Upward Bound Program
University of Cincinnati
PO Box 210118
Cincinnati, Ohio 45221-0118

9954 Commons Edge North N110
57 W. Daniels Street
Phone (513) 556-1625
Fax (513) 556-3007

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

Dear Upward Bound **PRE-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) School Year Courses For Next Year
6) UC Upward Bound Verification of Athletic / Extracurricular Participation **(parent's signature required)**
7) UC Recreation Center Informed Consent Waiver and Release of Liability **(parent's signature required)**
8) Statement for Release of High School and College Transcripts (**parent's signature required**)
9) Pre-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 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)	
SCHOOL: (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.)_____

UPWARD BOUND PERMISSION SLIP

Name of Student:		**Student Cellular Telephone Number:**		
Address:				
City, State, and Zip Code:				
Telephone Number:	**513-__ __ __- __ __ __ __**	**Date of Birth:**	**__ __ / __ __/ __ __**	**Grade: _____ (in August):**
Social Security Number:	**__ __ __ - __ __ - __ __ __ __**	**School: (in August)**		
Student's E-mail Address:				

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.

Home Telephone#	**Office of Telephone #**	**Cellular Telephone#**
513- __ __ __- __ __ __ __	**513- __ __ __- __ __ __ __**	**513- __ __ __- __ __ __ __**
E-mail address:		

If I cannot be reached, please contact:	**Name:**		**Telephone# :**	**513-__ __ __- __ __ __ __**
If my child is seriously ill, please contact our Family Physician:	**Name:**		**Telephone# :**	**513-__ __ __- __ __ __ __**

MEDICAL INSURANCE INFORMATION

Do you currently have medical insurance?	**Yes** ☐	**No** ☐	**Policy# :**

Name of Company: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone #: 513-__ __ __- __ __ __ __ **Expiration Date of Policy: _____/____/____**

Resumè

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

NAME:	
GRADE: **(in August)**	
SCHOOL: **(in August)**	

Please indicate your preference for roommates below. List the names of four other Upward Bound Pre-Bridge students in order of preference.

1.	
2.	
3.	
4.	

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

SCHOOL YEAR COURSES FOR NEXT YEAR

Name:_____ **Grade (in August):**_____

School (in August):_____

Instructions: List the classes that you will be taking next school year that have been listed on your optioning form (or pre-registration) and completed in your home school. Please print clearly.

1._____

2._____

3._____

4._____

5._____

6._____

7._____

8._____

Have you taken the: ACT:_____ **SAT:**_____

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:**_____

U.C. UPWARD BOUND
Verification of ATHLETIC / EXTRACURRICULAR PARTICIPATION

Student:_____ Date:_____

School (in August):_____ Grade (in August):_____

The above named student is enrolled in the Upward Bound Program at the University of Cincinnati. The program is designed to help students improve their academic skills and ultimately go to college and earn a degree. Since the activity in which the student is engaged in conflicts with his/her Upward Bound schedule, we are requesting that you complete this form so that his/her status in Upward bound is not jeopardized. Thank you for your cooperation.

Please feel free to contact Mr. Joel Santos (513-556-1627) or Mrs. Cynthia Partridge (513-556-1629) if you have any questions or need further clarification.

Nameof Sport or Extracurricular Activity: _____

Beginning date of activity: _____ Ending date of activity:_____

Please indicate the time of day when the sport/activity is in session. Example: Monday 4-6 PM

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

Saturday_____

***Please attach a copy of sport/activity schedule if available.**

**Coach, Teacher, or Employer Comments: Please use this space to make comments relative to any unique circumstances. Use back of form if additional space is needed.

Signature of Parent:_____ Phone:_____

Signature of Coach, Teacher, or Employer:_____ Phone:_____

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:

Last Name_____ First Name_____

Home Phone_____ Work Phone_____

Relationship_____

Ohio Summer Food Service Program – 2015 Income Eligibility Application

ATTACHMENT 10

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.

