

Return by this date:

UPWARD BOUNDED

Program Application

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DYERSBURG STATE
COMMUNITY COLLEGE

**Dyersburg State
Community College**

www.dscc.edu

Upward Bound Program

1510 Lake Road, Dyersburg, TN 38024

Telephone (731) 288-7811

Fax (731) 288-7816

Dear Upward Bound Applicant and Parent,

We are excited that you are interested in participating in the Upward Bound program through Dyersburg State Community College. Upward Bound is a federally funded TRIO program through the US Department of Education. The program is designed to give lower income, first generation students all the opportunities to get to college. The Upward Bound program at DSCC provides services to four local high schools: Halls High School, Obion County Central High School, Peabody High School, and Lake County High School.

By participating in Upward Bound, your child will have weekly opportunities to meet with the Upward Bound counselors to get additional tutoring, counseling, and extra educational opportunities. They will also have many opportunities to attend cultural events such as Broadway plays, tours of local colleges, concerts, and many others. There is also the opportunity for your child to receive a stipend check each month depending on their involvement in the program. In the summer, we conduct a six-week program that will involve touring colleges, going on a weeklong cultural trip and bonding with other Upward Bound students. The main aspect of the summer program is attending classes at DSCC to get a head start on their upcoming classes for the next school year. The good news is all of these opportunities are absolutely no cost to you or your child!

After acceptance into the program, students will remain active in the program until they graduate from high school. Your child will be required to attend all weekly meetings with the counselors, the scheduled cultural trips, and the six-week summer program. We expect your child to do their best in their academic requirements as well as their behavior at school and on Upward Bound activities and trips. The Upward Bound program has a limited amount of space for students; therefore, we want students who are committed and willing to work hard in school and work hard to be a positive member of society.

We want your child to be very successful in school and getting them ready for college. In order for students to be successful, we ask that you motivate your child and make sure that they attend all Upward Bound activities. When necessary, we will provide transportation from their high schools. You will be required to drop off and pick up your child on time. In addition, as an Upward Bound parent, we encourage you to make regular checks on your child's progress at school. If you learn of an academic need, please let us know so that we may get help for them.

If Upward Bound sounds like a program you wish for your child to participate in for their high school career, please complete the attached application and return to the high school's front office as soon as possible. Remember there are only a limited number of openings. If you have any questions, please call us at (731) 288-7811 or visit our website at the www.dscc.edu home page.

Sincerely,

Paul Stewart

Director of Upward Bound DSCC

Student Information
TO BE COMPLETED BY STUDENT ONLY

High School: _____ Current Grade Level: _____

Full Name: _____ Gender: _____

Preferred Name: _____ Date of Birth: _____

Student's Social Security Number: _____ Phone Number: _____

Full Mailing Address: _____

Email Address: _____

Race: American Indian/Alaskan Native _____ Asian _____ White _____

Native Hawaiian or Pacific Islander _____ Black or African American _____

Ethnicity: Are you Hispanic or Latino? Yes _____ No _____

Citizenship: U.S. Citizen _____ Permanent Resident _____ Other _____

Personal

With whom do you currently live?

Both Parents _____ Mother Only _____ Mother & Stepfather _____ Father Only _____

Father & Stepmother _____ Foster Parent(s) _____ Other _____

Describe your family and how you fit into your family. _____

Do you know anyone who has been to college? If so, was their relation to you? _____

Describe your close friends. _____

If it were possible, what would you change about yourself? Why? _____

General

Why do you want to be in Upward Bound? _____

Was there a student who referred you to join Upward Bound? _____

If you are accepted, would you attend the mandatory 6-week summer program and reward trip? If not, why? _____

Is there anything else you would like us to know about you? _____

Cultural

Have you ever traveled outside of your home areas? If so, where? _____

Which have you experienced? Art show ____ Museum ____ Concert ____ Play ____

Do you have any hobbies or special skills? _____

Academic

What do you like best about high school? _____

What do you like least about high school? _____

Favorite subject(s)? Why? _____

Least favorite subject(s)? Why? _____

How do you study? _____

Do you like to read? What was the last book you read that was not for school? _____

Do either of your parents (mother, father, or legal guardian) have a four-year college degree? Yes ____ No ____

What do you plan to do after high school?

