



## Upward Bound Program Participant Application

Upward Bound is a program that helps students develop the skills and motivation necessary to graduate from high school and succeed in college. All Upward Bound activities and services are free to students enrolled in the program.



**Fisk University  
UPWARD BOUND  
PROGRAM APPLICATION  
CHECKLIST**

Before submitting the application, please ensure that you have completed and provided the following:

- All appropriate boxes checked and blanks filled in on all pages.
- Signed photocopy of parent/guardian's **Income Tax Return Form 1040 or 1040A** for the *PRECEDING YEAR*, **or** supporting income documentation (see page 2 of application).
- Information Sheet** signed by both student and a parent/guardian.
- Parent/Guardian Questionnaire** completed by parent/guardian.
- Student Academic Needs Survey** completed by student
- Student Personal Data Form** completed by student
- Student Contract** completed by student
- Record Release Form** signed by parent/guardian.
- Parental Permission and Support Forms** signed by parent/guardian
- Liability Release & Medical Information Form and Insurance Information & Emergency Care Authorization**
- Counselor Recommendation Form** completed by your school counselor, then mailed or faxed to Upward Bound Program office.
- Photocopy of student's Social Security card.**
- Verification of U.S. citizenship or residency.** Please attach a copy of **one** of the following documents:
  - \_\_\_\_\_ U.S. Birth Certificate
  - \_\_\_\_\_ U.S. Passport
  - \_\_\_\_\_ Naturalization papers
  - \_\_\_\_\_ Resident Registration Card
- Photocopy of student's most recent school transcript or report card.**

Please mail the completed parent and student portions of the application (excluding Counselor Recommendation Form) as soon as possible to:

**Fisk University Upward  
Bound Program** 1000 17th  
Avenue N Nashville, TN 37208  
Ph: 615-329-8581  
Email: upwardbound@fisk.edu



Fisk University  
 Upward Bound Program  
 1000 17th Avenue N  
 Nashville, TN 37208  
 ((615) 329-8581

**APPLICATION FOR PARTICIPATION**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last Name, First Name MI Month / Day / Year

Address: \_\_\_\_\_ County: \_\_\_\_\_  
Street Address  
 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State and Zip Code

Student E-mail: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ U.S. Citizen?  Yes  No  
 Place of Birth: \_\_\_\_\_ If No, Resident Number: \_\_\_\_\_  
City/State/Country Attach a copy of your RA Card to the application

Racial/Ethnic Origin – please answer both questions 1 and 2.

- Are you Hispanic or Latino?  Yes  No
- If "No" Please check one:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

Current Grade (or highest grade completed): 9th  10th  11th  12th

Current School: \_\_\_\_\_ School Counselor: \_\_\_\_\_

If currently in middle school, high school you will attend: \_\_\_\_\_

With whom do you live?

- Mother only  Father only  
 Mother and Father  Parent and Stepparent  
 Guardian/Other (Please specify below)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_ OK to contact?  Yes  No  
 Father's Email: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_  
 Is father a college graduate?  Yes  No If Yes, degree received (i.e. AA, BS): \_\_\_\_\_  
 College Attended: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_ OK to contact?  Yes  No  
 Mother's Email: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_  
 Is mother a college graduate?  Yes  No If Yes, degree received (i.e. AA, BS): \_\_\_\_\_  
 College Attended: \_\_\_\_\_

Family size: \_\_\_\_\_ (total number currently in household)

Emergency Contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Office Use Only:**

|                                  |                                      |             |
|----------------------------------|--------------------------------------|-------------|
| Date Application Received _____  | <input type="checkbox"/> Accepted    | Date: _____ |
| Date Application Completed _____ | <input type="checkbox"/> Denied      | Date: _____ |
| Date Application Reviewed _____  | <input type="checkbox"/> Wait Listed | Date: _____ |

Student's Name: \_\_\_\_\_

### Family Income Information

#### To be completed by parent or guardian

For Fisk University to determine eligibility for Upward Bound participation, federal regulations require documentation of the applicant's family size (# of exemptions) and taxable income for the preceding calendar year. Therefore, you are asked to complete ONE of the appropriate sections below:

