

Greetings!

The student named on the attached application is applying to the TRIO Upward Bound College Preparatory Program hosted by Rust College.

TRIO programs are federal outreach and student services programs designed to ensure equal educational opportunity for all Americans, regardless of race, ethnic background, or economic circumstance. Rust College TRIO Upward Bound program will serve 9th, 10th, 11th & 12th grade students whose families earn an annual income within 150% of the federal poverty level and/or who are in need of intensive, individualized academic support to realize their potential as first-generation college graduates. Rust College Upward Bound Program serves Holly Springs High School District, and Senatobia High Schools in Tate County School District, and Marshall County School District, Potts Camp High School, H. W. Byers High School, and Byhalia High School.

Through intensive academic support and exposure to the college-going experience, Upward Bound equips its participants to enter and succeed in higher education.

During the school year, students receive 20 weeks (Saturday component-academic year) of individualized tutoring and instruction in core subjects. Weekly instruction occurs in after-school academic enrichment sessions on the Rust College campus, organized based on grade level and individual academic needs. Students also receive academic advising and participate in monthly workshops, which combine to supply them with the skills and information needed to prepare for, apply to, and succeed in college.

During the summer, selected students live on Rust College campus and receive academic instruction preparing them for future success at both the secondary and post-secondary levels. College tours and a variety of other activities are also offered throughout the year to connect students to valuable cultural, educational, and career-focused events.

There are a limited number of spaces available each year for new TRIO Upward Bound participants. As you complete this recommendation, we ask you to be candid in your comments and assessment. Our focus is on selecting students who demonstrate a need and desire for academic support, as well as the potential to reach higher, dream bigger, and expect more of themselves because of their experiences with Upward Bound.

If you have any questions about the form or the Upward Bound Program and its services, please feel free to contact our office at (662) 252-8000 ext. 4801.

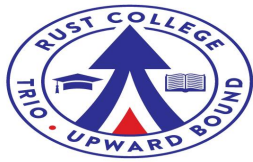
Sincerely,

Kimberly V. Bracey, Ph.D., Ed.D.

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Rust College Upward Bound Math-Science Director

DO NOT RETURN THIS SHEET WITH YOUR APPLICATION. PLEASE DISCARD.



**RUST COLLEGE
TRIO UPWARD BOUND MATH AND SCIENCE
150 Rust Avenue (Shaw Hall)
Holly Springs, MS 38635**

TRIO UPWARD BOUND APPLICATION FOR PARTICIPATION

INSTRUCTIONS: Follow the steps below to complete this application. Make sure all questions and items are addressed.

- Step 1:** Pick up application from your school Counselor.
- Step 2:** Take application home and read over it with your parents.
- Step 3:** Have your parent/guardian complete pages 1-3. Once completed, return those pages with the parent/guardian proof of income attached to the Counselor.
- Step 4:** Page 4, the teacher's recommendation form should be given to one of your teachers to complete. The teacher will forward this form to the Counselor.
- Step 5:** The Counselor will complete the Counselor's evaluation and attach a copy of your transcript and forward your application to the Rust College Upward Bound Office

Upward Bound Staff Contacts:

Dr. Kimberly Bracey: Marshall Academy/Senatobia High School/ Holly Springs High School
kbracey@rustcollege.edu

Ms. Jessica Newsom – Upward Bound Counselor Email: jnewsom@rustcollege.edu

Ms. Aletha Lewis – Email: alewis@rustcollege.edu

NOTE: Upward Bound Math-Science Program is an academic based program, and we will be conducting classes throughout the program. We expect all students to adhere to the rules and regulations of the program to assist us in being successful in reaching the goal and objectives of the program.

If any portion of the application is left blank, the application will automatically be considered voided.



RUST COLLEGE

UPWARD BOUND CLASSIC PROGRAM

150 Rust Avenue (Shaw Hall)

Holly Springs, MS 38635

STUDENT PERSONAL INFORMATION (Please print)

Name _____ Social Security Number _____

Address: _____
City State Zip

Parent Cell No: _____ Student's Age: _____ Birth Date _____

Student email address: _____ Student Cell _____

How do you identify:

- Male
- Female
- Nonbinary
- Transgender

What are your pronouns?

- He/Him
- She/Her
- They/Them
- Other

Are you a participant in Talent Search? _____ Yes, _____ No

Are you a participant in Gear Up? _____ Yes, _____ No

Ethnic Status:

- African American, Non-Hispanic
- Hispanic
- White, Non- Hispanic
- Other

Are you a U.S. citizen? ___ Yes ___ No. If no, are you a permanent resident ___ Yes ___ No
(You must present evidence of your status.)