College ____ TCAT ____ Military ____ None of these ____

Where do you want to go to college? _____

Your anticipated college major/occupation: _____

Based upon my academic abilities, and my personal and social goals, I hereby agree to improve my grades, my social interaction skills, and awareness of my cultural environment. I will make this evident by:

- improving my grade point average
- participating in all Upward Bound activities and field trips
- interacting with other students and staff in any environment contributing to the positive nature of the activity

I understand this contract for success. I agree to abide by these statements and any other rules and policies of Dyersburg State Community College. I understand that these guidelines are for the best interest of the Upward Bound program participants, and following these rules will help me to achieve my personal academic, social, and college preparation goals.

Student Signature

Date

Family Information

TO BE COMPLETED BY PARENT OR GUARDIAN ONLY

Name of Parent / Guardian One: _____

Full Mailing Address: _____

Phone Number: _____ Employer: _____

Email Address: _____

Check all that apply to Parent/Guardian One:

Did not complete high school ____ Completed high school ____ GED / HISET ____

Certificate / Trade Program ____ 1-3 years of college ____ 4-year college graduate ____

Federal Income Tax: Did not file taxes ____ Filed income tax but did not claim student ____

Claimed student on income tax ____ (taxable income; \$_____)

NOTE: Taxable income is not the same as gross income.

Name of Parent / Guardian Two: _____

Full Mailing Address: _____

Phone Number: _____ Employer: _____

Email Address: _____

Check all that apply to Parent/Guardian Two:

Did not complete high school ____ Completed high school ____ GED / HISET ____

Certificate / Trade Program ____ 1-3 years of college ____ 4-year college graduate ____

Federal Income Tax: Did not file taxes ____ Filed income tax but did not claim student ____

Filed income tax with guardian listed above ____

Claimed student on income tax ____ (taxable income; \$_____)

NOTE: Taxable income is not the same as gross income.

Providing Transportation

I, hereby, agree to provide my child transportation to and from my child's high school for Upward Bound events and activities.

Parent/Guardian Signature

Date

INCOME VERIFICATION

1. Are you or any family member receiving AFDC? ___ yes ___ no
2. Are you or any family member receiving S.S.I.? ___ yes ___ no
3. Are you a foster child on whose behalf state or local payments are being made? ___ yes ___ no
4. Are you or any family member currently receiving food stamps? ___ yes ___ no

VERY IMPORTANT: Please list all the members in your household and their relationship to you. The Department of Education income levels are based on household family members and total family taxable income that is considered low income. Please be sure to include income from all sources including AFDC, SSI, Social Security, Disability, Unemployment Benefits, and any employment wages received.

How many people live in your household? _____

Name of Family Member	Relation	Income Source or Employer	Annual Income
TOTAL YEARLY INCOME			\$

We are asking you to supply the DSCC Upward Bound Program with a copy (PRINTED COPY, EMAIL COPY, FAX COPY, OR PICTURE COPY) of your most recent federal income tax return showing the taxable income in order for your student’s application to be complete. This figure is most often on your 1040 on the second page of your return. We DO NOT need a copy of the entire return, only the first page and page with the taxable income. This information is kept private, locked, and confidential within the individual student record file and is only used for verification of income.

In order to document the financial portion of this application, the U.S. Department of Education requires that we receive a federal income tax filing, as verification of documenting the family financial status. This information is required of each student served by the Upward Bound program. Your student will not be admitted to the program if verification of taxable income is not received OR self-declared income noted below.

I do hereby state that the income information that I have provided truly represents my income for the requested year.

_____ Date _____

Parent/Guardian Signature

I have attached a copy of my most recent tax return indicating the **taxable income** for verification.

_____ Date _____

Parent/Guardian Signature

Release of Information

High School Information

I, hereby give my permission to the Upward Bound program at Dyersburg State Community College to have access to my son/daughter's **high school transcript and any other pertinent school records**. I understand all information given will be kept strictly confidential.

Parent/Guardian Signature

Date

Postsecondary Information

To comply with the United States Department of Education's regulation concerning follow-up of students when they exit the program, we must have permission to attain postsecondary records. Therefore, I, hereby, give my permission to Upward Bound at Dyersburg State Community College to have access to my son/daughter's postsecondary academic and financial aid transcripts for the duration of their postsecondary enrollment at the institution they choose to attend.

Parent/Guardian Signature

Date

Policies & Procedures

I give my child permission to participate in the Upward Bound academic and six-week summer program. I understand that justification for dismissal from the program fall under the following guidelines:

1. if my child does not meet with the Upward Bound staff at school visits throughout the year;
2. if my child does not maintain at least a 2.5 GPA (with one semester probationary period);
3. if my child does not adhere to the program rules and regulations;
4. if my child exhibits inappropriate actions or behavior at their high school;
5. if my child does not follow a college preparatory curriculum.