#### SECTION 1 -- FOR PARENT(S) WHO FILE AN IRS 1040 OR 1040A FORM

*In this section, please check ONLY ONE box*

During the 2017 tax year, my family was supported by father and/or mother's employment. A signed copy of the IRS 1040 or 1040A Form is attached to this application. **OR**

During the 2017 tax year, my family was supported by father and/or mother's employment. A 1040 or 1040A Form is **not** attached to this application but the required information is provided below:  
**From Form 1040,**

Filing Status, lines 1  2  3  4  or 5  (Please check the correct status)

line 6d indicates, "Total number of exemptions claimed." .....

line 43 indicates, "Taxable Income." ..... \$

**OR**

**From Form 1040A,**

Filing Status, lines 1  2  3  4  or 5  (Please check the correct status)

line 6d indicates, "Total number of exemptions claimed." .....

line 27 indicates, "Taxable Income." ..... \$

#### SECTION 2 -- FOR PARENT(S) WHOSE INCOME WAS NOT LARGE ENOUGH TO REQUIRE FILING OF AN IRS 1040 OR 1040A FORM

Family Size: \_\_\_\_\_ Combined earnings for the year 2017: \$

Sources of Income:

If any of the sources of income listed below apply to you, please complete the appropriate section:

- Social Security and/or Federal Benefits (Type of Benefit(s):  
(Copy of letter from Social Security Office is attached)
- Welfare Benefits: (Case # \_\_\_\_\_)  
(Copy of benefits letter from HRS is attached)
- AFDC Benefits: (Case # \_\_\_\_\_)  
(Copy of benefits letter from HRS is attached)

#### SECTION 3 -- (Check if applicable) APPLICANT IS A FOSTER CHILD

(Agency: \_\_\_\_\_) Documentation attached

I hereby certify that the information and attached documents provided to support this application are true and correct, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Laws.

Additionally, I understand that the information given herein and supporting documents are for the receipt of Federal assistance. Thus, officials handling this application may verify the provided information using either computer matching programs, or by other means, with Federal or State Agencies. [Note: The information you provide may be disclosed to third parties for the sole purpose of verifying eligibility requirements, and in an effort to prevent fraud, waste, and abuse in providing Federal assistance.]

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

**Fisk University**  
**Upward Bound Program**  
**PARENT/GUARDIAN QUESTIONNAIRE**

Your name: \_\_\_\_\_ Student's name: \_\_\_\_\_

Why is your child's participation in the Upward Bound Program important to you?

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What are your expectations of this program?

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What jobs or careers would you like to see your child pursue?

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After my child graduates high school, I expect him/her to:

- Attend a community college close to home
- Attend a Vocational School
- Attend a 4-year college or university in Tennessee
- Attend a 4-year college or university out of state

**Statement of Parent Responsibility** – please initial next to each statement:

I understand that I must notify the Upward Bound office for any of the following reasons:

- Change of address or phone number
- Change of interest in the program
- Transfer of school
- Student's acceptance into any other college educational preparation program
- Student's suspension or expulsion from school

Please discuss your child's readiness to attend a summer residential program:

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Please include any other comments or questions you may have regarding the program:

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Parent/Guardian Signature

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## INFORMATION SHEET AND PERMISSION FORM

(To be completed by applicant and parent)

The *Fisk University Upward Bound Program* is a **federal assistance program** designed to promote post-secondary educational opportunities for individuals from selected schools in Davidson County. Thus, the work scope of the *Upward Bound Program* is educational in nature.

As an educational program, *Upward Bound* is required to determine the eligibility of all participants and maintain students' records. Under rules established by the **Family Educational Rights and Privacy Act**, you are hereby notified that the program's student records, and the information they contain are kept confidential, and that you (and your parents, if you are younger than age 18) have the right to inspect the contents of your record. However, directory information concerning your participation in the program will be released to the public as a matter of course. This information is limited to name, grade level, schools attended, home address, date of birth, parent's name and address, phone number, and participation dates. Unless notified in writing to withhold any or all of such directory information, the *Fisk University Upward Bound Program* will release it.

