

Parent Financial Report

This section is to be completed by parent(s) or guardian(s).

The following information is required by the Federal Government and should be complete and accurate. Your answers will be held in strict confidence. **Verification of income must accompany this form.** The preferred method is a copy of your federal 1040 Income Tax form from last year. If you need assistance completing this form, please call us at 846-5657.

Student's Name _____

Father's/Guardian's Name _____ U.S. Citizen ___ yes ___ no

Occupation _____ Place of Employment _____ Phone _____

Education completed: [] GED/H.S. [] 2 yr college (AA/AAS) [] 4 yr college (BA/BS) [] Graduate [] other

Mother's/ Guardian's Name _____ U.S. Citizen ___ yes ___ no

Occupation _____ Place of Employment _____ Phone _____

Education completed: [] GED/H.S. [] 2 yr college (AA/AAS) [] 4 yr college (BA/BS) [] Graduate [] other

With whom does the student live? Mom Dad Grandparent(s) other _____

INCOME VERIFICATION

I, _____, the parent or legal guardian of _____ do hereby state that my family's **current annual taxable income** is \$ _____ and that the total number of people in my household is _____.

Please list all children or dependents that live with you in your home:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Occupation</u>	<u>Highest Grade Completed</u>
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Parent(s)/guardian(s) **must** attach **INCOME VERIFICATION**: a copy of most recent income tax form 1040 or 1040EZ.

The above information is complete and accurate to the best of my knowledge.

Signature – Parent/Guardian

Date

Medical Release

This form authorizes the TSJC Upward Bound Director and staff members to carry out the following actions regarding the medical care of _____ . This authorization will go into effect when _____

Student's Name

the student is accepted into the Upward Bound Program. It will extend to anytime the student is participating in any Upward Bound trip or activity.

First, I give the Upward Bound Program permission to select a qualified physician and to use local hospitals and clinics to treat illness and accidents. I also give permission for the Upward Bound Program to select a qualified physician or medial facility in another town or state if any accident or illness occurs while on an Upward Bound field trip.

Second, I give permission for Upward Bound staff members to release required information to hospitals and physicians and to sign the required forms that permit examination and treatment.

I understand that (a). physicians and hospitals sometimes do not like to treat patients without such an authorized signature, and (b). the Upward Bound Program will only allow routine and emergency procedures, which include preventative and corrective treatment. Major or long-term treatment will be given only with my permission, unless that permission is impossible to get due to time limitations or other reasons.

I understand that I am responsible for all medical and hospital expenses incurred by my child, and I have adequate insurance or other means to cover all expenses.

Type of Insurance _____ Policy # _____

Student's Doctor _____ Phone # _____

I understand that in the event of accident or illness all actions of Project Upward Bound, its regular and medical staff and agents, as well as my own will be guided by the best interests of my child. This also informs others about the following medicinal allergies or limitations of this participant: _____

Furthermore, I understand that I, my heirs, executors, and administrators, forever release the Director of Project Upward Bound or any staff member of Project Upward Bound from all claims, damages, or actions which may occur due to any decisions which they make with respect to the medical care and treatment of my child.

I, _____, certify that I am the parent, custody parent, or guardian of _____, and that I signed this release and authorization on the _____ day of _____, 20____, in the presence of the witness's signature below.

(Parent/Guardian)

(Participant)

Parent/Custody Parent/Guardian

Signature of Witness
(someone who is 18 or older and has watched you sign this form)

Director – Project Upward Bound
Trinidad State Junior College

Recommendation Form

This section is to be completed by the Junior High School counselor, teacher, or administrator who is recommending the student for the program. **PLEASE ATTACH THE STUDENT'S SCHOOL RECORDS (to include grades, test scores and any other academic records from the 7th & 8th grade to present)**

Student _____ Grade ____ High School _____

What track is this student following? __College __Business __Vocational __General __Other:

Please describe situation that may affect the student's participation in school or in the Upward Bound Program.

In your opinion, does this student have potential for college work? __Yes __No Comments: _____

Would this student have difficulty attending activities? __Yes __No Comments: _____

Based on your knowledge of the applicant, please rank student with at least one of the following academic needs (check all that apply):

- 01 ___ Low high school grade point average
- 02 ___ Low achievement test scores
- 03 ___ Low educational aspirations
- 04 ___ Lack of opportunity, support and/or guidance for college prep courses
- 05 ___ Lack of career goals
- 06 ___ Lack of confidence, self-esteem and/or social skills
- 07 ___ Rural isolation
- 08 ___ Interest in math or science careers

Comments: _____

Signature Title Date

CHECK SHEET FOR A COMPLETE APPLICATION

Has the following been completed:

- ___ Student Application Form
- ___ Additional Student Information
- ___ Parent Financial Report
- ___ Medical Release Form (with witness signature)
- ___ Records and Consent Form
- ___ Recommendation Form (give to counselor/teacher)
- ___ Student Records (test scores, report cards, etc.)