We have read and understand the Upward Bound Policy and Procedures manual provided to my parents/ guardian and me. We understand that by signing below I agree to abide by these policies at all times while participating in the Dyersburg State Community College Upward Bound Program. We also understand that we are to KEEP this manual for any reference or question we may have in the future concerning my participation in Upward Bound.

Student Signature

Date

Parent/Guardian Signature

Date

Assumption of Risk & Release

Release

As a parent/guardian, I agree to save harmless the Dyersburg State Community College's Upward Bound program, Dyersburg State Community College, and their representatives from all damages and claims that may happen to my son/daughter while participating in the Upward Bound program.

Parent/Guardian Signature

Date

Liability Release, Waiver, Discharge, and Covenant Not to Sue / Medical Consent

This is a legally-binding Release and Medical Consent made by me, _____, to the (Dyersburg State Community College).

I fully recognize that there are dangers and risks to which I may be exposed by participating in (Upward Bound Program Activities) during and until completion of program. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this activity: Travel provided by program transportation. All activities associated with attending summer classes and field trips of the DSCC Upward Bound Program on campus and other locations in the state of Tennessee and other states visited by this program.

I understand the Institution does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. In consideration of and in return for the services, facilities, and the other assistance provided to me by the Institution in this activity, I release the Institution (hereinafter including its governing board, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to me, from my death, or damage to my property in connection with this activity. I understand that this Release covers liability claims and actions caused entirely or in part by any acts or failures to act of the Institution, including but not limited to negligence, mistake, or failure to supervise by the Institution.

I understand that Institution does not have medical personnel available at the location of the activity. I therefore grant Institution permission to authorize emergency medical treatment, if deemed necessary by the Institution. I agree that Institution assumes no responsibility or liability for any injury or damage which might arise out of or in connection with such authorized medical emergency treatment. I further state that I have adequate health insurance necessary to provide for and pay for any medical costs that I may incur during or arising from my participation in this activity.

I recognize that this Release means I am giving up, among other things, rights to sue the Institution for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, as well as myself.

I have read this entire Release; I fully understand it; and I agree to be legally bound by it.

This is a Release of Your Rights. Read Carefully Before Signing.

Student Signature

Date

Parent/Guardian Signature

Date



Social Media Release Form

Dyersburg State Community College (DSCC) intends to use creative work(s), photograph(s), video footage and/or voice recording(s) of students and other people on its campus, centers and facilities operated by or affiliated with DSCC to promote higher education, continuing education, workforce development and various activities.

I hereby irrevocably consent to and authorize Dyersburg State Community College (DSCC), or those authorized by DSCC, pursuant to the Tennessee Personal Rights Protection Act of 1984, the right to use, prepare, and reproduce creative work(s), photograph(s), video footage and/or voice recording(s) that have been taken of me and/or my child (under 18 years of age) for promotional usage in any medium of communication as they see fit.

I hereby waive any right that I may have to inspect or approve the finished work(s) or the use to which it may be applied. I agree that the creative work(s), photograph(s), video footage and/or voice recording(s) of me and/or my child reproduced in any format shall constitute DSCC's sole property, to copyright in its own name and with the full right of disposition in any manner whatsoever.

I agree to release and hold harmless DSCC, it's members, members of the Tennessee Board of Regents, agents, officers, contractors, volunteers and employees from and against all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my and/or my child's likeness, creative work(s), photograph(s), video footage and/or voice recordings through exposure via media outlets, printed materials, the Internet or electronic/digital medium.

I understand and agree that no compensation, including reimbursement for any expenses incurred by me and/or my child, will become due to me and/or my child, including any heirs, legal representatives, agents, and assigns at any time due to participation in any of the above activities or the above-described use of my and/or my child's likeness, creative work(s), photograph(s), video footage, and/or voice recordings.

I have read the above authorization and release, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and/or my child, including any heirs, legal representatives, agents, and assigns.

Name (Please Print): _____

Signature: _____ **Date:** _____

If person is under 18 years of age, the parent or legal guardian must sign below

Parent/Legal Guardian Name (Please Print): _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Phone: _____

Address: _____

Email: _____

For office use: Event info _____

Travel Authorization

I, hereby, authorize my minor child to travel with the Dyersburg State Community College Upward Bound Program. If my child becomes ill or violates Upward Bound rules or guidelines during any travel event, I agree to come to the location to pick up my child. This includes the academic year activities and summer field trip, which could be several hours away. I agree and understand this parental/guardian obligation.

