

ELIZABETH CITY STATE UNIVERSITY



APPLICATION

Last Name _____ First Name _____ Middle Name _____

Mailing Address: _____ City _____ Zipcode _____

Home Phone: _____ Birthdate: _____ Age: _____

Race: (Check All That Apply) _____ Native American _____ Asian/Pacific Islander
_____ African American _____ Hispanic _____ Native Hawaiian
_____ More than one Race _____ Caucasian

Are you a disconnected youth? (This means you are living separately from your biological parent(s)—
either because of adoption or foster care) _____ Yes _____ No
**Please note that documentation may need to be submitted.*

Are you a United States citizen? _____ Yes _____ No

Sex: _____ Male _____ Female

What is your preferred first language? _____ English _____ Spanish
_____ Other (List _____)

Social Security Number: _____

Student Email Address: _____

Student Cellphone Number: _____

Number in Household (Including Yourself): _____ List below:

Name	Relationship	Age
	SELF	

School Currently Attending _____ Grade _____

School Counselor's Name _____

List the courses you are taking. _____

**Attach a copy of your current grades to the completed application.*

Have you ever participated in a pre-college program similar to Upward Bound (for example, Talent Search, Gear Up, AVID)? _____ Yes _____ No

If yes, please specify the program and sponsoring school or organization. _____

Program Contact Person _____ Phone Number _____

STUDENT QUESTIONNAIRE

What are your plans after high school graduation? (Consider listing your goals)—attach additional pages, if needed):

Why is education important to you?

What difficulties are you having at this time? (For example, issues with course content, need tutoring in math, english, science, etc..).

Student Signature _____

Date _____

PARENT INFORMATION

Please indicate the level of education completed. Check "Yes" only if you have completed the indicated degree. If you have started a degree, but not completed it, then check "No."

Relationship to Applicant and Name	High School Diploma or GED	2 Year College Degree	4 Year College Degree
Mother's Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Guardian's Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Guardian's Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is either parent/guardian an active member of the military? Yes No

If you checked yes, write the individual's Name _____ Branch _____

Is either parent/guardian a retired member of the military? Yes No

If you checked yes, write the individual's Name _____ Branch _____

PARENT/GUARDIAN INCOME INFORMATION

The United States Department of Education requires that the Upward Bound Program staff gather this data in order to determine student eligibility. Failure to provide the necessary supporting documents will prohibit your child from being considered for admission. The personal information you provide to the Upward Bound Program will be kept confidential and is protected by the Privacy Act.

The following are acceptable forms of income documentation:

- A signed statement from the student's parent or legal guardian regarding family income (original statement must be mailed to me);
- Verification of family income from another governmental source;
- A signed financial aid application; or
- A signed United States or Puerto Rican income tax return (a digital copy with a digital signature can be submitted).

Annual Taxable Income Reported on Recent IRS Filing: \$ _____ (if you were not required to file because you received benefits listed below, write in a "0").

Additional Questions:

Does your family receive non-taxable benefits? _____ Yes _____ No

Social Security Benefits: _____ Yes _____ No

Work First Cash Assistance: _____ Yes _____ No

Veteran's Benefits: _____ Yes _____ No

Other (Specify) _____

Amount of Monthly Payment from sources listed above, if you checked "Yes." \$ _____

Signature of Parent/Guardian: _____ **Date** _____

PARENTAL CONSENT FOR ACTIVITY PARTICIPATION

UNCONDITIONAL AND FULL GENERAL RELEASE & COVENANT NOT TO SUE

This is to be read and signed by all participants using Elizabeth City State University (the "University") facilities and/or participating in any program on the Elizabeth City State University sponsored program (the Upward Bound Program) and their parent/guardian. PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU OR YOUR CHILD MAY HAVE IF YOU OR YOUR CHILD ARE INJURED OR OTHERWISE SUFFER DAMAGES PARTICIPATING IN THE PROGRAM. In return for Elizabeth City State University allowing me/my child to participate in the Upward Bound Program and other good and valuable consideration, I agree, and state, on behalf of myself, my child, my heirs, assigns, executors and others, as follows:

1. This Release and Covenant Not to Sue contains the entire agreement between the University and myself/my child and supersedes any previous communications and/or agreement whether verbal or written, with respect to the subject matter of this Agreement.
2. I am competent to read and sign this "Unconditional and Full General Release and Covenant Not To Sue."
3. That I/my child understand/s that I/my child am/are participating in the Upward Bound Program voluntarily and the Upward Bound Program is not required by the University. I/My child understand that participation in the Upward Bound Program is a privilege and that this privilege is a tangible benefit.
4. That I/my child am/are familiar with and will obey, any and all of the policies established by the University located at <https://www.ecsu.edu/administration/legal/policymanual/index.html>.
5. That I/my child understand/s and appreciate/s the inherent risks and dangers of participating in the Upward Bound Program (e.g., any program physical or other activities) which could result in property damage and/or personal injury (e.g., sprains, broken bones, bruises, sunburn, heat-related illness, or other serious injury, etc.), including death; and I/my child agree to accept all risks whether present or future, known or unknown, arising from or as a result of my participation in the Upward Bound Program.