I hereby give the *Fisk University Upward Bound Program* permission to publish in print, electronic, or video format, the likeness or image of my child. I release all claims against the College with respect to copyright ownership and publication, including any claim for compensation related to use of the materials. **(If you do not wish to provide permission, please notify the program staff in writing. Note: Program photos, images, etc, are NOT sold nor used to generate income.)**

Concerning the availability of services through the *Upward Bound Program*, should the applicant/participant feel that his/her application was inappropriately reviewed, or equal treatment in services was not provided, he/she is encouraged to file a complaint with the *Fisk University Upward Bound Program* director, who will review the complaint and render a resolution. If you do not agree with the resolution, you may contact the Vice President for Transformational Initiatives at Fisk University for an appeal. Also, in matters concerning failure to comply with requirements of law, you have the right to file your complaint with the U.S. Department of Education.

In addition, individuals served by the *Upward Bound Program* must comply with laws pertaining to the receipt of Federal Assistance. As an example, a participant who is convicted of a drug-related activity must notify the program after such conviction. Male participants who reach the age of 18 while participating in the program must register with the Selective Service.

### ACKNOWLEDGEMENT:

By signing this page of the application, the applicant agrees to, and his/her parent or guardian permits, the receipt of program services.

You also indicate understanding of the information provided and that the details on this application are true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent or Legal Guardian's Signature

Date \_\_\_\_\_

The *Fisk University Upward Bound Program* provides assistance to eligible individuals without regard to race, color, national origin, gender or disability.

## Student Academic Needs Survey

Name of Your High School: \_\_\_\_\_

Name of Your School Counselor: \_\_\_\_\_

Counselor's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. Please check all that you have participated in:

Career Academy     AVID     Gear UP

Early Postsecondary Opportunities     Tennessee Academic Decathlon

2. Have you decided on a career? If so, what is your career choice? \_\_\_\_\_

3. Do you know what courses you should take for the career you want to pursue?    Yes    No

4. Are you taking any virtual classes with MNPS?    Yes    No

5. Do you need assistance in improving your math skills?    Yes    No

6. Do you need assistance in improving your writing skills?    Yes    No

7. Do you need help with "study skills"?    Yes    No

8. Have you begun preparation for the ACT/SAT/PSAT tests?    Yes    No

9. Choose three topics of interest:

Personal development: Dealing effectively with peer pressure

Personal development: Effective study habits

Personal development: Increasing self esteem

Personal development: Setting goals

Personal development: Transition from high school to college

Personal development: Critical thinking skills

Determining your career

How to find scholarships

Making the grade

Proper etiquette

Other: \_\_\_\_\_

10. Name your top college choice in the state of Tennessee: \_\_\_\_\_

11. Have you selected a major? If so, what is it? \_\_\_\_\_

12. Have you contacted the college of your choice for information?    Yes    No

13. Do you know the procedures to enroll in the college of your choice?    Yes    No

14. Please list your academic strengths and challenges:

Strengths:

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

Challenges:

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





## Student Personal Data Form

1. **Can you swim?**    Yes    No

*Be honest! We need to know for safety reasons. This will not affect your chances of being accepted into the UB Program.*

2. Within 3 months after graduating from high school, I plan to:

\_\_\_\_ Attend 2 year college

\_\_\_\_ Join the military

\_\_\_\_ Attend 4 year college

\_\_\_\_ Find a job and work

\_\_\_\_ Undecided

Other (please describe): \_\_\_\_\_

3. List your school and community activities (clubs, student government, athletics, organizations, etc.)

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4. Identify awards and honors you have received. \_\_\_\_\_

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5. Using the scale below, how would you rate your **academic ability** and **motivation**?

