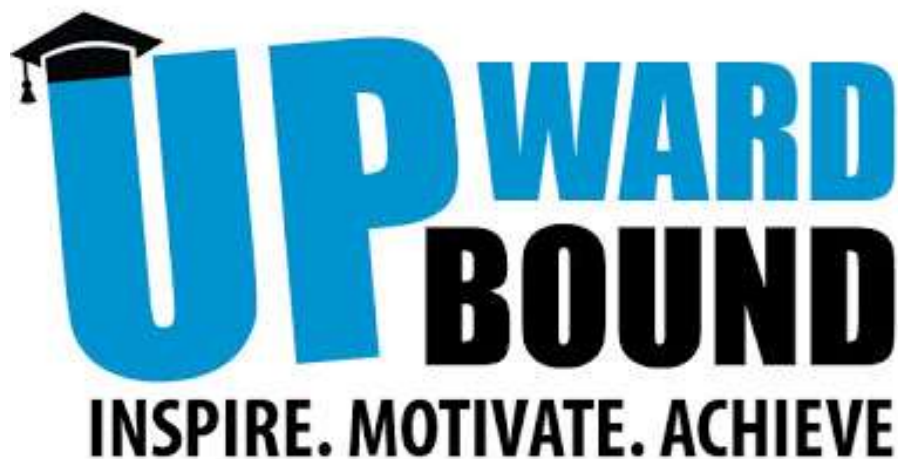




513 Sparkman Drive
Huntsville, AL 35816
Office: 256-372-4600 Fax: 256-722-9795
www.nacee.net

New Student Application



All services are FREE, and all information remains confidential.

Funded by the U.S. Department of Education

Dr. Earnest L. Davis
Executive Director/President



APPLICATION FOR ADMISSION 2017

The North Alabama Center for Educational Excellence (NACEE) Upward Bound (UB) Program is a pre-college program designed to assist and motivate students to successfully graduate from high school, prepare for college admission, and to successfully complete their baccalaureate degree. Upward Bound is a year-round program that offers academic year workshops such as ACT preparation, cultural activities, college tours, college planning, as well as a host of other programs including individualized tutoring and student counseling. Upward Bound also offers a summer enrichment program on the campus of University of Alabama Huntsville (UAH) to prepare students for college life by taking college level classes, as well as experiencing a college life.

I am applying for admission into the Upward Bound program.

Eligibility:

- ✓ Have completed 8th grade and are currently in 9th, 10th, or 11th grade
- ✓ Reside in Huntsville (Madison County), Alabama
- ✓ Be either first generation to attend college in their family and meet low-income requirements, as defined by the federal government
- ✓ Students who are citizens or permanent residents of the United States
- ✓ Students who have at least a 2.5 GPA and need academic support
- ✓ Be willing to meet daily, Monday-Thursday, after school for tutoring services
- ✓ Students who intend to pursue a college education
- ✓ Students who complete the application, personal statement and interview process.

Application Requirements:

- ✓ Completed and signed application
- ✓ Completed personal statement-see question (see below)
- ✓ Copy of standardized test scores (GEPA statement)
- ✓ Copy of most recent report card
- ✓ Two letters of recommendation from a teacher or guidance counselor
- ✓ Copy of valid photo identification
- ✓ **Signed** copy of applicant's Social Security card (If you do not have one, please call 800-772-1213 to secure a social security card.)
- ✓ Most recent copy of parents' federal income tax return (in a sealed envelope)
- ✓ Resident alien documentation (if applicable)
- ✓ Completed financial verification form
- ✓ Birth certificate

Personal Statement Instructions:

- ✓ **Question: Why should you be considered for admission into NACEE's Upward Bound Program? How would admission into the program assist you in reaching your goals?**
 - Must be typed 12pt, Times New Roman font (No more than 250 words or one page)
 - **Please attach activity sheet** (i.e. community service activities, honors and awards)

Program deadline: December 15, 2017 (Must be postmarked by this date)

APPLICANT INFORMATION

Last Name:	First Name:	Social Security Number:
Address:		
Street:		
City:	State:	Zip Code:
Email Address: (all applicants MUST have an email address)		
Telephone Number:		Alternate Number:
Date of Birth:		Place of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

Ethnic Heritage: (Check all that apply)

- American Indian/Alaskan Native Hispanic or Latino
 Native Hawaiian or Other Pacific Islander White
 Black or African-American Asian
 Other (Please Specify) _____

Citizenship: (If not a U.S. Citizen, please provide a photocopy of INS documentation)

- U. S. Resident Alien

Do you have a disability? Yes No

If yes, describe your disability and note any accommodations you may require. Please also submit copy of IEP and/or 504 plan.

