To: Upward Bound BRIDGE Students and Parents  
From: Philip Cathey, Director

Dear Upward Bound BRIDGE Students and Parents:

The University of Cincinnati Upward Bound Summer Program is just around the corner! Attached are the student forms needed for the program. Please complete and return them to the office as soon as possible. This will allow us adequate time to plan our classes and activities.

This year we are asking that everyone return the entire packet in person to the Upward Bound office at one time; single forms received by the office will not be accepted. Please remember that the student’s résumé should also be attached to the packet before returning it.

This summer, approximately 75 students will be invited to participate. If your family vacation or some other activity will take you away from the program for more than 1-2 days, then you cannot be in the program this summer.

In summary, the following forms must be completed and returned by April 1 to Mrs. Cynthia Partridge at the Upward Bound office:

1) Summer Program Participation and PhoneTree Announcements and Updates
2) Summer Permission Slip (parent’s signature required)
3) Résumé (typed)
4) Summer Roommate Request Form and Summer T-Shirt Order Form
5) Standardized Testing Results
6) UC Recreation Center Informed Consent Waiver and Release of Liability (parent’s signature required)
7) Statement for Release of High School / College Transcripts and Photos (parent’s signature required)
8) Bridge Student Profile
9) Bridge Program Rules and Regulations (student and parent’s signature required)
10) Ohio Summer Food Service (parent’s signature required)

The deadline date for the submission of all forms is April 1. All applicants will be contacted within the next few weeks regarding the acceptance of their application.

*Consideration for the summer program cannot be guaranteed if summer forms are not returned to the office by April 1.

Thank you for your cooperation.
SUMMER PROGRAM PARTICIPATION

As a part of your acceptance into the University of Cincinnati Upward Bound Program, you agreed to participate in each and every U.B. summer program until graduation from high school. However, we understand that summer school and other obligations occasionally arise that interfere with your ability to fulfill this commitment.

In order to effectively plan for the program this summer, we would like for you to complete the below form and return it immediately to an Upward Bound staff member. Your cooperation is very much appreciated.

Remember, if a family vacation or another activity (other than college orientation) will take you away from the program for more than 1-2 days, then you cannot be in the summer program.

NAME:
DATE:
GRADE: (IN AUGUST)
COLLEGE: (IN AUGUST)

☐ Yes! I plan to participate in the Upward Bound Program this summer.

☐ No. Unfortunately, I am unable to participate in the summer program for the following reason:*

PHONETREE ANNOUNCEMENTS AND UPDATES

Would you like to receive phone calls, texts, and emails regarding summer program announcements and updates? If so, the Upward Bound PhoneTree can send them to you if you are willing to provide the below information.

Parent Name:__________________________________________________________

Parent Email Address:____________________________________________________

Parent Cell Phone Number:______________________________________________

Cell Phone Provider (eg., ATT, Sprint, etc.):________________________________

Student Name:__________________________________________________________

Student Email Address:____________________________________________________

Student Cell Phone Number:______________________________________________

Cell Phone Provider (eg., ATT, Spring, etc.):________________________________
The University of Cincinnati Upward Bound Program provides academic skill development classes, cultural enrichment/athletic activities, and travel during the period the students are enrolled in the program.

Please sign the consent form below allowing your child to live on campus and participate in Upward Bound activities. Please return the entire form to Upward Bound as soon as possible.

I hereby give my permission for ________________________________ to live on campus, attend classes, travel, participate in athletics, and receive medical treatment during the period my child is in the program. I also give Upward Bound permission to release a copy of my child’s summer grades to the school he/she attends. I understand that pictures will be taken during the summer program by staff, students, and other representatives of the University of Cincinnati. I give my permission for my child’s image to appear in all Upward Bound and University of Cincinnati publications and websites.

I also give permission for the Upward Bound/Student Support Services administrative staff to advocate on my child’s behalf with the University of Cincinnati in regards to scheduling university classes, talking with professors, assessing her/his university records, etc.

