

**To apply for admission to the TRIO Communication Upward Bound (CUB) program:**

- Complete the following 7-page application
- Provide proof of income (copy of income tax)
- Complete a one-page statement (see page 6) explaining why you would like to join the CUB program
- The recommendation form (page 7) may be completed by a teacher, mentor, or community leader
- Contact Ms. Carla M. Williams at 316-978-6896 for further information or assistance

**Send to:**

Attn: Carla M. Williams  
 Wichita State University  
 TRIO Communication Upward Bound Program  
 1845 N. Fairmount - Box 31  
 Wichita, KS 67260-0031

## Program Application

**TRIO Communication Upward Bound (CUB)**

Full Name: \_\_\_\_\_

*Last* *First* *M.I.*

Address: \_\_\_\_\_

*Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

Home Phone: (    ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Racial or Ethnic Group** *(Check all that Apply)*

- American Indian/Alaskan     Asian/Pacific Islander     Black/African American  
 Hispanic/Latino     White/Caucasian     Other

**Gender/Age**

Male     Female    Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a U.S. Citizen?     Yes     No    If no, are you a permanent resident?     Yes     No  
*If not a permanent resident, you must present evidence of your status*

Do you have special needs?     Yes     No

*If yes, explain:*

Are you employed?     Yes     No    *If yes, how many hours do you work weekly?* \_\_\_\_\_

## School Information

Current School: \_\_\_\_\_ Expected High School (if different than current) \_\_\_\_\_  
 School Counselor: \_\_\_\_\_ Expected HS Graduation Month/Year: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Current GPA: \_\_\_\_\_ How many high school credits have you earned? \_\_\_\_\_  
 Have you failed any subjects?  Yes  No *If yes, list the subject(s):* \_\_\_\_\_  
 Do you participate in any of the following services at your school?  
 Math lab  Reading/Writing lab  ESL program  Tutoring  Other: \_\_\_\_\_  
 Are you having difficulty in any classes?  Yes  No  
 What are your current grades in the following subjects?  
 English \_\_\_\_\_ Math \_\_\_\_\_ Science \_\_\_\_\_ History \_\_\_\_\_

## Family Information

**Mother (Or Legal Guardian) Name:** \_\_\_\_\_ **Father (Or Legal Guardian) Name:** \_\_\_\_\_  
**Work Telephone Number:** \_\_\_\_\_ **Work Telephone Number:** \_\_\_\_\_  
**Cell Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Highest Grade Level Completed:** \_\_\_\_\_ **Highest Grade Level Completed:** \_\_\_\_\_  
 With whom do you live?  Mother  Father  Both  Self  Guardian  
 Total number of family members at home (*self included*) \_\_\_\_\_ Household yearly income \_\_\_\_\_  
 Have either of your parents received a **four-year (bachelors) degree**?  Mother  Father  Neither  
 Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Authorization

I understand the goals, objectives and requirements of the TRIO Communication Upward Bound program and agree to fulfill them. I also understand that if I do not fulfill the required goals and objectives, I will be dismissed from the program. I certify that all the information I have provided is valid and correct to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand the goals, objectives and requirements of the TRIO Communication Upward Bound program and agree to support my child in fulfilling them. I also understand that if my child does not fulfill the required goals and objectives, he/she will be dismissed from the program. I certify that all the information I have provided is valid and correct to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Family \ Financial Statement

TRIO Communication Upward Bound (CUB)

### *To be completed by parent/guardian*

One of the criteria for admission is meeting the income guidelines established by the U.S. Department of Education. Before we can determine eligibility, please answer the following questions and attach a **copy of your most recent income tax return or medical card.**

**THIS INFORMATION IS STRICTLY CONFIDENTIAL AND WILL BE MAINTAINED IN THE CUB OFFICE IN ACCORDANCE WITH THE GENERAL EDUCATION PROVISION ACT (WHICH OUTLINES PRIVACY RIGHTS OF PARENTS AND STUDENTS).**

### **Family Income**

- 1.) Did you file an income tax return last year?  Yes  No
- 2.) Gross family income (before taxes and other withholdings) for last year \$ \_\_\_\_\_
- 3.) Adjusted gross income \$ \_\_\_\_\_
- 4.) Which of the following was the source of the above information? (check all that apply)
  - Father's employment                      Occupation: \_\_\_\_\_
  - Mother's employment                      Occupation: \_\_\_\_\_
  - Welfare    Amount per/month: \_\_\_\_\_
  - Social Security                              Amount per/month: \_\_\_\_\_
  - Other Income: \_\_\_\_\_
  - Are you eligible for veteran's benefits?  Yes  No If so, what kind? \_\_\_\_\_
- 5.) How many dependents were claimed on your income tax form last year? \_\_\_\_\_  
 Total number of persons living in household (including self): \_\_\_\_\_
- 6.) Foster child, list the child's monthly personal use income: \_\_\_\_\_
- 7.) Is the student a U.S. Citizen?  Yes  No