Current School: _____

Anticipated School Attending September 2017:

- Columbia High School
 Jemison High School
 Lee High School
 New Century High School

Current Grade Level: 8th 9th 10th 11th

Cumulative GPA: ____ **High School Graduation Date:** (Month/Year) _____

FAMILY INFORMATION

(Parent/Legal Guardian)

Note: The information contained in this application is for the purpose of determining the applicant's eligibility for NACEE's Upward Bound Program. Information is confidential and will be reviewed only by assigned NACEE staff.

With whom does applicant live? (Check all that apply):

Mother Father Legal Guardian Other (Please Specify): _____

Mother's Information

First: _____	Last: _____
Address: _____	
City: _____	State: _____ Zip: _____
Email Address: (all applicants MUST have an email address)	
Home Phone: _____	
Cell Phone: _____	
Work Phone: _____	
Does Mother currently hold a High School Diploma? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does Mother currently hold a Bachelor's Degree? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which college or university? _____	

Father's Information

First: _____	Last: _____
Address: _____	
City: _____	State: _____ Zip: _____
Email Address: (all applicants MUST have an email address)	
Home Phone: _____	
Cell Phone: _____	
Work Phone: _____	
Does Father currently hold a High School Diploma? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does Father currently hold a Bachelor's Degree? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which college or university? _____	

Certification:

I certify that all information provided in this application is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Student Signature

Date (mm/dd/yy)

FINANCIAL VERIFICATION FORM

Note: The information contained in this application is for the purpose of determining the applicant's eligibility for the Upward Bound Program. Information is confidential and will be reviewed only by assigned NACEE staff.

Is the applicant a foster child or ward of the court? YES NO

A foster child or ward of the court is considered a "family of one" and the child's support payment is considered that family's income.

How many persons live in your household, *including yourself*?

Does your family receive assistance from any of the following sources?

Reduced or Free Lunch Yes No

Aid to Families with Dependent Children (AFDC) Yes No

Local or Community Welfare Yes No

Social Security Benefits Yes No

Veteran's Benefits Yes No

Unemployment Compensation Yes No

SNAP Yes No

Disability Compensation Yes No

Indicate total amount of your family's taxable income last year: \$ _____

**** (Note: Taxable income is located on line 43 of the 1040 form. This is not referring to your family's annual income)**

Number of people living in household? ____ Household's Total Taxable Income (Prior Year)? \$ _____

Please note that Taxable Income is usually lower than Adjustable Gross Income, which is located at the bottom of the first page of most tax forms. Annual Taxable Income can be found on page 2 of most tax return forms. If you have any questions or need assistance locating this information, please contact our office at 256-372-4600.

FAMILY TAXABLE INCOME: (Please Check One)

\$ 0 - \$ 17,820

\$ 30,241 - \$ 36,450

\$ 48,871 - \$ 55,095

\$ 17,821 - \$ 24,030

\$ 36,451 - \$ 42,660

\$ 55,096 - \$ 61,335

\$ 24,031 - \$ 30,240

\$ 42,661 - \$ 48,870

\$ Over _____

Please attach signed copies of your parent/guardian's most recent Federal Income Tax Return (Form 1040EZ, 1040 or 1040A).

If your parent/guardian worked but did not file a federal tax return, you would provide copies of their W-2 statements. Payroll stubs are not acceptable. You must provide documentation of non-taxable income (Welfare, Social Security, Unemployment Compensation, etc.) Copies of letters stating the amount of funds to be received, identification cards, completed unemployment forms, and other documents will be accepted as appropriate verification for consideration for admission to the Upward Bound Program.

Certification:

I certify that all information provided in this application is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Student Signature

Date (mm/dd/yy)

PARENTAL CONSENT & MEDICAL RELEASE

PARENT/GUARDIAN INFORMATION:

Student Name _____ Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Cell Number _____ Work Number _____

PERSON(S) AUTHORIZED WITH WHOM CHILD MAY BE RELEASED:

Name _____ Relationship _____

Name _____ Relationship _____

EMERGENCY CONTACT WHEN A PARENT/GUARDIAN CANNOT BE REACHED:

Name _____

Cell Number _____ Work Number _____

Relationship to Child _____

MEDICAL INFORMATION:

Family Physician _____ Phone Number _____

Medications _____ Dosage/Time to Take _____

Physical Disabilities, etc. _____

Allergies _____

Date of most recent Tetanus shot _____

Insurance Company _____ Policy Number _____

We authorize the North Alabama Center for Educational Excellence employees to render any medical care and treatment to our child/ward deemed necessary with respect to any illness or injury occurring during any activities. I (we) understand that the North Alabama Center for Educational Excellence has no medical coverage and I (we) agree to pay additional medical costs incurred.

I understand that NACEE nor its staff are obligated to provide transportation in connection with the Program. I understand that I am expected to carry my own automobile liability insurance coverage if driving on premises or to scheduled events.

Assumption of Risk and Release of Claims: *In consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify NACEE and its staff from and against any present or future claim, loss or liability for injury or injuries to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit).*

I have carefully read this Release form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt by the North Alabama Center for Educational Excellence at its offices in Alabama and shall be governed by the laws of the state of Alabama.

Student Signature

Date

Witness Signature

Parent/Guardian Signature

Date

Witness Signature

INCLUSIVE ACADEMIC RELEASE

I understand that as part of the Upward Bound Program selection process, my child's school records including transcripts, test scores, and academic progress reports may need to be examined.

I hereby give permission for the release of all academic information pertaining to my son/daughter to the Upward Bound Program including, but not limited to, the following information from my child's high school and future colleges that he/she may attend:

- 1) School records
- 2) Transcripts
- 3) Standardized test scores
- 4) Information on the student's status and performance
- 5) Student's contact information
- 6) Warning/Failure notices
- 7) Registration forms
- 8) Academic awards

I understand that if my child is selected for the Upward Bound Program, the Upward Bound Program will continue to require this information from his/her high school and college. The purpose for collecting this information is to track and evaluate the academic performance of the Programs' participants and graduates for the entire period of time he/she is enrolled in the Upward Bound Program. This consent expires when the participant no longer receives program services and/or the Upward Bound Program is no longer federally mandated to track the participant/graduate's academic performance.

High School _____

Print Parent/Guardian Name

Print Student Name

Parent/Guardian Signature

Student Signature

Date

Date

Please Print and Sign

HIGH SCHOOL/COLLEGE/UNIVERSITY INFORMATION RELEASE CONSENT FORM

I, _____, hereby give permission for the release of all of my academic information to the Upward Bound Program including, but not limited to, the following:

- 1) School records
- 2) Transcripts
- 3) Information on the student's status and performance
- 4) Student's contact information
- 5) Warning/failure notices
- 6) Registration forms
- 7) Academic awards

I understand that the Upward Bound Program will continue to require this information in order to track and evaluate the academic performance of the Programs' participants/graduates until the Upward Bound Program is no longer federally mandated to track the participant/graduate's academic performance. I have been provided a copy of this form.

Print Parent/Guardian Name

Print Student Name

Parent/Guardian Signature

Student Signature

Social Security/Student ID Number

Date

UPWARD BOUND CERTIFICATION OF APPLICATION

As the parent/guardian of the applicant, I declare that all information provided in this document is correct and true to the best of my knowledge. My signature certifies that the attached information is correct and that any false or misleading information may result in disqualification of the applicant. I further understand that this information being provided is for the receipt of federal funds.

I hereby authorize the Upward Bound Program to release and receive data regarding my son/daughter to assist my son/daughter with his/her educational planning. My child plans to complete high school and attend a program of postsecondary education, and will need the services of the Upward Bound Program. I hereby grant permission to the personnel of my child's school to release copies of transcripts, test scores, and academic progress reports to the Upward Bound staff.

I understand that if accepted into the Upward Bound Program, I must apply for, and if accepted, attend the following mandatory dates:

Twice Monthly Saturday Sessions	September 2017 – May 2018
Anticipated NACEE Summer Component	June 2018 – July 2018

Student Name

Student Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Educational Specialist Name

Educational Specialist Signature

Date

Director's Name

Director's Signature

Date

Please Print and Sign

PHOTOGRAPH & VIDEO RELEASE FORM

The Upward Bound Program makes every effort to promote the positive activities, honors, and work of our staff and students. This includes working with the local newspapers, radio, and television stations and also developing our own publications. These publications include information, likenesses, and images, which may appear in the local media as well as in other publications.

As we go about this project, there will be opportunities for various students to be interviewed and/or photographed and **identified by name and grade or school**. However, we understand that some parents may request that we do not identify their child(ren). Please fill out the form below to inform us of your wishes regarding publicity. **Please note, your child's image or likeness may appear in occasional candid photos without any type of name identification and the use of these candid photos of your child is permissible.**

I, _____ (Parent/Guardian please print name), give NACEE permission to record the image and/or voice of the minor named below, and I grant NACEE all rights to use these sounds, still, or moving images in any medium for educational, promotional, advertising, or other purposes that support the mission of the Upward Bound program. I agree that all rights to the sound, still, or moving images belong to the Upward Bound Program.