Parent/Guardian Signature

Date

Student's Full Name: _____

Date of Birth: _____ SSN: _____

Full Mailing Address: _____

Parent/Guardian Name: _____ Cell Phone: _____

Place of Employment _____ Work Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

Place of Employment _____ Work Phone: _____

Medical Insurance Company: _____ Policy Number: _____

(please include and attach a copy of insurance card front and back)

Please list any allergies (including food and drugs), medical conditions or medications that we need to be aware of:

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Emergency Medical Treatment

Check whether you give permission to Upward Bound program staff to authorize emergency medical or surgical treatment in the event it is not possible to contact you in the case of an emergency. It is understood that the Upward Bound program will make these arrangements without financial responsibility.

I give my permission for the Upward Bound staff to authorize the following treatment to my child if unable to contact me in the case of an emergency.

Emergency Medical Treatment: ___ Yes ___ No Emergency Surgical Treatment: ___ Yes ___ No

Parent/Guardian Signature

Date

Upward Bound Teacher Recommendation Form

Student: To be considered for the Upward Bound Program, you must have a teacher complete this form as part of the application process. Tear this page off of the application, write your name, and ask a teacher to complete this form for you.

Student Name: _____ Subject: _____

Teacher: Thank you for taking the time to complete this recommendation form for this student's application for the Upward Bound program. Please answer honestly, as your feedback is very important for acceptance into the program. You may return this form to Upward Bound to dscupwardbound@gmail.com or turn into the front office. Thank you so much!

This student:

Potential for postsecondary success	Above Average ____	Average ____	Below Average ____	N/A ____
Positive Attitude	Above Average ____	Average ____	Below Average ____	N/A ____
Accepts Criticism	Above Average ____	Average ____	Below Average ____	N/A ____
Good work habits	Above Average ____	Average ____	Below Average ____	N/A ____
Completes assignments	Above Average ____	Average ____	Below Average ____	N/A ____
Motivated to achieve	Above Average ____	Average ____	Below Average ____	N/A ____
Positive behaviors	Above Average ____	Average ____	Below Average ____	N/A ____
Leadership Skills	Above Average ____	Average ____	Below Average ____	N/A ____
Assumes responsibility for actions	Above Average ____	Average ____	Below Average ____	N/A ____

What is your overall recommendation for this student?

Highly Recommend ____ Recommend ____ Recommend with Reservation ____ Do Not Recommend ____

Please provide any comments that you feel would benefit us in our evaluation of this student for the Upward Bound Program.

Teacher Name (please print): _____

Teacher Signature: _____ Date: _____

Upward Bound Teacher Recommendation Form

Student: To be considered for the Upward Bound Program, you must have a teacher complete this form as part of the application process. Tear this page off of the application, write your name, and ask a teacher to complete this form for you.

Student Name: _____ Subject: _____

Teacher: Thank you for taking the time to complete this recommendation form for this student's application for the Upward Bound program. Please answer honestly, as your feedback is very important for acceptance into the program. You may return this form to Upward Bound to dscupwardbound@gmail.com or turn into the front office. Thank you so much!

This student:

Potential for postsecondary success	Above Average ____	Average ____	Below Average ____	N/A ____
Positive Attitude	Above Average ____	Average ____	Below Average ____	N/A ____
Accepts Criticism	Above Average ____	Average ____	Below Average ____	N/A ____
Good work habits	Above Average ____	Average ____	Below Average ____	N/A ____
Completes assignments	Above Average ____	Average ____	Below Average ____	N/A ____
Motivated to achieve	Above Average ____	Average ____	Below Average ____	N/A ____
Positive behaviors	Above Average ____	Average ____	Below Average ____	N/A ____
Leadership Skills	Above Average ____	Average ____	Below Average ____	N/A ____
Assumes responsibility for actions	Above Average ____	Average ____	Below Average ____	N/A ____

What is your overall recommendation for this student?

Highly Recommend ____ Recommend ____ Recommend with Reservation ____ Do Not Recommend ____

Please provide any comments that you feel would benefit us in our evaluation of this student for the Upward Bound Program.

Teacher Name (please print): _____

Teacher Signature: _____ Date: _____