6. That I/my child WILL HOLD HARMLESS AND INDEMNIFY ELIZABETH CITY STATE UNIVERSITY, its officials, administrators, employees, all sponsors, affiliates, and individuals assisting in the Upward Bound Program for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my/my child's participation in the Upward Bound Program.

7. That I/my child agree/s to assume all costs related with my/my child's participation in the Upward Bound Program, including but not limited to repair/replacement costs for property damage caused by me/my child, or medical expense.

8. That I understand and affirm that I/my child is/are healthy and reasonably fit in order to safely participate in the Upward Bound Program.

9. That in the event that I/my child am/is rendered unable to communicate due to illness, accident, or emergency while participating in the Upward Bound Program, I hereby give permission to a Physician selected by the Program's personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me/my child.

10. That I/my child have read and understand this "Unconditional and Full General Release and Covenant Not To Sue."

MEDICAL RELEASE

I understand that in the event that I/my child am/is rendered unable to communicate due to illness, accident, or emergency while participating in the Upward Bound Program's Academic Year and Summer programs and activities, I hereby give permission to a Physician selected by the Program's personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me/my child. I assume total responsibility for all costs associated with such medical treatment.

Emergency Contact Information:

PARENT/GUARDIAN OF PARTICIPANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NUMBERS:

PRIMARY _____ SECONDARY _____

EMAIL ADDRESS _____ @ _____ . _____

NAME OF INSURANCE COMPANY: _____

POLICY NUMBER: _____

PLEASE LIST ANY HEALTH CONCERNS OR ALLERGIES:

PHYSICIAN'S NAME: _____ PHONE NUMBER _____

PLEASE LIST ANY MEDICATIONS PERSCRIBED TO YOUR CHILD THAT ARE CURRENTLY BEING TAKEN:

PHOTOGRAPHIC CONSENT, WAIVER AND RELEASE

For Consideration received, I/We hereby release and discharge the University from any and all claims and demands arising out of or in connection with the use of my photograph/my child's photograph, name, likeness or voice, including without limitation any and all claims for libel or invasion of privacy. This confirms that I am of full age and have the right to contract in my own name/my child's name. This acknowledges that I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me, my heirs, legal representatives, and assigns.

Participant Signature Date

Parent/Guardian Signature Date

Full Name (Printed)

Full Name (Printed)

ADDITIONAL INFORMATION (Provide any additional information you wish for the program staff to know about your son/daughter):

INFORMATION RELEASE

The information requested below will be used to assist us in providing services to your son/daughter. In order to provide the most effective services, we will need to obtain information from several sources, such as middle schools, high schools, colleges, testing agencies, counselors, admission and financial aid officers, social workers, etc. **ALL THE INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL IN COMPLIANCE WITH THE FAMILY RIGHTS AND PRIVACY ACT.**

My signature below authorizes the TRiO Upward Bound personnel to:

1. Request a copy of my high school and/or college progress reports, transcripts, test scores and/or documentation of behavior, grade promotion, or graduation.
2. Request a copy of my middle school progress reports, report card, and/or documentation of behavior, grade promotion, retention, matriculation, test history, and transfer records.
3. Request a copy of my financial aid applications and awards from the federal government, state funding agencies, high school counselors, and post-secondary institutions.
4. Request a copy of my test score reports (SAT, ACT, PSAT, PreACT, EOG, EOC, etc..) from all testing agencies or personnel and/or school counselors or school personnel.
5. Communicate with representatives from agencies or postsecondary or secondary institutions on my behalf.

AUTHORIZATION STATEMENT

I hereby authorize TRIO Upward Bound personnel to contact and request information from, as well as supply information to, the above-mentioned parties.

Student Signature: _____ Student ID Number: _____

Parent/Guardian's Signature: _____ Date: _____

Parent's PowerSchool Username: _____ Password: _____

**Upward Bound personnel will use your log in information to monitor your child's progress which is needed to align services to ensure their academic success.*