________________________  ______________________________
Signature of Parent or Guardian  Date

EMERGENCY INFORMATION

In case of an emergency contact my home at or my place of employment.

<table>
<thead>
<tr>
<th>Home Telephone#</th>
<th>Office of Telephone #</th>
<th>Cellular Telephone#</th>
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<tbody>
<tr>
<td>513-<strong><strong>-</strong></strong>-____</td>
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E-mail address:

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<tr>
<th>If I cannot be reached, please contact:</th>
<th>Name:</th>
<th>Telephone#:</th>
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<td>513-<strong><strong>-</strong></strong></td>
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<tr>
<th>If my child is seriously ill, please contact our Family Physician:</th>
<th>Name:</th>
<th>Telephone#:</th>
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<td></td>
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<td>513-<strong><strong>-</strong></strong></td>
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MEDICAL INSURANCE INFORMATION

Do you currently have medical insurance?  Yes  []  No  []  Policy#:  

<table>
<thead>
<tr>
<th>Name of Company:</th>
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<th>Address:</th>
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<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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<th>Telephone #: 513-<strong><strong>-</strong></strong></th>
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<th>Expiration Date of Policy:</th>
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RESUME: A resume is a short summary of important facts about you. These facts can help an employer decide whether or not to employ you. The model below is a guide to developing your resume. This resume will give you the opportunity to further explore your skills and abilities and indicate how they can prepare you for a job and/or higher education. Your final draft should be typed and free of spelling and grammatical errors.

Richard Edwards
1701 Baker Road
Cincinnati, Ohio 45221
(513) 586-3625

CAREER OBJECTIVE
-------------------------------
To graduate from high school and attend the University of Cincinnati where I plan to earn a degree in accounting.

EDUCATION
--------------------------------
Helena Elementary School Grades K-6
Carver Middle School Grades 7-8
Metropolitan High School Grades 9-11
Anticipated Graduation June 2011

WORK EXPERIENCE
---------------------------------
Baby-sitter June through August, 2007 (Mrs. Robbins Jones),
Yard work June through September, 2008 (Mr. Paul Roberts),
Clerk June through August, 2009 Goodsville Public Library

HONORS AND ACTIVITIES
-------------------------------
Perfect Attendance Award Carver Middle School, Grade 8
"B" Honor Roll Metropolitan High School, Grade 10, first and second quarter
First Place Trophy Oratorical Contest, Grace Baptist Church

REFERENCES
-------------------------------
Mrs. Robbins Jones, 1834 Maple Drive, Goodsville, Ohio 45224 (513) 232-0800
Mr. Paul Roberts, 170 Arbor Street, Goodsville, Ohio 45221 (513) 663-0771
Mr. Jonathan Walters, Counselor (Metropolitan High School), 1183 West Park Avenue, Goodsville, Ohio 45225 (513) 771-8899
## SUMMER ROOMMATE REQUEST FORM

<table>
<thead>
<tr>
<th>NAME:</th>
<th></th>
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<tbody>
<tr>
<td>GRADE:</td>
<td>(in August)</td>
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<tr>
<td>SCHOOL:</td>
<td>(in August)</td>
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Please indicate your preference for roommates below. List the names of four other Upward Bound Pre-Bridge students in order of preference.

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## SUMMER T-SHIRT ORDER FORM

IF AVAILABLE, ARE YOU INTERESTED IN PURCHASING AN UPWARD BOUND T-SHIRT FOR $10.00?