Student Name _____ Grade _____

Parent/Guardian Name _____

___ I give permission for my child to be interviewed, identified, and/or photographed/filmed for use in program publications, including, but not limited to, publication via web site or other technological publications, videos, newspapers, radio, or television. By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

___ I request that you do not interview or photograph my child.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

2017 MANDATORY PROGRAM REQUIREMENTS

Student Name: _____

Intended High School Name: _____ Grade: _____

Primary Telephone Number: _____

Uniform Requirement (See Dress Code Policy in manual)

As detailed in the 2018 Summer Manual, students will be required to adhere to a uniform dress code. NACEE Upward Bound will provide one t-shirt at no cost to you.

Please indicate size below:

XSmall _____	XLarge _____
Small _____	XXLarge _____
Medium _____	XXXLarge _____
Large _____	Other _____

Email Requirement

All students & parent/legal guardians must obtain Google email accounts "Gmail" for direct line of communication between the program participants and their families.

It is mandatory that an account is created by 12/18/2017. You may use an existing gmail account, but it is preferred for you to include your name within the email address. Additionally, please provide one alternate email address that you check regularly.

Student:

Gmail Account: _____

Alternate Account: _____

Parent:

Gmail Account: _____

Alternate Account: _____

ACADEMIC DOCUMENTATION

Freshman Year: _____

- Individual Educational Plan
- Assessment
 _____ Kahn Academy
- TABE
- Progress Reports
- Report Cards
- Test Scores

- Final Report Card containing G.P.A. or Transcript *Staff Signature* _____

Sophomore Year: _____

- Individual Educational Plan
- Assessment
 _____ Kahn Academy
- TABE
- Progress Reports
- Report Cards
- Test Scores
- ACT Score: _____ AP Exam Score: _____ SAT Score: _____

- Final Report Card containing G.P.A. or Transcript *Staff Signature* _____

Junior Year: _____

- Individual Educational Plan
- Assessment
 _____ Kahn Academy
- TABE
- Progress Reports
- Report Cards
- Test Scores
- ACT Score: _____ AP Exam Score: _____ SAT Score: _____

- Final Report Card containing G.P.A. or Transcript *Staff Signature* _____

Senior Year: _____

- Individual Educational Plan
- Assessment
 _____ Kahn Academy
- TABE
- Progress Reports
- Report Cards
- Test Scores
- ACT Score: _____ AP Exam Score: _____ SAT Score: _____

- Final Report Card containing G.P.A. or Transcript *Staff Signature* _____

LETTER OF RECOMMENDATION

Student Name: _____

Please rate this student according to the criteria below. Place a check in the appropriate box below indicating your response. Additionally, please write a brief statement describing this student's attributes which you believe will make him/her successful in the Upward Bound Program at NACEE, indicating how long you have known the student and name of the course in which you have him/her as a student.

	Below Average	Average	Good	Very Good	Excellent (Top 10%)
Problem Solving Skills					
Self-Motivation					
Emotional Maturity/Sense of Responsibility					
Academic Achievement					
Leadership Qualities					
Written Expression of Ideas					
Ability to Follow Directions					
Respect for Others					
Study and Work Habits					
Overall Attitude Toward School					

Please assess the above student's potential to be a successful participant in the program. We would appreciate your comments on the student's ability in any of the following areas: interest and aptitude in STEM fields, initiative, sense of responsibility, intellectual curiosity and imagination, writing and oral expression, working with and relating to others, common sense and good judgment, and persistence to carry through on tasks.

Thank you for your time and for your support of this student.

Signature: _____

Teacher's Name Printed and Title: _____

Signed Date: _____ Teacher's Email: _____

LETTER OF RECOMMENDATION

Student Name: _____

Please rate this student according to the criteria below. Place a check in the appropriate box below indicating your response. Additionally, please write a brief statement describing this student's attributes which you believe will make him/her successful in the Upward Bound Program at NACEE, indicating how long you have known the student and name of the course in which you have him/her as a student.

	Below Average	Average	Good	Very Good	Excellent (Top 10%)
Problem Solving Skills					
Self-Motivation					
Emotional Maturity/Sense of Responsibility					
Academic Achievement					
Leadership Qualities					
Written Expression of Ideas					
Ability to Follow Directions					
Respect for Others					
Study and Work Habits					
Overall Attitude Toward School					

Please assess the above student's potential to be a successful participant in the program. We would appreciate your comments on the student's ability in any of the following areas: interest and aptitude in STEM fields, initiative, sense of responsibility, intellectual curiosity and imagination, writing and oral expression, working with and relating to others, common sense and good judgment, and persistence to carry through on tasks.

Thank you for your time and for your support of this student.

Signature: _____

Teacher's Name Printed and Title: _____

Signed Date: _____ Teacher's Email: _____