* NAME	AGE	* NAME	AGE
1.		3.	
2.		4.	

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 ADDRESS DAYTIME PHONE DATE

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.

*** HOUSEHOLD MEMBERS**	*** INCOME BY SOURCE**			
LIST ALL HOUSEHOLD MEMBERS' NAMES (LAST NAME, FIRST NAME)	MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS	MONTHLY WELFARE, CHILD SUPPORT, ALIMONY	MONTHLY PENSIONS, RETIREMENT, SOCIAL SECURITY	ALL OTHER MONTHLY INCOME
1.				
2.				
3.				
4.				
5.				
6.				

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. Personal Use Income $_____

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 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://wwwascr.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 , W ashington, D.C. 20250-9410, by fax (202) 690-7442 or e-mail at program.intake@usda.gov (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) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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REDUCED INCOME ELIGIBILITY GUIDELINES – 185% Guidelines
to be effective from July 1, 2014 through June 30, 2015
Households with incomes less than or equal to the reduced price values below are eligible for free or reduced-price meal benefits.

HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
For each additional family member, add	7,511	626	313	289	145

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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
Pre-Bridge Program Rules and Regulations

According to Hampton University, "learning to use socially acceptable manners and selecting attire appropriate to specific occasions and activities are critical factors in the total educational process. Understanding and applying acceptable manners and dress not only improves the quality of one's life, but also contributes to the morale and campus image" (see Hampton University Dress Code, http://www.hamptonu.edu/student_life/dresscode.cfm).

The Hampton University theory of manners and dress is parallel to the UC Upward Bound Program Rules and Regulations. In order to maintain a positive atmosphere whereby students can achieve maximum academic and social development while enrolled in the Upward Bound summer session, all participants must conduct themselves in an orderly, respectful manner and maintain appropriate dress at all times. Students who do not abide by the below list of regulations will warrant disciplinary action and dismissal from the program.

As a member of Upward Bound, you agree to adhere to the following rules and regulations:

Academic Program

1) Appropriate conduct is expected at all times for all activities and situations.

2) Prompt and daily attendance is expected for all classes and activities. Class cutting or excessive tardiness to class will result in firm disciplinary consequences, including daily commuting from campus to home.

3) All homework assignments must be completed prior to entering class each day.

4) IPods, IPads, IPhones, cell phones, text messaging, internet use, games, and other entertainment technologies must be turned off while in class, tutoring, and family meetings. Students must refrain from entering social or other entertainment websites in university computer labs without the permission of the instructor during class.

5) Boom boxes or stereos are allowed in the dormitory room only and must be at a **reasonable** volume.

6) Respect for authority is expected at all times.

   In following the Hampton theory of manners and dress, Upward Bound students will represent Upward Bound well by dressing appropriately at all times. **This year, all students are required to dress in long pants only.** Shirts must fully cover the mid-section and should be plain with no controversial images or writing. **Skirts, dresses, halter-tops, midriffs, shorts, undershirts ("beaters"), "one-sies", "leggins", and see-through clothing will not be allowed.** Students who dress inappropriately will be asked to change or return home for appropriate clothing. Ankle-length dresses may be acceptable with permission. Knee-length shorts may be allowed on some field trips.

7) Students are expected to come to each class with books, paper, and pencil/pen.

8) The following offenses warrant automatic dismissal and may involve law enforcement officials:
   a. Fighting
   b. Gambling
   c. Sexual Harassment and other Sex Offenses
   d. Pornography
   e. Alcohol/Drug Usage, Possession, or Trafficking

f. Possession of Firearms, Firecrackers, and Concealed Weapons
g. Theft
h. Use of False ID
i. Assault—This includes so-called "Upward Bound New Student Initiation Rites". Violators will be prosecuted to the fullest extent of the law.
j. Violent, Disorderly Conduct
k. Breaking and Entering
l. Fraud
m. Forgery
n. Vandalism and defacement of property

Residential, Work, and Food Programs

1) Student must arrive and remain on the dormitory floor at or before 11:00 p.m. Showers may be taken before 11:30 p.m. At 11:30 p.m., all students must go to and remain in their rooms. Quiet hours: 11:30 p.m. to 7:00 a.m. NO EXCUSES WILL BE ACCEPTED.

