

**TRiO  
UPWARD BOUND  
PARTICIPANT APPLICATION**



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*TRiO Upward Bound is a federally-funded TRiO Program under the U.S. Department of Education that aids students in graduating from college. Program participants must meet certain requirements set forth by the Department of Education. TRiO Upward Bound is committed to providing intensive, supportive, and proactive services that prepare students for a rigorous educational pursuit. TRiO Upward Bound is equal opportunity affiliations and, therefore, does not discriminate on the basis of sex, race, religion, or disability in admission or access to their programs.*

*Motto: "Inspire to dream more, learn more, and do more" John Q. Adams*

**TRiO Upward Bound  
Participant Application**

**NOTE:** Program participants must meet certain requirements set forth by the Department of Education. The following information will be used to determine your eligibility. All information will be held in confidence by the project staff. **PLEASE COMPLETE ALL INFORMATION REQUESTED. (Incomplete applications will not be considered.) PLEASE PRINT!**

**STUDENT PERSONAL DATA**

Are you a U.S. citizen (or a permanent resident alien – Alien Reg. # \_\_\_\_\_) ☐ Yes ☐ No

Name \_\_\_\_\_ Gender: ☐ Male ☐ Female  
(Last) (First) (MI)

Mailing Address \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip Code)

Student Email address: \_\_\_\_\_

Parent Email Address \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Cell Phone(s) \_\_\_\_\_ Parent Phone (Cell) \_\_\_\_\_ Other Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Language: ☐ English ☐ Other \_\_\_\_\_ Ethnicity: Hispanic ☐ Yes ☐ No

Race: ☐ African-American/Black ☐ Asian ☐ Hawaiian/Pacific Islander  
☐ Hispanic or Latino ☐ Native American/Alaskan Native ☐ White  
☐ Other (specify) \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Hispanic/Latino refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**AUTHORIZATION TO RENDER MEDICAL SERVICES**

In the event of an emergency, I hereby authorize the physician in charge of the emergency services at a hospital to administer any medical attention deemed necessary or advisable in the diagnosis and treatment of \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSURANCE PROVIDER INFORMATION**

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number (if applicable) \_\_\_\_\_

Name of Family Physician \_\_\_\_\_

Physician's Telephone Number \_\_\_\_\_

**APPLICATION CHECKLIST**

**PLEASE USE THIS CHECKLIST TO ENSURE A COMPLETE APPLICATION**

- ☐ Complete & Signed Application (Parent and Student)
- ☐ Academic Official/Unofficial Transcript (including all standardized test results)
- ☐ Page 1 & 2 of Parent/Guardian's Federal Tax Return (COPY)
- ☐ 2 Teacher Recommendation Letters
- ☐ TRiO UB Program accepts participants on a first come, first serve basis. Incomplete applications may result in delaying or denying your acceptance status.



**PROGRAM PARTICIPATION****Initial**

- ☐ Participant agrees to strive for 100% class attendance and 100% class completion.
- ☐ Participant agrees to maintain at least an overall cumulative 2.5(C) GPA.
- ☐ Participant agrees to contact TRiO UB staff prior to withdrawing from program with new contact information.
- ☐ Participant agrees to attend tutoring sessions as scheduled or notify us of your absence ( 24hrs in advance, if possible).
- ☐ Participant agrees to attend monthly counseling/mid-term checkpoint sessions
- ☐ Participant agrees to participate in cultural enrichment event.
- ☐ Participant agrees to complete academic enrichment workshops.
- ☐ Participant agrees to attend at four-year college/university campus visit.

**PARTICIPATION AGREEMENT & RELEASE OF INFORMATION****Initial**

As a participant in the Wallace Community College TRiO Upward Bound Program, I am committed to my education. To gain the full benefits of the UB program, I will make a commitment to my academic goals and the assistance provided. I understand and will strive for 100% CLASS ATTENDANCE, 100% CLASS COMPLETION and A MINIMUM GRADE POINT AVERAGE OF 2.5 I also understand the UB staff will review data from my application and intake interview to assist in assessing my academic planning needs. Therefore, all information used will be kept strictly at the highest level of confidentiality. I give the UB staff permission to inquire about my class attendance, class work, tutoring sessions, and class progress, and I give my teachers permission to release such information to UB staff when requested. The UB staff will assist me in achieving my academic goals only if I uphold my responsibilities in accordance with the Needs Assessment Form. If I do not meet the requirements and fulfill my academic goals, it may result in serious consequences regarding my continuation as a participant in the SSS program.

I authorize TRiO UB to gather information concerning all my academic progress (standardized test scores, grade point average, earned credit, transcripts, tutoring, etc.) and financial aid status prior to my participation in UB. I understand that this information is used to help determine my eligibility for UB and kept strictly confidential. I grant permission for UB to gather information for follow up whenever appropriate, including, but not limited to, transfer and progress to 4-year institutions. I am aware that my eligibility and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations. I certify that the information provided on this application is true and complete to the best of my knowledge. I also agree to provide documentation upon request to verify the information reported.

I hereby authorize the use of my photographic image in any and all publications, such as the monthly newsletter, newspaper articles, videos and campus-wide e-mail notices. I authorize WCC staff to use my name, photo or information about me in promotion of the college through radio, television or other printed materials. I understand that my picture could come from a digital image such as my file or from photos taken on various field trips and social events.

I grant permission for WCC staff to review and copy any information maintained as part of my school records including admission, grades, Federal Tax forms, financial aid, disabilities, and any other information pertinent to my status in the College or the UB program. I am aware that personal information provided to TRiO Upward Bound will be protected under the Federal Education Rights Privacy Act (FERPA) of 1974. No one will have access to the information unless they work with or for UB, or are specifically authorized by me to see the information.

**Student Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**Parent's Signature** \_\_\_\_\_**Date:** \_\_\_\_\_**By signing above, I attest the information contained in this document to be true and accurate to the best of my knowledge.****TRiO UB APPLICANT ELIGIBILITY CRITERION (THIS SECTION FOR UB STAFF ONLY)**

Institution Entry Date: \_\_\_\_\_

Program Entry GPA: \_\_\_\_\_

**ELGIBILITY**

- ☐ Low Income & 1st Generation
- ☐ Low Income Only
- ☐ First Generation Only
- ☐ Disabled
- ☐ Disabled and Low Income

**ACADEMIC NEEDS**

- ☐ Low High School Grades (GPA below 2.0)
- ☐ SAT/ACT scores below 20
- ☐ Lack of educational/career goals
- ☐ Failing grades
- ☐ Lack of academic preparedness for college courses
- ☐ Need academic support to raise grades
- ☐ Limited English proficiency

\_\_\_\_\_  
TRiO UB Staff\_\_\_\_\_  
DateThis applicant is declared: ☐ Eligible ☐ Ineligible as a TRiO Upward Bound Participant.\_\_\_\_\_  
Director\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

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