand the terms of this request.

**Online submissions can electronically sign when uploading and can skip signing here for now.*

Participant Signature Date: _____



IV. Parent & Student Agreement

PLEASE READ THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTIONS REGARDING THIS AGREEMENT OR WOULD LIKE TO NEGOTIATE ITS TERMS, CONTACT UPWARD BOUND AT 414-229-6513.

Assumption of Risks

You are being asked to sign this form because you would like to participate in the above-listed event (Upward Bound) sponsored by the University of Wisconsin – Milwaukee (“UWM”). Before you can participate, UWM asks that you read this document carefully. If you want to ask questions about this document or request changes to it, you can do so by contacting the party listed above.

By participating in Upward Bound, you are putting yourself at some risk (e.g., accidents while travelling or harm from other people, etc.). The specific risks vary from one activity to another, but resulting injuries can range from minor (e.g., scratches and bruises), to major (e.g., fractures and internal injuries), or catastrophic (e.g., paralysis and death). UWM recommends you minimize your risks by talking to a doctor before participating in the Upward Bound Program and carrying insurance (insurance is not provided by UWM). Please sign here to indicate that you understand that risks are inherent in the Upward Bound program and you knowingly and willingly accept those risks.

***Online submissions can electronically sign when uploading and can skip signing here for now.**

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Waiver of Rights

In exchange for allowing you to participate in the Upward Bound Program, UWM asks that you agree not to make a claim against UWM if you are injured while participating in the Upward Bound Program, even if your injury was caused by UWM’s negligence. This means you are giving up your right to sue UWM if you are injured during the Upward Bound Program. “Injury” refers to injuries to both your body and your property, whether caused by a UWM employee or a third party. You are not being asked to give up your rights in the event UWM acts recklessly or in an intentionally destructive manner. Please sign here to confirm that **you are willing to give up your claims and rights against UWM in the event you are injured (including the right to sue).**

***Online submissions can electronically sign when uploading and can skip signing here for now.**

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

University of Wisconsin-Milwaukee

PART ONE:
CONSENT FOR MEDICATION ADMINISTRATION
and MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin-Milwaukee, it is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by the Camp Health Supervisor.

All medications must be in a medicine bottle and labeled with the camper's name, doctor's name and phone number, medication name, and dosage. You must also complete the form below:

No medication has been brought to camp.

I want the medication or medical devices self-administered. (Age 14 and above only.)

I want the medication or medical device administered by the Camp Health Supervisor. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

Form with fields for Name of Medication (s), Prescribing Doctor, Doctor's Phone #, Amount to be taken, How is it taken?, When to be administered, Day(s) to be taken, and Special Instructions.

- List of 6 bullet points regarding consent for medical treatment, including a red note about online submissions.

Participant Name (Please Print)

Signature of Parent or Guardian

Date

PART TWO: HEALTH HISTORY QUESTIONNAIRE

Full Participant Name:		Name of Camp/Event		Camp Dates	
Full Home Address:		Home Telephone Number:		Date of Birth: ____/____/____ Sex: M F	
				Height: _____ Weight: _____	
Parent/Guardian Name:		Relationship:		Does participant have allergic reactions to: <input type="checkbox"/> Yes <input type="checkbox"/> No..... Penicillin <input type="checkbox"/> Yes <input type="checkbox"/> No..... Other Antibiotics _____ <input type="checkbox"/> Yes <input type="checkbox"/> No..... Other Medicine (type) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No..... Insect Bites/Stings _____	
Address (if different than above)		Home Telephone Number:(if different than above)			
		Parent/Guardian Work Telephone: _____			
Alternate contact in the event that the Parent/Guardian cannot be contacted during an injury or illness. (Name, Relationship, Address, and Telephone Number)				Does participant take medication on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Identify _____ (consent for medication administration must be signed on reverse.)	
				Has participant had or presently experiencing: <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Bleeding Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No Colitis <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy/Seizures/Blackouts <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Disease <input type="checkbox"/> Yes <input type="checkbox"/> No Hernia <input type="checkbox"/> Yes <input type="checkbox"/> No High Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No Joint Injury/Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No Kidney Disease <input type="checkbox"/> Yes <input type="checkbox"/> No Menstrual Difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No Mental/Emotional Problems <input type="checkbox"/> Yes <input type="checkbox"/> No Neck/Back Pain/Injury <input type="checkbox"/> Yes <input type="checkbox"/> No Rheumatic Fever <input type="checkbox"/> Yes <input type="checkbox"/> No Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No Ulcer Other: _____	
Physician: _____ Telephone: _____		Insurance Co.: _____ Policy No.: _____			
Immunization Record					
* MMR (measles, mumps, rubella)					
Dose 1-Immunization at age 1		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dose 2		<input type="checkbox"/> Yes <input type="checkbox"/> No			
* Tetanus-Diphtheria		<input type="checkbox"/> Yes <input type="checkbox"/> No			
* Year of last tetanus boost (must be within last 10 years)					
Has participant ever had major surgery or been hospitalized?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain any significant operations, accidents or illnesses, and last medical attention and reason:					
Does the participant have any physical condition(s) requiring special considerations? Explain.					
A physical examination within 24 months of the camp/event is recommended. Date of participant's last physical examination: _____					