_______________ YES  ______________ NO

IF SO, WHAT SIZE WOULD YOU LIKE TO HAVE? PLEASE CIRCLE BELOW:

S  M  L  XL  2X  3XL  4XL  5XL
**STANDARDIZED TESTING RESULTS**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DATE:</th>
<th>COLLEGE (IN AUGUST)</th>
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Have you taken the ACT?
If so, please write your highest scores here:

- COMPOSITE SCORE:_______________________________________
- English:_________________ Mathematics:_________________
- Reading:_________________ Science:___________________

Have you taken the SAT?
If so, please write your highest scores here:

- COMPOSITE SCORE:_______________________________________
- Reading:_________________ Mathematics:_________________
- Writing:_________________

Have you passed all parts of the OHIO GRADUATION TEST?  YES:______________  NO:______________

If your answer is “NO,” please write down the parts that you have NOT PASSED.

- A:_________________  B:_________________  C:_________________  D:_________________

*IF AVAILABLE, PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT AND YOUR ACT, SAT, AND OGT SCORE REPORTS TO THIS DOCUMENT. THANK YOU FOR YOUR COOPERATION.*
University of Cincinnati Recreation Center
Informed Consent Waiver and Release of Liability

Assumption of Risks: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The Department of Campus Recreation ("DCR"), through its Campus Recreation Center ("CRC"), provides for activities such as weight lifting, running, aerobic activities, classes, and other sporting activities. These activities involve strenuous exertions of strength using various muscle groups, some involve quick movements using speed and change of direction, and others involve sustained physical activity that places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death.

I understand, and appreciate that the activities and programs at the CRC carry certain inherent risks, and I hereby assert that my participation is voluntary and I knowingly assume all such risks.

Waiver of Liability and Indemnification: In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment, services, and programs of the DCR, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and agree not to sue the State of Ohio, the University of Cincinnati and its governing board, officers, employees, and agents ("Releases") from any and all liability for any harm, injury, damage, claims, demands of any kind, actions, causes of action, costs and expenses that I may have or that thereafter may accrue to me, arising out of any loss, damage, or injury, including death, that may be sustained by me or any loss or damage to any property belonging to me, whether caused by the negligence, misfeasance, or nonfeasance of Releases or otherwise while in or upon premises or equipment of the CRC or engaged in any activity or program offered at the DCR.

I also agree to INDEMNIFY AND HOLD Releases HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, that result from my participation in or involvement with any program or activity at or associated with the CRC and to reimburse Releases for any incurred expenses.

I further agree to comply with the stated and customary terms and conditions of participation and agree that if any unusual or significant hazard is observed, my activities will be discontinued and I will immediately bring such matter to the attention of the nearest official.

Acknowledgment of Understanding: I have read this Agreement, fully understand its terms, and understand that it affects my legal rights. I am signing this Agreement knowingly and voluntarily, and intend for it to be a complete and unconditional release of liability to the greatest extend allowed by law.

Signature:_______________________________________________ Date:____________________

Print Name:____________________________________________________________________

If under 18, this Agreement must be signed by a parent or guardian before a child or teenager can engage in any activity.

Signature:_______________________________________________ Date:____________________

Print Name:____________________________________________________________________

Emergency Contact Information:

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<th>First Name</th>
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<th>Work Phone</th>
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Relationship________________________________________
Ohio Summer Food Service Program – 2015 Income Eligibility Application

INSTRUCTIONS: Part 1 of this form is to be used only for children receiving OWF, Ohio Works First (was formerly TANF and AFDC) or for children living in a household receiving Food Stamp benefits. Part 2 is only for children not receiving Food Stamp benefits or OWF benefits. Fill in the part which addresses your situation. An Adult signature is needed when completing both Part 1 or 2. If you need more space, use a separate piece of paper. (* Asterisk items must be filled in for each part you complete.)

**PRINT CHILD INFORMATION WHEN COMPLETING EITHER PART 1 OR PART 2:** Enter ONLY name of those children who will be participating in the Summer Food Service Program.

