



WALLACE COMMUNITY COLLEGE-
SPARKS CAMPUS

**UPWARD BOUND APPLICATION
OVERVIEW**

Page	Document	Who completes or provides this form
Page 1	UB Application	Student who is applying
Page 2	Family Information Sheet	Parent/Guardian
Page 3	Authorization to render medical services	Parent/Guardian
Page 4	Information Release Authorization	Parent/Guardian
Page 5	Student Personal Response	Student who is apply
Page 6	Counselor/Teacher Recommendation	Counselor or Teacher
Page 7-Photocopy	Page 1 of parent/guardian’s US Federal Tax return	Parent/Guardian
Page 8-Photocopy	Page 2 of parent/guardian’s US Federal Tax return	Parent/Guardian
Page 9-Photocopy	SAT 10 scores	Student’s school counselor
Page 10-Photocopy	Transcript	Student’s school counselor
Page 11-Photocopy	8 th grade ARMT scores	Student’s school counselor

GIVE YOUR **COMPLETED** APPLICATION (11 PAGES IN ALL) TO YOUR HIGH SCHOOL COUNSELOR, MAIL OR DELIVER IT TO:

UPWARD BOUND
WALLACE COMMUNITY COLLEGE—SPARKS CAMPUS
P.O. DRAWER 580
3235 SOUTH EUFAULA AVENUE
EUFAULA, AL 36072-0580

(334) 687-3543, X4244, MICKEY BAKER, DIRECTOR
(334) 687-3543 x4256, BRITTANY JONES, COUNSELOR
(334) 687-3543 X 4204, MARCUS AVIES, INTERIM ADVISOR
(334) 687-3543 x4255, MARY PEARL MORRIS, SECRETARY



UPWARD BOUND APPLICATION

GENERAL INFORMATION: Please print carefully using a black or blue pen.

Name of Student _____
(Last) (First) (Middle) Male Female

Home Address _____
(Number and Street)

(City) (State) (County) (Zip Code)

Home No. _____ Cell No. _____ Date of Birth _____

Social Security Number _____ U. S. Citizen ___Yes ___No

High School _____ Grade _____

Race: ___American Indian/Alaskan Native ___Asian ___Black or African American
___Hispanic/Latino ___White ___Native Hawaiian or Other Pacific Islander
Other _____ (Specify)

Do you have any physical disabilities or physical limitations? ___Yes ___No
If yes, explain _____

INFORMATION ON PARENTS OR GUARDIANS:

Father's Name _____
(or Guardian's Name)

Mother's Name _____
(or Guardian's Name)

Address _____

Address _____

Home Phone No. _____

Home Phone No. _____

Cell Number _____

Cell Number _____

Has either parent attended college? ___Yes ___No If yes, which parent? _____

Did he/she graduate from college with a Bachelor's Degree (4-year degree) ___Yes ___No

Person to contact in case of emergency: _____
(If parents cannot be reached) (Name) (Relationship)

(Address) (Home Phone) (Cell Phone) (Work)

I certify that the above information is correct.

(Signature of Student)

(Date)



Upward Bound

FAMILY INFORMATION SHEET

(To Be Completed by Parent or Guardian of Applicant)

In order to determine a student’s eligibility for the Upward Bound program at Wallace Community College—Sparks Campus, please complete the following. **This information will be kept confidential.**

- 1. Applicant’s Name (child’s) _____
- 2. Father’s Name _____
(or Guardian’s Name)

Name of Employer _____

Occupation _____

Annual Salary _____
- 3. Mother’s Name _____
(or Guardian’s Name)

Name of Employer _____

Occupation _____

Annual Salary _____
- 4. Total Family Income _____
- 5. Total number of family members living at home (children and adults) _____
- 6. Did you receive benefits from any of the following:

Social Security _____ Yes _____ No Amount \$_____ per _____

Welfare Benefits _____ Yes _____ No Amount \$_____ per _____

Other (Specify)_____ Amount \$_____ per _____

Attach verification of income in the form of a copy of pages 1 and 2 of a current 1040, 1040A, or 1040EZ Income Tax Form. For non-taxable income, attach a letter of verification from the Department of Human Resources, the Social Security Office, Veterans’ Office, or other source(s) that can verify non-taxable income.

I certify that the above information is correct.

(Signature of Parent or Guardian)

(Date)



UPWARD BOUND

AUTHORIZATION TO RENDER MEDICAL SERVICES

In the event of an emergency, I hereby authorize the physician(s) in charge of the emergency services at a hospital to administer any medical attention deemed necessary or advisable in the diagnosis and treatment of _____.
(Student's Name)

(Signature of Parent or Guardian)

(Date)

Name of Insurance Company _____

Policy Number _____

Group Number (if applicable) _____

Name of Family Physician _____

Physician's Telephone Number _____

(Signature of Director of Upward Bound)

(Date)



WALLACE COMMUNITY COLLEGE—SPARKS CAMPUS

UPWARD BOUND

INFORMATION RELEASE AUTHORIZATION

I, _____, authorize
(Parent or Guardian)

the educational institution that my child attended, is attending, or will attend to release

confidential information (grade reports, school records, etc.) for _____
(Student's Name)

to Wallace Community College—Sparks Campus for use in the Upward Bound program.

(Signature of Parent or Guardian)

(Date)

(Student's Social Security Number)



UPWARD BOUND

STUDENT PERSONAL RESPONSE

Please respond to the following two questions and submit with your application.

1. Why do you want to attend college after high school?

2. How will your participation in Upward Bound benefit you as a student and a person?

Student's Signature

Date



**Wallace Community College—
Sparks Campus**
P. O. Drawer 580
Eufaula, AL 36072-0580
(334) 687-3543 or (800) 543-
2426 ext. 4255

**Upward Bound Application
Counselor/Teacher
Recommendation Form**

Counselor/Teacher Recommendation for: _____

TO THE STUDENT: You should have a counselor or teacher complete this recommendation before returning your application to the Upward Bound program.

TO THE COUNSELOR/TEACHER: Thank you for taking the time to recommend this student! The Wallace Community College—Sparks Campus Upward Bound program is designed to assist students to prepare for and enroll in a college level educational program. Students can have academic deficiencies when entering the program but should show potential or motivation for college preparation. Our services include tutoring, academic and career guidance, financial assistance for academic needs, a summer program, and more. Your recommendation is very important in the selection process. Please be as specific as you can, and feel free to include any information you feel would be of help to us in our selection process. You may either return this recommendation to the student in a sealed envelope or mail it directly to the Upward Bound Program.

Counselor/Teacher Name: _____

Position: _____ School: _____

Phone: (____) _____

1. How long have you known the applicant? _____
2. What special circumstances should we consider in evaluating this student’s application?

3. Based on your knowledge of the applicant, check how you rate his/her academic skills.

	Outstanding	Above Average	Average	Needs Improvement
Academic achievement				
Writing skills				
Reading skills				
Study habits				
Leadership capability				
Motivation				
Intellectual curiosity				
Potential for growth				

Signature _____ **Date** _____