



**MISSOURI SOUTHERN STATE UNIVERSITY**  
**UPWARD BOUND**

**Application for Admission**

**Priority Due Date: September 30**

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***Step 1: Please tell us about yourself.***

Name \_\_\_\_\_ SSN \_\_\_\_\_  
(First) (M.I.) (Last)

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (Include Area Code) \_\_\_\_\_

Date of Birth \_\_\_\_\_ High School \_\_\_\_\_ Grade (circle): 9 10 11

Gender \_\_\_\_\_ E-mail address \_\_\_\_\_

**Ethnic Background** (Check One) *Note: This information will be used for federal reporting only. Providing this information is optional.*

\_\_\_\_\_ African-American \_\_\_\_\_ Asian-American \_\_\_\_\_ American Indian

\_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic-American \_\_\_\_\_ Multi-Racial \_\_\_\_\_ Other

Are you a student with a disability? (Circle One) YES NO

If 'yes', please describe your condition below. *Note: This information will be used for federal reporting only. Providing this information is optional.*

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Are you currently employed? (Circle One) YES NO

If 'yes', please list employer and number of hours you work per week.

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Are you a United States citizen or permanent resident? (Circle One) YES NO

Have you ever applied to an Upward Bound Program before? (Circle One) YES NO

Do you live with your natural father? (Circle One) YES NO

Do you live with your natural mother? (Circle One) YES NO

***Step 2: Please tell us about your family.***

Please list the members of your household:

_____ Name	_____ Relationship to You	_____ Work phone number
_____ Name	_____ Relationship to You	_____ Work phone number
_____ Name	_____ Relationship to You	_____ Work phone number
_____ Name	_____ Relationship to You	_____ Work phone number
_____ Name	_____ Relationship to You	_____ Work phone number

*If you have additional family members, please attach a separate sheet.*

***Step 3: Please tell us about your educational background.***

List all the high school classes you have had in the following areas:

English/Language Arts	Mathematics	Social Studies
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Sciences	Foreign Languages	Performing/Visual Arts
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your favorite school subject? \_\_\_\_\_

What is your least favorite school subject? \_\_\_\_\_

Please list any extracurricular activities you are involved in. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Step 4: Additional Information***

Why do you want to join MSSU Upward Bound Program? (Check all that apply.)

_____ Academic support/enrichment	_____ Tutoring services
_____ Personal support/counseling	_____ Encouraged to apply by family
_____ Career counseling	_____ Field trips
_____ Assistance with college admission	_____ Summer Program
_____ Assistance with financial aid	_____ Assistance with the ACT

\_\_\_\_\_Other (Please be specific)\_\_\_\_\_

What are your plans after graduating from school? Include information on college plans, course of study and where you see yourself in 10 years. Additionally, why do you want to be in Upward Bound? Please be as specific as possible. Attach a separate sheet if necessary.

[illegible]

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

Date \_\_\_\_\_

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Parent Signature \_\_\_\_\_

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Date \_\_\_\_\_

## ***Step 6: Completing and returning the application***

Once you have completed the application, make sure you:

- \_\_\_\_\_ Complete the top portion of the Information Release Form and include it with your application.
- \_\_\_\_\_ Complete the Participant/Parent Contract and include it with your application.
- \_\_\_\_\_ Complete the Medical Information Form and include it with your application.
- \_\_\_\_\_ Have a parent complete the Eligibility Form and include it as well as **last year's tax forms** with your application.

**Incomplete applications cannot be processed.**

Once you have completed the application, you may:

- Return it to your high school counselor
- Mail the application to:

MSSU Upward Bound  
3950 E. Newman Road  
Joplin, MO 64801
- Fax the application and supporting documents to: (417) 659-5438

**\*The Upward Bound Program at MSSU is 100% federally funded by the U.S. Department of Education.**



**MISSOURI SOUTHERN STATE UNIVERSITY**  
**UPWARD BOUND**  
**Eligibility Form**

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*This form should be completed by the applicant's parent or guardian.*

**To qualify for the Upward Bound Program, the student must meet one or both of the following qualifications:**

- a) The student must be a potential first-generation college student (i.e. neither natural or adoptive parent has achieved a Bachelor's degree) and/or
- b) The student must meet an economic guideline set by the federal government.

**Using the parents you live with, please complete the following questions.**

1. What educational level has the applicant's natural/adoptive/step mother achieved? **(circle one)**

Some high school  
High school graduate  
Some college  
Associate's (2 year) degree  
Bachelor's (4 year) degree  
Master's degree  
Doctorate degree

2. What educational level has the applicant's natural/adoptive/step father achieved? **(circle one)**

Some high school  
High school graduate  
Some college  
Associate's (2 year) degree  
Bachelor's (4 year) degree  
Master's degree  
Doctorate degree

**Please submit a copy of the tax forms if applicable with this application for verification.**

**2. Last year, our family...**

\_\_\_\_ did not file a federal income tax form.  
\_\_\_\_ filed a 1040 form  
\_\_\_\_ filed a 1040A form  
\_\_\_\_ filed a 1040 EZ form

I hereby certify that the information I have provided on this form is true to the best of my knowledge and that I will provide verification of said information if requested by the Upward Bound Office.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note: This information is necessary for determining program eligibility and will be kept highly confidential.**

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MISSOURI SOUTHERN STATE UNIVERSITY  
UPWARD BOUND

*Medical Information Form*

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*Please complete form as thoroughly as possible.*

Name \_\_\_\_\_  
Last First M.I.