<table>
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<th>AGE</th>
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**PART 1 - FOR CHILDREN RECEIVING FOOD STAMPS OR OHIO WORKS FIRST (OWF)**

- YES, I received Food Stamp or OWF benefits for the child(ren) listed above this month and request meal benefits. My Food Stamp or OWF number is:
  - * FOOD STAMP NUMBER (10-12 digit number) OR
  - * OHIO WORKS FIRST NUMBER OR
  - * FDPIR Identification Number (Food Distribution Program on Indian Reservations)

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the food stamp and OWF numbers are correctly reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

* SIGNATURE OF ADULT HOUSEHOLD MEMBER

**PART 2 - FOR CHILDREN NOT RECEIVING FOOD STAMPS OR OWF**

**HOUSEHOLD MEMBERS AND MONTHLY INCOME:** List the names of everyone living in your household including yourself, all related and non-related individuals and children. Include children listed above. List all income received last month on the same line with the person who received it. List each amount under the correct title. You must list gross income BEFORE deductions, taxes, or social security, etc. To figure monthly income, if income is received: every week, multiply the total gross income x 4.33; every two weeks, multiply the total gross income x 2.15; twice a month, multiply the total gross income x 2; or once a year, divide the total gross income by 12.

**LIST ALL HOUSEHOLD MEMBERS’ NAMES**

(LAST NAME, FIRST NAME)

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<th>MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS</th>
<th>MONTHLY WELFARE, CHILD SUPPORT, ALIMONY</th>
<th>MONTHLY PENSIONS, RETIREMENT, SOCIAL SECURITY</th>
<th>ALL OTHER MONTHLY INCOME</th>
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**FOSTER CHILD:** Complete a separate application for each foster child. In certain cases, meals served to foster children may be reimbursed regardless of the foster family’s income. If you are applying for foster children living with you, complete the application as if for a family of one. List the child’s name and monthly personal use income or enter "0" if the child has no personal use income. An adult signature is needed.

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

* SIGNATURE OF ADULT HOUSEHOLD MEMBER

**LAST 4 DIGITS OF SOCIAL SECURITY # OF ADULT HOUSEHOLD MEMBER**

**HOME ADDRESS**

**ZIP CODE**

**DAYTIME PHONE**

**DATE**

**Total Household Monthly Income**

**FOR SPONSOR USE ONLY**

**Signature of Authorized Official**

**Date**

$__________ ELIGIBILITY DETERMINATION  ________ APPROVED  ________ DENIED
Ohio Summer Food Service Program For Children
Income Eligibility Application For Camps and Enrolled Sites

Dear Parent or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Program for Children (SFSP). Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disability. In order to be eligible for the SFSP, we must document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

RACIAL/ETHNIC CATEGORY: You are not required to answer this question. If you choose, please check one or more of the following racial or ethnic identities.

________ American Indian or Alaskan Native   _____Asian   _____Black or African American

_____Native Hawaiian or other Pacific Islander  ____ White  _____Hispanic or Latino  ____ Not Hispanic or Latino

NON-DISCRIMINATION: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital information or employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250 (individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 856-9752 (Spanish). USDA is an equal opportunity provider and employer.

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>YEAR</th>
<th>MONTH</th>
<th>TWINCE PER MONTH</th>
<th>EVERY TWO WEEKS</th>
<th>WEEK</th>
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<tbody>
<tr>
<td>1</td>
<td>21,590</td>
<td>1,800</td>
<td>900</td>
<td>831</td>
<td>416</td>
</tr>
<tr>
<td>2</td>
<td>29,101</td>
<td>2,426</td>
<td>1,213</td>
<td>1,120</td>
<td>560</td>
</tr>
<tr>
<td>3</td>
<td>36,612</td>
<td>3,051</td>
<td>1,526</td>
<td>1,409</td>
<td>705</td>
</tr>
<tr>
<td>4</td>
<td>44,123</td>
<td>3,677</td>
<td>1,839</td>
<td>1,698</td>
<td>849</td>
</tr>
<tr>
<td>5</td>
<td>51,634</td>
<td>4,303</td>
<td>2,152</td>
<td>1,986</td>
<td>993</td>
</tr>
<tr>
<td>6</td>
<td>59,145</td>
<td>4,929</td>
<td>2,465</td>
<td>2,275</td>
<td>1,138</td>
</tr>
<tr>
<td>7</td>
<td>66,656</td>
<td>5,555</td>
<td>2,778</td>
<td>2,564</td>
<td>1,282</td>
</tr>
<tr>
<td>8</td>
<td>74,167</td>
<td>6,181</td>
<td>3,091</td>
<td>2,853</td>
<td>1,427</td>
</tr>
</tbody>
</table>