2) There will be no co-ed visitation on the dormitory floors or rooms. The only dormitory floor Pre-Bridge students are allowed on are their own. Violators of this policy will be sent home immediately. Males and females may visit together in the lobby of the dormitory ONLY. Commuting students are NOT allowed on the dormitory floors, but in the lobby only. All visitors (including parents) must show an ID and should register in the dormitory lobby. Pre-Bridge students are not allowed on Bridge floors. Bridge students may visit only in same-sex Pre-Bridge rooms and must be off of Pre-Bridge floors by 11:00 p.m.

3) Visitors are not allowed on the dormitory floors or in the lobby, PERIOD. THIS INCLUDES CURRENT UB STUDENTS NOT PARTICIPATING IN THE SUMMER PROGRAM AND FORMER UPWARD BOUND STUDENTS! Parents are welcome to visit their children at anytime, but must show a picture ID to the front desk attendant. Due to legal and security regulations, visitors are not allowed to spend the night in the dormitory rooms.

4) Students must turn in their meal card and keys before leaving on Friday evenings. They may return to the dormitory between 9:00 p.m. and 11:00 p.m. on Sundays.

5) All students must leave the building during a fire alarm. It is very dangerous to pretend that you are asleep and did not hear the alarm. Violators will be severely disciplined.

6) Boom boxes or stereos are allowed in the dormitory room only and must be at a **reasonable** volume.

7) Playing in the elevators, bathrooms, etc. is strictly forbidden!

8) Playing with water anywhere in the dormitory is strictly forbidden (water guns, water balloons, etc.). Violators will pay for housekeeping services and property damages and will be reprimanded accordingly.

9) Please do not dismantle and move the room furniture (bed frames, headboards, etc.). Contact Housekeeping for any adjustments that you might need.

10) Students are required to report to their campus jobs everyday as scheduled and on time and will be asked to commute for work days missed. Remember, paying students for Upward Bound field trips is **optional**. Any student who works at a campus job and does not report to work the next work day after a field trip will not receive pay for the field trip or the day missed. **No excuses will be accepted!**

11) Students will dress professionally for their campus jobs in **long pants only (no jeans).** Shirts must fully cover the mid-section and should be plain with no controversial images or writing. **Skirts, dresses**, halter-tops, midriffs, short shorts, undershirts ("beaters"), "one-sies", "leggins", and see-through clothing

are not allowed on the job. Students who dress inappropriately for work will be asked to report to the Upward Bound office and will not be paid for that day.

12) Students are to sit in the main area of the dining room only. The north dining room where GEAR UP students eat is off limits to Upward Bound students.

13) Students must report to the Food Monitor for every meal required.

14) Appropriate bus behavior is expected at all times. Males will sit with males; females will sit with females.

15) Students are required to participate in all scheduled trips.

16) Students are not allowed to leave campus without the approval of their parents, TA or the Upward Bound administration. Students may go to University Plaza if chaperoned by a TA. 'Short' Vine Street is off limits to students at all times!

17) 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.

18) UPWARD BOUND IS NOT RESPONSIBLE FOR LOST OR STOLEN PROPERTY!!!

Offenses shall 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 rules and regulations of the Upward Bound Summer Pre-Bridge Program and agree to abide by its provisions.

(PLEASE SIGN AND RETURN ENTIRE DOCUMENT)

_____	_____	_____
Student Signature	Parent Signature	Date

UNIVERSITY OF CINCINNATI UPWARD BOUND
STATEMENT FOR RELEASE
OF HIGH SCHOOL / COLLEGE TRANSCRIPTS AND PHOTOS

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