Age \_\_\_\_ Sex: M F \_\_\_\_ Date of Birth \_\_\_\_ Place of Birth

Local Address \_\_\_\_\_ Telephone \_\_\_\_\_

Marital Status: (Circle one) Single Married Widowed Divorced

Name of Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address of Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Family or primary physician \_\_\_\_\_

Address \_\_\_\_\_

**HAVE YOU EVER HAD OR DO YOU HAVE NOW:**

\_\_\_ Abuse (substance) \_\_\_ Ear Trouble/Hearing Loss \_\_\_ Joint Disease/Injury

\_\_\_ Scarlet Fever

\_\_\_ Anemia \_\_\_ Eating Disorder \_\_\_ Measles, Red \_\_\_ STD

\_\_\_ Asthma \_\_\_ Eye Disease/Problems \_\_\_ Migraine Headaches \_\_\_ Sickle Cell

\_\_\_ Back Problems \_\_\_ Gallbladder Trouble \_\_\_ Mononucleosis \_\_\_ Sleep Problems

\_\_\_ Chicken Pox \_\_\_ Hay Fever (Recurrent) \_\_\_ Mumps \_\_\_ Surgery

\_\_\_ Colitis \_\_\_ Head Injury \_\_\_ Paralysis \_\_\_ Tuberculosis

\_\_\_ Convulsions \_\_\_ Headache (Recurrent) \_\_\_ Pneumonia \_\_\_ UTI

\_\_\_ Cough \_\_\_ Heart Disease/Problem \_\_\_ Polio \_\_\_ Other

\_\_\_ Depression \_\_\_ Hepatitis/Jaundice \_\_\_ Rheumatic Fever

\_\_\_ Diabetes \_\_\_ Hernia/Rupture \_\_\_ Rubella

If none of the above apply, check here \_\_\_\_\_

Describe answers above with dates:

\_\_\_\_\_  
\_\_\_\_\_

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**Please complete reverse side.**

List Drug Allergies:

_____	_____
_____	_____
_____	_____

Date of last physical exam \_\_\_\_\_

**Please list any medications you are currently taking.** \_\_\_\_\_

\_\_\_\_\_

In case of emergency, I authorize MSSU Upward Bound staff to use their discretion regarding the University's emergency procedures. I will not, in any way, hold MSSU or the Upward Bound program responsible for any treatment deemed necessary, medical or otherwise. In addition, I authorize my student to be transported to and from Upward Bound activities by an Upward Bound staff member in a University vehicle or in the staff member's personal vehicle.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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# MISSOURI SOUTHERN STATE UNIVERSITY

## UPWARD BOUND

### Participant/Parent Contract

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We, the parent/guardian and student, understand that participants in the Upward Bound program will have access to all services offered, including study skills training, advising, college/career exploration resources, transition assistance, tutoring in academic subjects, the opportunity to participate in college visits, cultural enrichment trips, and a possible monthly stipend check.

We, the parent/guardian and student, understand that the parent/guardian may attend each "Focus On" session where presentations will be made on pertinent topics, including but not limited to: how to handle a troubled teen, health and fitness, technology, financing higher education, and conflict resolution. In addition to "Focus On" activities, the parent/guardian will have an occasional opportunity to act as chaperone at a given Upward Bound event where transportation and meals will be paid.

Understanding this, we agree to accept the following responsibilities:

1. The participant/parent/guardian agrees to contact an Upward Bound staff member when academic or personal problems develop that may eventually lead to scholastic difficulty. In addition, the participant will try his/her best to maintain a 3.0 grade point average at all times. If a participant has a 3.0 GPA or lower, he/she will be provided a tutor.
2. The participant agrees to work toward the goal of attaining a post-secondary college degree and the parent/guardian agrees to support the participant's effort.
3. The participant agrees to attend monthly Saturday "Focus On" seminars and the parent/guardian agrees to guarantee transportation to and from these seminars in a timely manner.
4. The participant agrees to attend all Upward Bound events. The parent/guardian agrees to provide the participant with transportation to and from MSSU.
5. The participant/parent/guardian agrees to permit Upward Bound staff access to my grade reports, financial aid documentation, and other confidential records necessary for program documentation and evaluation. The participant also agrees to follow the Individual Plan of Action prescribed for him/her.
6. The participant agrees to attend tutorial and transitional services of the Upward Bound program.
7. The participant agrees to commit to residing in the MSSU residence halls during the five-week Summer College Simulation Experience and attend all functions during that time.

We, the parent/guardian and student, understand that if we do not fulfill these minimum obligations the participant may forfeit his/her stipend and be removed from the active Upward Bound roster.

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Signature of Student

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Signature of Parent/Guardian

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Date

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**MISSOURI SOUTHERN STATE UNIVERSITY**  
**UPWARD BOUND**  
**Information Release Form**

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**STUDENTS AND PARENTS/GUARDIANS:** Please complete the top portion of this form and return it with your application.

Student name \_\_\_\_\_ High school \_\_\_\_\_

SSN \_\_\_\_\_ Current grade: (circle one) 9 10 11

*I hereby authorize my high school to release my official student information including transcripts, grade reports, test scores, attendance records, discipline records, and any other academic information needed for successful completion of the Upward Bound Program at Missouri Southern State University.*

\_\_\_\_\_  
(Student's signature)

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
(Date)

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**TO BE COMPLETED BY HIGH SCHOOL OFFICIAL:** Please complete this portion of the form and mail or fax it, along with an official transcript to:

Missouri Southern State University  
Upward Bound  
3950 East Newman Road  
Joplin, MO 64801  
(417) 659-5438 (fax)

Name of person completing this form \_\_\_\_\_

Title \_\_\_\_\_ Phone number \_\_\_\_\_

Student's GPA \_\_\_\_\_ Student's class rank \_\_\_\_\_

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

*MSSU Upward Bound \* 3950 E. Newman Road \* Joplin, MO \* 64801 \* (417) 625-9880*

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