For each additional family member, add

7,511          626          313          289          145

Privacy Act Statement: Section 9 of the National School Lunch Act (NSLA) requires that, unless your child’s food stamp or OWF case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application or shared with other persons directly connected with the administration or enforcement of the program under the NSLA or Child Nutrition Act of 1966 to determine program eligibility. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or OWF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action if incorrect information is reported.

FORM REV 10/14
University of Cincinnati Upward Bound Program
Bridge Program Rules and Regulations

Upward Bound students graduating from high school and planning to attend college in the fall participate in a seven-week residential college program, which provides graduated students the opportunity to take three to six hours of college credit classes, live in the dorm with other college students, receive books and supplies, and receive tutoring when needed. The Associate Director is responsible for the Bridge Program.

Students participating in the Bridge component are expected to live in the dorm under the rules and supervision of the University of Cincinnati dormitory staff and the Bridge Mentors.

As college students, Bridge students are responsible for living within the rules and regulations of the dormitory. They should check with the front desk staff and Bridge Mentors for any dormitory messages pertaining to Bridge students.

Should Bridge students need special academic or personal help, the Bridge Mentors will be available daily. Special meetings will be called throughout the seven-week program as needed.

In following the Hampton theory of manners and dress, Upward Bound Bridge students will represent Upward Bound well by dressing appropriately at all times. Students who dress inappropriately will be asked to change their clothing.

Bridge students are also responsible for adhering to Upward Bound rules. In order to help prepare Bridge students for a successful entry and continuation into college life, develop good personal and study habits, and maintain the good relationship that Upward Bound has with the University, the following policies has been established.

A. Classes
Bridge students will register for three credit hours of college course work prior to moving into the dormitory for the summer. Classes will meet daily for six weeks. Class attendance and completion of all assignments is necessary to remain in the program.

Classes meet daily. Upward Bound will purchase textbooks. Students must bring the exact title, cost, and name of the store where the book is available. The professor will give them the above information about their book at the first class meeting.

Bridge students are required to attend all classes. Staff will closely monitor class attendance. Students who have more than three unexcused absences from class will be asked to leave the program.

B. Pass/Fail
Every student must pass their classes with a “C” or better. All students receiving below average marks (D--less than acceptable; N—no grade; F--failing grade; or I—incomplete) must check out of the dorm and will be removed from the Bridge student list.

C. Study Hall/Tutor
Study Hall will be mandatory for all Bridge students. Bridge students will attend study hall Monday through Thursday. Study hall times will be established by the Bridge Tutor Advisors.

D. Curfew
Bridge students, as regular UC students, do not have a curfew. They should remember, however, that an adequate amount of rest is needed to function well in class and at work. If a problem arises as a result of inadequate rest (e.g., absence or tardiness to class, sleeping in class, inability to fully participate in tutoring, etc.) the following curfew will be instituted: Monday-Thursday, 11:00 p.m.
E. Visitation, Dormitory, ID Cards, Dining Room, Weekends, and Move Out