Academic Ability (please circle):    Poor        Below Average        Average        Above Average

Motivation (please circle):    Poor        Below Average        Average        Above Average

6. Describe any special interests or hobbies you have. What do you do after school and on weekends?

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7. Have you ever been convicted of a misdemeanor, felony or other crime?    Yes    No  
If yes, please attach a separate sheet to explain the nature of the incident(s).

8. Are you currently attending personal counseling sessions?    Yes    No

9. Have you met your community service requirement?    Yes    No

*Students with disabilities can request accommodations by contacting the UB office at 615-529-8581.*

## Fisk University Upward Bound Program – STUDENT CONTRACT

In order to participate in the Upward Bound Program, I agree to the following statements  
(Please initial all points):

- \_\_\_\_\_ I understand that Upward Bound is a college preparatory program and that by participating, I am agreeing to apply for, attend and graduate from college (2 or 4 year), or other post-secondary education.
- \_\_\_\_\_ I understand that Upward Bound is an academic program that assists me in my academic pursuits while in high school and will track my success during my college career.
- \_\_\_\_\_ I understand that while in high school, I will work with the UB advisor to develop, implement and update my individual Career & Academic Plan to meet my post-secondary education goals.
- \_\_\_\_\_ I understand that when first accepted into the Upward Bound Program, I will immediately complete a learning assessment and be placed on a 90-day probation period to ensure that I am actively participating and engaged.
- \_\_\_\_\_ I understand I am required to maintain a cumulative GPA of 2.5 or higher or I will be placed on Performance Alert with the Upward Bound Program.
- \_\_\_\_\_ I understand that I am to participate in service learning activities hosted by the Upward Bound Program each year.
- \_\_\_\_\_ I understand that I am to participate in scheduled workshops, field trips and cultural activities as advised.\*\***(Prior approval of absence from any activity must be granted by the Upward Bound staff in order to make up activities)\*\***
- \_\_\_\_\_ I agree to keep the Upward Bound staff informed of any extra-curricular activities that I am involved in and will work with the UB staff to ensure that I remain in good academic standing and maintain all requirements of the program.
- \_\_\_\_\_ I understand that I am required to attend an academic advising session **once per month** during the academic year, and a student/parent conference **twice per semester**.
- \_\_\_\_\_ I understand that I am required to attend the six week Upward Bound Summer Component.
- \_\_\_\_\_ I agree to behave in a mature and responsible manner with my parents, teachers, tutors, administrators, UB staff and my peers by following all community, school and Upward Bound rules, as well as show respect for myself.
- \_\_\_\_\_ I understand that if I do not perform according to the program's requirements, or if I break the contract, I may not receive my stipend, and I may be dismissed from the program.

I, \_\_\_\_\_ (print name) understand that I am agreeing to participate fully in all academic and social components of the Fisk University Upward Bound Program.

I further agree to comply with all rules and regulations established by the Director and staff of the Upward Bound Program.

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Student Signature

## PARENTAL PERMISSION AND SUPPORT CONTRACT

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
(PLEASE PRINT)

### Parental/Guardian Permission:

\_\_\_\_\_ has my permission to be a participant in the Fisk University Upward Bound Program. It is understood that I agree to his/her participation in all activities, whether academic, civil or recreational, both on and off the Fisk campus.

In case of an emergency during and official Upward Bound activity, I authorize my son/daughter to be treated by qualified medical personnel.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Parent/Guardian Support Agreement:

In order for my student to participate in the Fisk University Upward Bound Program, I agree to the following statements (Please initial all points):

\_\_\_\_\_ I understand that Upward Bound is a college preparatory program and that by applying to Upward Bound my student is agreeing to participate throughout their high school years, both during the academic year and six weeks in the summer.

\_\_\_\_\_ I understand that after high school graduation, my student will enroll in some form of post-secondary education.

\_\_\_\_\_ I understand that the Upward Bound Program is an academic program that assists and tracks students' progress in academic pursuits while in high school and throughout college.

\_\_\_\_\_ I understand that I am required to attend both Summer and Fall UB Orientations with my student.

\_\_\_\_\_ I understand that I am required to attend a parent/student academic conference once a semester.

\_\_\_\_\_ I commit to supporting my student by encouraging them to fulfill all requirements of the Upward Bound Program. This includes maintaining a 2.5 GPA per semester, attending scheduled Saturday sessions during the school year, extra tutoring when necessary, service learning projects, and other cultural activities.

\_\_\_\_\_ I commit to attending monthly Upward Bound Parent Support Committee meetings.

\_\_\_\_\_ I understand that I am responsible for informing UB staff of any changes regarding mailing address, email, and cell/home phone numbers.

\_\_\_\_\_ I commit to supporting my student's dream of post-secondary education.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## PARENTAL TRANSPORTATION CONSENT

If accepted into the Fisk University Upward Bound Program, I give my son/daughter \_\_\_\_\_ (print name of student) permission to attend and participate in program activities, which may include field trips, tutorial sessions and physical activities.

I also understand and acknowledge that transportation for field trips, academic enrichment sessions, conferences and other activities will be by bus, van, train, airplane, or private car. In consideration of these activities provided to my child, I hereby release the Upward Bound Program, Fisk University, Nashville, TN, and its employees from any claims for injury or damages arising out of my son's/daughter's participation, particularly for injuries or damages resulting from my son/daughter not following and adhering to the rules and policies of the program.

I give the Upward Bound Program permission to provide the necessary transportation to my child in order for him/her to participate fully in any related Upward Bound activities during the Academic or Summer Component.

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fisk University Upward Bound  
1000 17th Avenue N  
Nashville, TN 37208  
Ph: 615-329-8581

**Liability Release & Medical Information Form**

**To be completed by Parent or Legal Guardian:**

**Student Name:** \_\_\_\_\_ (Please print)

**Please note:** In permitting your son's/daughter's participation in the Fisk University Upward Bound Program summer residential component, your continued responsibility of his/her medical needs is expected; particularly concerning injuries and sickness. Consequently, this form is for you to acknowledge the following "liability release" statement and for you to provide medical information about your son/daughter to ensure further his/her safety during the summer.

**Medical Information:**

**Is your son/daughter taking any medication?  Yes or  No**

If "Yes" please complete the following statements:

Type of Medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

How frequently is the medication taken? \_\_\_\_\_

Name of doctor who prescribed the medication: \_\_\_\_\_

**Is your son/daughter allergic to any medication or food?  Yes or  No**

If "Yes" please explain: \_\_\_\_\_

**Does your son/daughter have any health problems that will impede or limit his/her participation in the program?  Yes or  No**

If "Yes" please explain: \_\_\_\_\_

**For emergency situations, please provide the names and phone numbers of two individuals whom we should immediately notify if we are unable to reach you:**

(1) Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

(2) Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

**Liability Release:**

**In the case of my son/daughter incurring an injury, sickness, or death while participating in the Fisk University Upward Bound Program, resulting in part or in whole or in any way directly or indirectly related to a non-negligent act, I will hold Fisk University, its Upward Bound Program and staff harmless from any claims and liabilities of any type whatsoever.**

\_\_\_\_\_  
**Printed Name of Parent/Legal Guardian**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Fisk University  
Upward Bound Program  
1000 17th Avenue N  
Nashville, TN 37208  
Ph: 615-329-8581

**Insurance Information & Emergency Care Authorization**

**To be completed by Parent or Legal Guardian:**

**Student Name:** \_\_\_\_\_ (Please print)

In emergency situations requiring medical attention, Fisk University Upward Bound will make every possible effort to contact parents. However, if the circumstances require immediate medical attention, either because of sickness or injury and a parent cannot be reached, medical services from a local physician or a hospital will be solicited. In such instances, parents are responsible for the medical costs. Neither the University nor the Program can assume the cost of medical services. Please complete the following questions regarding your medical insurance coverage:

**Do you have insurance coverage for your child?**  Yes or  No

- (a) Emergency room care    Yes    No                      (b) Surgical care?     Yes     No  
(c) Hospital medical care?     Yes     No                      (d) Accident care?     Yes     No

**Please provide the name and address of your Insurance Company and the requested information about your insurance policy.**

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_

Effective Date of Policy: \_\_\_\_/\_\_\_\_/\_\_\_\_    Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If you do not have a medical insurance policy, how would the medical expenses of your son/daughter be paid in case of an emergency or sickness?**

Please explain:

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

**Authorization for Emergency Medical Care:**

I hereby authorize an appointed Fisk University staff member to seek, obtain, and permit emergency medical treatment for my son/daughter in case of sickness or injury while participating in the Fisk University Upward Bound Program. Additionally, I (the undersigned) assume responsibility for the cost of medical services.

\_\_\_\_\_  
**Printed Name of Parent/Legal Guardian**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Fisk University  
Upward Bound Program  
1000 17th Avenue N  
Nashville, TN 37208  
Ph: 615-329-8581**

**RECORDS RELEASE FORM  
To Be Completed By Student and Parent**

**As indicated below:**

I hereby give my permission for the release of any records from my child's file to the **Fisk University Upward Bound Program**. [Parent or Legal Guardian]

I hereby give my permission for my child to participate in meetings with an **Upward Bound counselor** during school hours.

I hereby give permission for you to release any of my school records to the **Fisk University Upward Bound Program**. [Program Participant]

I authorize the release of school records from my son's/daughter's file that may be requested by the Fisk University Upward Bound Program. I understand that the U.S. Department of Education funds the Fisk University Upward Bound Program and will use these records to provide academic advisement for my son/daughter. I also understand that these records will be handled in a confidential manner and that they will be made available only to program staff and representatives from Federal and State Departments of Education.

This authorization is limited to the following records:

- Official School Transcript
- MNPS/Tennessee State or Other Assessments
- Test Results (PSAT, SAT, ACT, or other admissions or career preparation assessments).
- Basic Skills Test Results
- Attendance Record for 9<sup>th</sup>-12<sup>th</sup> grades
- Student grades/progress reports
- Information concerning disciplinary actions
- Individual Education Plan (IEP)

**Student's Name:** \_\_\_\_\_

**Student's School I.D. Number:** \_\_\_\_\_

**Parent or Guardian's Name:** \_\_\_\_\_

**Note: A photocopy of this record release form should be accepted as an original and the date indicated below has no bearing on when the information is requested by the Fisk University Upward Bound Program.**

\_\_\_\_\_  
Signature of Parent or Guardian (Required if student is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (Required if student is over 18)

\_\_\_\_\_  
Date

# COUNSELOR RECOMMENDATION FORM

Student: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The aforementioned student is applying to the Fisk University Upward Bound Program. The information requested will help us in determining the student's eligibility to participate. Please complete this form and return it to our office at your earliest convenience. Your cooperation is appreciated.

## Fisk University Upward Bound Program

1000 17th Avenue N  
Nashville, TN 37208  
Ph: 615-329-8581

**\*\*\*Please include a copy of the student's unofficial transcript with the form\*\*\***

Cumulative GPA: \_\_\_\_\_ Credits earned to date: \_\_\_\_\_ Credits required for graduation: \_\_\_\_\_

Attendance Record:    Excellent    Fair    Poor

Is student motivated to enroll in college after graduation? (Explain) \_\_\_\_\_

Type of post-secondary education:    4 yr college    2 yr college    Armed Forces    Vo-Tech school

Student's career interests: \_\_\_\_\_

Please give your perception of this student's academic potential. Include academic, social, and family factors:

Recommend courses or subjects in which the student needs credit or subjects in which the student would benefit from enhancement.

Writing    Reading    Math    Science    Foreign Language    Learning Skills    Career Information  
Educational Planning    Self-concept    Other: \_\_\_\_\_

Has this student ever been subject to school disciplinary action or suspension?    Yes    No

If yes, explain: \_\_\_\_\_

Is this student receiving instruction under an IEP?    Yes    No    If yes, please provide documentation.

In your opinion, what is this student's most significant academic need? \_\_\_\_\_

Counselor Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_