



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

French Hall, Room 2126
Scioto and University Avenues
Phone (513) 556-1625
Fax (513) 556-3007

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

Dear Upward Bound Students and Parents:

The 2009 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 **85 to 90** 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 Tuesday, May 26, 2009** to Mrs. Cynthia Partridge at the Upward Bound office.

- 1) Summer Program Participation
- 2) Summer Permission Slip (**parent's signature required**)
- 3) Résumé (**typed**)
- 4) Summer T-shirt and Shorts Order Form and Summer Roommate Request 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) Ohio Summer Food Service (**parent's signature required**)
- 9) Statement for Release of High School and College Transcripts (**parent's signature required**)

The deadline date for the submission of all forms is **Tuesday, May 26, 2009**. 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 **Tuesday, May 26, 2009**.

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 **immediately** return it 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) | |

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:*

UPWARD BOUND PERMISSION SLIP

| | | | | | |
|---------------------------|-----------------|--------|--------------------|----------------------------|--|
| Name of Student: | | | | Cellular Telephone Number: | |
| Address: | | | | | |
| City: | Cincinnati | State: | OH | Zip Code: | |
| Telephone Number: | 513-____-_____ | | Date of Birth: | __/__/__ | |
| Social Security Number: | ____-____-_____ | | Grade (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 <input type="checkbox"/> | No <input type="checkbox"/> | Policy# : |
| Name of Company: _____ | | | |
| Address: _____ | | | |
| City: _____ | State: _____ | Zip Code: _____ | |
| Telephone #: 513-____-_____ | | | |
| Expiration Date of Policy: ____/____/____ | | | |

Resumé

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 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 2009

WORK EXPERIENCE

| | | |
|-------------|------------------------------|---------------------------|
| Baby-sitter | June through August, 2006 | (Mrs. Robbins Jones), |
| Yard work | June through September, 2007 | (Mr. Paul Roberts), |
| Clerk | June through August, 2008 | 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 T-SHIRTS AND SHORTS FORM

NAME:

DATE:

GRADE (IN AUGUST)

T-SHIRT SIZE: S M L XL 2X 3X 4X

SHORTS SIZE: S M L XL 2X 3X 4X

*A review of the summer budget will determine whether t-shirts and shorts will be available.

SUMMER ROOMMATE REQUEST FORM

1. ROOMMATE

Please indicate your preference for roommates below. Place your name on the top line. List the names of four other Upward Bound students in order of preference.

| | |
|-------|--|
| NAME: | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |

SCHOOL YEAR COURSES FOR NEXT YEAR

Name: _____ Grade (next year): _____

School (next year) : _____

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: _____ Grade: _____

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.

Name of 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 extent 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 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 disabled. 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: This facility is operated in accordance with USDA policy which prohibits discrimination because of race, color, national origin, gender, age or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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2009 SFSP Family Size/Income Guidelines Guidelines to be effective from July 1, 2008 through June 30, 2009 Households with income less than or equal to these rates are eligible for free meal benefits.

| <u>Household Size</u> | <u>Year</u> | <u>Month</u> | <u>Twice Per Month</u> | <u>Every Two Weeks</u> | <u>Week</u> |
|--|-------------|--------------|------------------------|------------------------|-------------|
| 1 | 19,240 | 1,604 | 802 | 740 | 370 |
| 2 | 25,900 | 2,159 | 1,080 | 997 | 499 |
| 3 | 32,560 | 2,714 | 1,357 | 1,253 | 627 |
| 4 | 39,220 | 3,269 | 1,635 | 1,509 | 755 |
| 5 | 45,880 | 3,824 | 1,912 | 1,765 | 883 |
| 6 | 52,540 | 4,379 | 2,190 | 2,021 | 1,011 |
| 7 | 59,200 | 4,934 | 2,467 | 2,277 | 1,139 |
| 8 | 65,860 | 5,489 | 2,745 | 2,534 | 1,267 |
| EACH ADDITIONAL HOUSEHOLD MEMBER ADD: | 6,660 | 555 | 278 | 2257 | 129 |

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Privacy Act Statement: Unless you list the child's food stamp, FDPIR, or OWF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the form does not have one, the form cannot be approved. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. These verification may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR, or OWF office to determine current certification for receipt of food stamps, FDPIR, or OWF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the Nation School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigation violations of certain Federal, State and local education, health and nutrition programs.

University of Cincinnati Upward Bound Program Pre-Bridge 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 and respectful manner 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, cell phones, games, and other entertainment technologies must be turned off while in class, tutoring, and family meetings. Cell phone text messaging, games, or internet use is not permitted in class, tutoring, or in family meetings!
- 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.
- 7) Students will dress appropriately at all times. Halter-tops, midriffs, short shorts, and see-through clothing are not allowed.
- 8) Students are expected to come to each class with books, paper, and pencil.
- 9) 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

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 floor without administrative permission. All visitors must be off the floor by 11:00 p.m. 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.
- 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. No tank, halter, or midriff tops, shorts, or short skirts will be allowed.
- 12) Students must report to the Food Monitor for every meal required.
- 13) Appropriate bus behavior is expected at all times. Males will sit with males; females will sit with females.
- 14) Students are required to participate in all scheduled trips.
- 15) 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!

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**: My signature below indicates that I have read the above rules and regulations of the Upward Bound Summer Program and agree to abide by its provisions.

Student Signature

Parent Signature

Date

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

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'S SIGNATURE

PARENT/GUARDIAN'S SIGNATURE