Do you have any special need due to a physical condition or handicap? ___ Yes ___ No

If yes, please explain:

Do you have a physical condition that requires medical treatment, diet, or other considerations?
___ Yes ___ No If yes, please explain: _____

Are you employed ___ Yes ___ No If yes, how many hours do you work weekly? _____

Please list medical insurance company and identification number _____

ACADEMIC INFORMATION School: _____ Present Grade Level
_____ GPA _____ School Counselor _____ Expected HS Graduation

Date _____

List all classes you have failed: _____

Does your child have an IEP (Individual Education Plan)? Yes___ or No___ (If yes, we may request a copy to assist our instructors in developing a curriculum catered to your child's individual academic needs).

Which services do you participate in at your school?

___ Math Lab ___ Reading/Writing Lab ___ Tutoring ___ Other

Are you experiencing any academic difficulty in any classes? ___ Yes ___ No

FAMILY INFORMATION (This portion of this application must be filled out by a parent or guardian.)

Mother Name _____ Work Phone _____ Cell Phone _____

Father Name _____ Work Phone _____ Cell Phone _____

Legal Guardian (If applicable) _____ Work Phone _____

With whom does the applicant live? ___ Father ___ Mother ___ Both ___ Guardian

Parents'/Guardian's Email Address: _____

Number of brothers and sisters living at home (children supported by parents):

___ Brothers ___ Sisters ___ Others Total Number in Household (self included) _____

Emergency Contact Person:

Name	Address	City	State	Zip
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Relationship: _____ Phone #: _____

Parent who has a four-year degree (Bachelors): ___ Mother ___ Father ___ Neither

What family member participates or participated in Upward Bound? _____

A separate document will be provided to include any income verification.

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

Student's Signature

/ Date

Parent/Guardian's Signature

/ Date



**RUST COLLEGE
TRIO UPWARD BOUND
150 Rust Avenue (Shaw Hall)
Holly Springs, MS 38635**

STUDENT CONTRACT FOR PARTICIPATION

I have read the application thoroughly and completed all questions. I have also read all the information provided to me about the Upward Bound Program. I understand that I must obey the rules and regulations of the Program. I agree to read the copy of rules and regulations provided to me by the Program and listen as my parents go over these rules with me. In addition, I agree to live and work cooperatively with my fellow UB classmates. I know the rules of the Program are necessary for my protection and to ensure the Program functions at its maximum level.

Student's Signature

Date

**PARENT CONTRACT FOR CHILD PARTICIPATION IN
THE UPWARD BOUND PROGRAM**

I agree to allow my son/daughter, _____, to participate in the Upward Bound Math-Science Program. I have talked to my son/daughter about the Program, and we agree that it is a good investment in his/her education. We also agree that he/she will obey the rules of the Program as well as participate fully in the Program. I also agree to assist my child in participating in UBMS activities as required. In addition, I pledge my support in enforcing the rules and regulations of the Program. I authorize the high school my child currently attends to release transcripts, grades, attendance records and any information relative to my child's academic progress to the employees of the UPWARD BOUND PROJECT. I also give permission to have any necessary dental or medical treatment administered to my child which includes, but is not limited to COVID-19 testing, with the understanding that the Project will not assume any liabilities. The Project's staff will make every effort to contact me first. Permission is also granted for my child to receive a medical examination should the need arise. My child is also granted permission to travel by chartered transportation on any trip related to the Project.

Parent/Guardian's Signature

Date

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TEACHER RECOMMENDATION

Instructions: To all instructors completing recommendations for student applicants, please do not return this form to the student, it must be given directly to the Counselor by you.

Teacher's Name: _____ Course _____ Grade _____

How long have you known the applicant? _____ Did you actually teach him/her? _____

Describe applicant's attendance: ___ Excellent ___ Good ___ Fair ___ Poor
Level of motivation in your class ___ High ___ Average ___ Low

Comments: _____

Applicant's behavior _____

Applicant's relationship with peers and adults _____

Teacher Signature

Date

COUNSELOR RECOMMENDATION: Priority is first generation/low income. Students may also qualify as either or (first generation or low income).

Counselor's Name: _____

Applicant's Name: _____ GPA _____ Grade _____
(Attach transcript)

Check the area that best describes the applicant's high school curriculum:

College Prep Vocational General Remedial Fair Poor

Describe the applicant's attendance record: Good Fair Poor

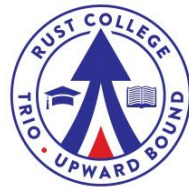
Student's behavior _____

COMMENTS: Discuss student's academic and social levels; home or personal problems that may affect his/her progress; test scores; list courses needed and credits:

(If needed, an additional sheet may be attached.)

I recommend this student for participation in the Upward Bound Program

Counselor Signature



**RUST COLLEGE UPWARD BOUND MATH-SCIENCE PROGRAM
FIELD TRIP PERMISSION SLIP AND RELEASE OF FINANCIAL LIABILITY**

We are excited to inform you about an upcoming schedule of field trips we have planned for your UBMS participant. These trips are designed to provide students with valuable hands-on learning experiences and opportunities to explore various aspects of math, science, and literature outside of their traditional classroom.

For your child to participate in this enriching experience, we kindly request your consent. Please carefully review the details of this document and complete the permission slip below.

Permission Slip and Release of Financial Liability

I, _____ (Parent/Guardian's Name), hereby grant permission for my child _____ (Child's Name) to participate in the upcoming field trips for the 2024-2025 Academic School year with Upward Bound Math-Science Program.

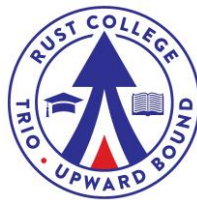
I release Rust College and Rust College Upward Bound Math-Science Program, its staff, and volunteers from any liability related to financial costs associated with the field trip. I understand that Rust College and Rust College Upward Bound Math-Science Program will take all necessary precautions to ensure the safety and well-being of the students during their trips.

Emergency Contact Information: In case of emergency during the field trip, please contact me at the following phone numbers:

- Primary Contact Number: _____
- Secondary Contact Number: _____




Parent Signature

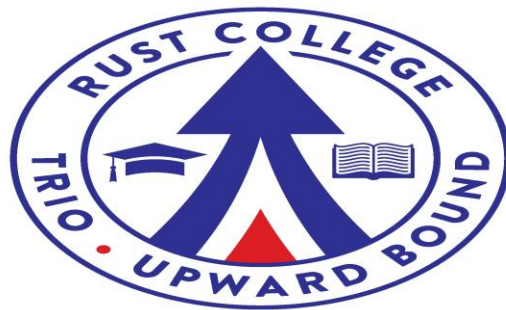
Date



UPWARD BOUND MATH-SCIENCE MEDICAL INFORMATION FORM

Please complete the form below with the knowledge you have about your child's medical information and please include information that may not be listed. If your child does not have any medical condition, please write N/A in that section.

	<p>MEDICAL CONDITION: Seizures Symptoms: _____ Response: _____ Student name: _____ Teacher/Case Manager _____ Emergency Contact I _____ Phone number _____ Emergency Contact 2 _____ Phone number _____</p>
	<p>MEDICAL CONDITION: Autism Description (ex. nonverbal or limited verbal, may run or hit, pacing, sensory needs, etc.) Student name: _____ Teacher/Case Manager _____ Emergency Contact I _____ Phone number _____ Emergency Contact 2 _____ Phone number _____</p>
	<p>MEDICAL CONDITION: Allergy Allergic to: _____ Symptoms: _____ Student name: _____ Teacher/Case Manager _____ Emergency Contact I _____ Phone number _____ Emergency Contact 2 _____ Phone number _____</p>



Family & Financial Information (to be completed by Parent/Legal Guardian)

Please note that all financial information will be kept in the STRICTEST CONFIDENCE and will only be seen by appropriate Upward Bound personnel to determine student's eligibility for the program.

FOSTER CARE NOTE: If student is in foster care or in the care of the Department of Human Services or

other institution, the parental income information is not required. However, written verification of a student's status is required from the appropriate agency. Foster parents may sign the application.

Total number of people in household (include yourself) _____

Taxable Income (from the most recent completed tax form – indicate range below with a check mark)
(1040 or 1040A or 1040EZ)

Please indicate the Tax Year Used: _____

Family Size:

1	\$22,590
2	\$30,660
3	\$38,730
4	\$46,800
5	\$54,870
6	\$62,940
7	\$71,010
8	\$79,080

Does your family qualify for: Free Lunch Reduced Lunch Neither

***If family size is more than 8 members, add the following per additional member \$8,070.**

PARENT/LEGAL GUARDIAN SIGNATURE OF CONFIRMATION & ASSURANCE

I, the undersigned, confirm that all the information on this application is true to the best of my knowledge.

Parent/Guardian's signature: _____ Date: _____

Printed Name: _____ Relationship to Student: _____