What are your major concerns involving your student's educational plans? (Please check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> How to pay for college<br>should go | <input type="checkbox"/> Helping them be academically prepared | <input type="checkbox"/> Deciding where they |
| <input type="checkbox"/> How to apply for college            | <input type="checkbox"/> Helping them be socially prepared     | <input type="checkbox"/> Other _____         |

I certify that all of the information on this form is valid and correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Insurance Provider

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### TRIO Communication Upward Bound (CUB)

#### *To be completed by parent/guardian*

Student's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City, State Zip

Home Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the student covered by health insurance?  Yes  No

Insurance Company: \_\_\_\_\_ Policy Type: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*\*\*\* Please attach a front and back copy of the insurance card, including those covered through state welfare or S.R.S. \*\*\**

### Medical Provider

I authorize the TRIO Communication Upward Bound program to provide emergency medical and dental services for my child. I will not in any way hold Wichita State University or the CUB program responsible for any treatment deemed necessary for medical/dental services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Parental Release for Student Travel

I authorize the CUB program to provide transportation for my child to program activities. I hereby release the CUB program from any responsibility for any criminal act of malice, vandalism, theft and any other unlawful behavior during his/her trips sponsored by the CUB program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Authorization for Release of Records

## TRIO Communication Upward Bound (CUB)

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**DIRECTIONS:** This form must be completed by the student and the parent/guardian.

The U.S. Department of Education requires that the TRIO Communication Upward Bound (CUB) at Wichita State University follow and monitor the academic progress of students participating in CUB by tracking secondary school graduation, college matriculation, persistence and subsequent college graduation, etc.

In consideration of (Student Name) \_\_\_\_\_ being accepted for participation in the TRIO Communication Upward Bound at Wichita State University, I/we hereby specifically authorize all secondary and post-secondary institutions attended by (Student Name) \_\_\_\_\_ to release the following information to representatives of the TRIO Communication Upward Bound at Wichita State University:

**Secondary Schools:**

- Achievement, aptitude proficiency, state assessments, and interest scores (ACT, PACT, SAT, PSAT, Iowa Test of Basic Skills scores and all other tests taken since 7th grade)
- Official transcripts
- Official copies of report cards
- Activities chart or lists of extra- or co-curricular activities
- Family background data
- Interview information from school administration, counselors, and teachers  Health Related information during the summer residential.

**Post-Secondary Schools:**

- Enrollment verification information
- Transcripts or transcript information documenting academic progress
- Degree attainment information
- Interview information from school administrators

This permission is granted for a period of time not to exceed ten (10) years after secondary school graduation or until this authorization is specifically cancelled by both (Student Name) \_\_\_\_\_ and his/her parent or guardian.

As a result of signing this form, the student applicant and his/her parent/guardian certify that they are providing this authorization with full understanding and voluntarily in consideration of the student applicant's participation in the TRIO Communication Upward Bound at Wichita State University and to permit the Center to fulfill requirements imposed by the U.S. Department of Education, the funding agency.

Student Name Printed	Date	Parent or Guardian Name	Date
Student Signature	Date	Parent or Guardian Signature	Date

**NOTE:** Information obtained by this form shall not be transferred to any other person or agency than that listed above without the consent of the person whose signature appears here on.

**SCHOOLS:** Current school may retain copy of this form for student file.

## Personal Statement

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TRIO Communication Upward Bound (CUB)

Student's Name \_\_\_\_\_

Please address the following items in a one-page essay “Why I Want to be in Communication Upward Bound?”

- What type of education do you plan to pursue after high school?
- What post-secondary institutions are you interested in attending?
- What careers in the communication field are you interested in?
- What are your career goals and how do you plan to reach them?
- Why is education important to you?

Please print neatly to ensure that we can read your essay, or type and attach your essay to this sheet. If you attach your essay, please be sure to include your name and school at the top of the attached essay.

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## Recommendation Form

Student Name		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:		
<i>Street Address</i>	<i>Apt. #</i>	
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Home Phone: (    )	Social Security Number: _____	
High School: _____	Grade: _____	GPA: _____
Nominator: _____	Position: _____	Phone: _____
<b>Why is this student a good candidate for the TRIO Communication Upward Bound? (Continue on back)</b>		
<b>Questions about the student</b>		
Does the student participate in any of the following services at school?		
<input type="checkbox"/> Math Lab <input type="checkbox"/> Reading/Writing Lab <input type="checkbox"/> ESL Program <input type="checkbox"/> Tutoring <input type="checkbox"/> Other		
What type of education does the student plan to pursue after high school?		
<input type="checkbox"/> Four-year college <input type="checkbox"/> Armed Forces <input type="checkbox"/> None		
<input type="checkbox"/> Two-year college <input type="checkbox"/> Vocational-Technical		
What is the student's career interest, specifically in the communication or journalism field? _____		
Additional comments? _____		
Signature of Nominator		Date