Bridge students are responsible for what takes place in their rooms and will, therefore, be held accountable. **NO ONE**, other than fellow Bridge students and Bridge mentors, will be allowed in the rooms during the day and overnight. Parents, grandparents, guardians, and others in parental roles are allowed in the Bridge rooms to assist students in moving in and out only. If this policy is ignored, the Bridge student(s) responsible for the guest will be required to move out. Visitors are welcome to visit Bridge students IN THE LOBBY ONLY, but must sign-in and show a picture ID to the front desk attendant. **Pre-Bridge students are not allowed anywhere in or near the Bridge dormitory.**

**PARTIES OF ANY KIND ARE NOT ALLOWED IN THE DORMITORY ROOMS OR ON THE DORMITORY FLOORS.**

At no time should outside doors be propped open or opened by another student for easy room access from the outside! Bridge students must enter the dormitory the same as anyone else—through the front door. When leaving the dorm, ID cards must be carried by Bridge students at all times to present to the dormitory staff at the desk.

Bridge students must leave the dormitory on Friday evenings by 7:00 p.m. and can return to campus after 9:00 p.m. on Sundays. All Bridge students must move out of the dormitory permanently no later than 11:59 p.m. on the last Thursday in July, which is the day of the Awards Program.

Lanyards to carry dorm keys and UC Identification cards will be provided. If keys are lost, it will cost the student $80.00 for each replacement key. If ID cards are lost, it will cost the student $20.00 for a replacement card. If rooms are left dirty after moving out, the student will be charged $50.00 in housekeeping fees.

**UPWARD BOUND IS NOT RESPONSIBLE FOR LOST OR STOLEN PROPERTY!!!**

Students are to sit in the main area of the dining room only. The north dining room is off limits to all Upward Bound students.

Bridge students should enjoy themselves this summer. However, it is important that Bridge students remember that they are here for a purpose. The purpose is to prepare academically for college and life in general. These policies make it easier for them to achieve this purpose.

F. Activities

Upward Bound Pre-Bridge activities that do not interfere with UC class times are open to Bridge students, unless specifically denied by the Director or Associate Director.

G. Disciplinary Issues

Each dormitory has a resident counselor who has the authority to request Bridge student removal from the dormitory if their behavior violates University policy. Any offenses will be summarized on a “Student Incident Report” form (SIR) and will be submitted to the administrative staff for appropriate disciplinary action. Disciplinary action is at the discretion of the Upward Bound administrators.

*Certification: Our signatures below indicate that we have read the above rules and regulations of the Upward Bound Summer Bridge Program and agree to abide by its provisions.

(PLEASE SIGN AND RETURN ENTIRE DOCUMENT)

_________________________________     ________________________________      ___________________
Student Signature                           Parent Signature                           Date
I HEREBY AUTHORIZE THE RELEASE OF MY HIGH SCHOOL AND COLLEGE TRANSCRIPTS:

I. All high school grades, attendance, punctuality, schedules, truancy, and disciplinary records;

II. PSAT, ACT, SAT, Ohio Graduation Test and other Standardized Test Scores; and

III. All college grades, test scores, course schedules, financial aid records, progress reports, and billing information held by colleges/universities attended and those on record with the Ohio Department of Education and the National Student Clearinghouse.

__________________________________________  ______________________________
Student Signature                             Parent/Guardian Signature

__________________________________________  ______________________________
Student Date of Birth                          Student Social Security Number

UNIVERSITY OF CINCINNATI UPWARD BOUND PROGRAM
PHOTO RELEASE

I hereby acknowledge that pictures will be taken throughout the program by Upward Bound staff, students, and others. I hereby give Upward Bound permission to place my child’s image on Upward Bound, University of Cincinnati, and TRIO Program-related publications, public displays, and websites.

__________________________________________  ______________________________
Student Signature                             Parent/Guardian Signature
Name:

High school:

Scholarships/Honors/Awards/Activities:

Accepted at College/University:

College/University Selected:

College Major:

Future Occupation:

Significant experience or achievement that has a special meaning to you:

College classes taken this summer:

Words of wisdom to all Upward Bound students: