

IRSC SLC PROJECT UPWARD BOUND PROGRAM

HOW TO SUBMIT YOUR APPLICATION

Your application to SLC Upward Bound will not be processed until you have completely signed, dated, and returned the following to the SLC Project Upward Bound office {IRSC Main Campus, Building “C”, Room 204} or your high school counselor:

- I. Student Application:
 - A. Answer all questions and fill in all blanks
 - B. Parent and student must complete and sign the following:
 1. High School Information Authorization Release.
 2. Medical Authorization.
 3. Activity and Field Trip Authorization.
 4. Notarized the 1st Generation Affidavit.
 5. Student and parent must sign and date the application.
 6. Student Agreement.
- II. Submit (2) completed Teacher and (1) Counselor Recommendation Letters.
- III. Write an essay “Why I Want To Be An Upward Bounder”
- IV. Verify income by submitting a copy of your family’s **most recent** IRS 1040 or 1040A Tax Return. **[Please see reverse side for example of information needed]**. If your parent/guardian did not file a tax return, you must submit one of the following documents:
 - A. “Statement of Benefits”
 - B. An official governmental statement listing last year’s wages, salary, and or benefits.
- V. Provide a copy of your current high school Report Card.
- VI. Provide a copy of your transcript (*request from your high school guidance counselor*).
- VII. Provide a copy of student’s and parent’s Resident Alien Card (front and back) [*if applicable*].
- VIII. Indicate student’s Resident Alien# _____
- IX. Provide a copy of student’s social security card.
- X. Provide PERT scores in reading, elementary algebra, and English, if applicable.
- XI. Complete IRSC Application [online] (required){Please see enclosed flyer for instructions}**
- XII. Submit a completed Aptitudes Test
- XIII. Return this form with application on or before _____

PLEASE USE ITEMS I. THROUGH XII. AS AN APPLICATION CHECKLIST.

This is the portion of your most recent [2016] income tax return information that we need.

Only page 1 & 2.

SAMPLE

Page 1 should show the students name in the dependents section.

1040 Department of the Treasury - Internal Revenue Service **2013** U.S. Individual Income Tax Return

For the year 2013, ending 2013, ending

Your first name and initial Last name

If a joint return, spouse's first name and initial Last name

Home address (number and street), if you have a P.O. box, see instructions. Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/state/country Foreign postal code

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here.
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter the child's name here.
 5 Qualifying widow(er) with dependent child

Exemptions
 a Yourself. If someone can claim you as a dependent, do not check box b.
 b Spouse
 c **Dependents:**
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17, qualified for child tax credit (see instructions)
 If more than four dependents, see instructions and check here

Income
 7 Wages, salaries, tips, etc. (Attach Form(s) W-2) 7
 8a Taxable interest. Attach Schedule B if required 8a
 b Tax-exempt interest. Do not include on line 8a 8b
 9a Ordinary dividends. Attach Schedule D if required 9a
 b Qualified dividends 9b
 10 Taxable refunds, credits, or offsets of state and local income taxes 10
 11 Alimony received 11
 12 Business income or (loss). Attach Schedule C or C-EZ 12
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13
 14 Other gains or (losses). Attach Form 4797 14
 15a IRA distributions 15a b Taxable amount 15b
 16a Pensions and annuities 16a b Taxable amount 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
 18 Farm income or (loss). Attach Schedule F 18
 19 Unemployment compensation 19
 20a Social security benefits 20a b Taxable amount 20b
 21 Other income. List type and amount 21
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22

Adjusted Gross Income
 23 Educator expenses 23
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
 25 Health savings account deduction. Attach Form 8889 25
 26 Moving expenses. Attach Form 3903 26
 27 Deductible part of self-employment tax. Attach Schedule SE 27
 28 Self-employed SEP, SIMPLE, and qualified plans 28
 29 Self-employed health insurance deduction 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN 31a
 32 IRA deduction 32
 33 Student loan interest deduction 33
 34 Tuition and fees. Attach Form 8817 34
 35 Domestic production activities deduction. Attach Form 8803 35
 36 Add lines 23 through 35 36
 37 Subtract line 36 from line 22. This is your adjusted gross income 37

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2013)

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Form 1040 (2013) Page 2

Tax and Credits
 38 Amount from line 37 (adjusted gross income) 38
 39a Check You were born before January 2, 1949, Blind, Total boxes
 b Spouse was born before January 2, 1949, Blind, checked 39b
 40 Standard deduction for:
 a If your spouse itemizes on a separate return or you were a dual-status alien, check here 40
 b Itemized deductions from Schedule A or your standard deduction (see left margin). Subtract line 40 from line 38 41
 42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 41. Otherwise, see instructions 42
 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43
 44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44
 45 Alternative minimum tax (see instructions). Attach Form 6251 45
 46 Add lines 44 and 45 46
 47 Foreign tax credit. Attach Form 1116 if required 47
 48 Credit for child and dependent care expenses. Attach Form 2441 48
 49 Education credits from Form 8863, line 19 49
 50 Retirement savings contributions credit. Attach Form 8880 50
 51 Child tax credit. Attach Schedule 8812, if required 51
 52 Residential energy credits. Attach Form 5695 52
 53 Other credits from Form: a 3800 b 8801 c 53
 54 Add lines 47 through 53. These are your total credits 54
 55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55

Other Taxes
 56 Self-employment tax. Attach Schedule SE 56
 57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57
 58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58
 59a Household employment taxes from Schedule H 59a
 b First-time homebuyer credit repayment. Attach Form 5405 if required 59b
 60 Taxes from: a Form 8879 b Form 8860 c Instructions; enter codes 60
 61 Add lines 56 through 60. This is your total tax 61

Payments
 62 Federal income tax withheld from Forms W-2 and 1099 62
 63 2013 estimated tax payments and amount applied from 2012 return 63
 64a Earned income credit (EIC) 64a
 b Nontaxable combat pay election 64b
 65 Additional child tax credit. Attach Schedule 8812 65
 66 American opportunity credit from Form 8863, line 8 66
 67 Reserved 67
 68 Amount paid with request for extension to file 68
 69 Excess social security and tier 1 RRTA tax withheld 69
 70 Credit for federal tax on fuels. Attach Form 4136 70
 71 Credits from Form: a 2439 b 8840 c 8885 d 71
 72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72

Refund
 73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73
 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a
 b Routing number 74b
 c Type: Checking Savings 74c
 d Account number 74d
 75 Amount of line 73 you want applied to your 2014 estimated tax 75

Amount You Owe
 76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions. 76
 77 Estimated tax penalty (see instructions) 77

Third Party Designee
 Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Sign Here
 Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number
 Spouse's signature (if a joint return, both must sign) Date Spouse's occupation

Paid Preparer Use Only
 Print/Type preparer's name Preparer's signature Date Check a PPTN b
 Firm's EIN Firm's address Phone no.

Form 1040 (2013)

Page 2

Page 2 should have your signature on the signature line.
 If not signed, we can make a copy and you can sign it in the office.



INDIAN RIVER STATE COLLEGE
ST. LUCIE COUNTY PROJECT UPWARD BOUND



APPLICATION

NOTE: All information stated on this form is confidential. Complete all items on the application.

Name: Last First Middle

Mailing Address Home Phone #

Home Address City State Zip

Sex Age Date of Birth Social Security No.

U.S. Citizen: Yes No Legal Alien: Yes No Legal Alien #

High School Present Grade School Phone #

Student ID #

ETHNO/RACIAL BACKGROUND:

- BLACK (Other than Hispanic) WHITE (Other than Hispanic) HISPANIC
ASIAN OR PACIFIC ISLANDER AMERICAN INDIAN or ALASKAN NATIVE OTHER

PERSONAL: Please read each item carefully and respond as honestly as you can.

What area(s) of the Project Upward Bound Program are you most interested in?

- College Counseling Career Exploration Academic Counseling
Personal Enrichment Summer Bridge Program
After School Tutorial Program Dual Enrollment College Courses Field Trips
Workshops/Clinics Saturday Program Other

Indicate your strongest subject(s) in High School:

Two blank lines for subject input

Indicate your weakest subject(s) in High School:

Two blank lines for subject input

Indicate your Grade Point Average in High School:

How did you find out about Upward Bound?

- High School Counselor Religious Agency Student's Inquiry
High School Student Orientation Friends/Neighbors Other (Explain)
Community Action Agency Talent Search Project

Notification of Social Security Number Collection and Usage
Indian River State College is in compliance with FL Statute 119.071(5) regarding the collection and usage of Social Security numbers. Copies of the IRSC Notification of Social Security Number Collection and Usage document can be obtained from Student Services at all IRSC campuses and at the IRSC website at www.irsc.edu. Indian River State College does not discriminate on the basis of race, color, nationality, ethnicity, sex, religion, age, disability, sexual orientation, marital status, veteran status or genetic information in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Equity Officer & Title IX Coordinator ■ IRSC Main Campus ■ 3209 Virginia Ave ■ Fort Pierce, FL 34981 ■ (772) 462-7156

In your opinion, what are the major areas where you need assistance?

_____ Communication Skills _____ English _____ Literature _____ Science _____ SAT/ACT Prep
_____ Cultural Enrichment _____ Study Skills _____ Math _____ FCAT _____ Foreign Language

Have you traveled (check each response that applies)?

_____ outside of St. Lucie County _____ outside of Florida _____ outside of the U.S.A. _____ outside of the Southeastern States

If you checked one or more of the above, pick one and explain briefly. _____

Have you ever attended any of the following types of programs?

_____ Concert _____ Historic site/tour _____ Lecture (not class) _____ Play _____ Other

If you have checked one or more of the above, briefly discuss one.

Indicate the type of degree you will pursue in College.

_____ A.A. _____ A.S. _____ B.S. _____ M.A. _____ Ph.D.

List the organization(s) (school, civic, etc.) that you are a member of.

_____ Other _____

FAMILY BACKGROUND: Do either of your parents hold a college degree? Yes _____ No _____

Do you reside with your Mother/Father _____ Mother _____ Father _____ Other _____

Father/Guardian

Mother/Guardian

Name _____

Name _____

Address _____

Address _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Annual Income _____

Annual Income _____

FINANCIAL: Do you or your family receive assistance from one or more of the following? If so, indicate which you receive:

_____ Social Security _____ Welfare/A.F.D.C. _____ Food Stamps
_____ Public Assistance _____ Vocational Rehabilitation _____ Free or Reduced Lunch Program _____ Veteran's Benefits

Taxable Income as listed on tax return (Line 39): \$ _____ Number of persons living in household? _____

I certify that I did not file an Internal Revenue Tax Form (1040) last year and that my total house hold income was \$ _____

Signature of Parent/Guardian

Date

PROGRAM PARTICIPATION: Have you previously participated in or are currently a participant in the following Federal Programs?

_____ CROP _____ Upward Bound _____ Talent Search _____ EOC _____ Other

Do you have any disabilities? If yes, please explain.

HIGH SCHOOL INFORMATION AUTHORIZATION RELEASE

I _____ (Parent/guardian) authorizes Indian River State College Upward Bound Program to release confidential information about _____ Student Name to post secondary educational institutions for admission and educational planning. I also authorize Upward Bound permission to secure necessary records, report cards and student information from _____ High School pertaining to his/her (student named above) academic progress.

Parent/guardian Signature

Date

Student's Signature

Date

MEDICAL AUTHORIZATION

If medical services are needed by my son/daughter while participating in the Upward Bound Program or on field trips, I give my permission for my son/daughter to receive any medical services deemed necessary.

Date

Signature of Parent/Guardian

ACTIVITY AND FIELD TRIP AUTHORIZATION

As the parent/guardian of _____, I do willingly execute this student's name release in consideration of the educational benefit to be derived by my child in his/her participation in the **Upward Bound Program** from _____ to _____, a College sponsored activity. I hereby release from liability and hold the College harmless from any and all claims and causes of action which might be brought by my child for loss of property, personal injury or death sustained by my child arising out of any travel or activity conducted by or under the control of the College. It is understood that the College as used herein shall include the employees, administrators, agents, and Board of Trustees of the College.

I HEREBY APPROVE THE FOREGOING AGREEMENT AND JOIN IN THE FOREGOING RELEASE.

Date

Signature of Parent/Guardian

1st GENERATION AFFIDAVIT

Date _____

Student's Name

Social Security No.

TO WHOM IT MAY CONCERN:

This is to certify that neither (Parent/Guardian) did not graduate from a four (4) year college or university.

Parent/Guardian Signature

Social Security No.

Notary

SEAL

I understand that if I enroll in any phase of the Project Upward Bound Program, I will participate in activities, (seminars, group sessions, tutoring, field trips, cultural programs, etc.), designed to achieve my academic goals and promote cultural growth. I also certify that the above information is true and correct to the best of my knowledge.

Student

Parent/Guardian

Date

Date

Answer all questions. If a question does not apply to you, complete the blank with an N/A.
Return to: HIGH SCHOOL COUNSELOR

PLEASE ATTACH A COPY OF YOUR PARENT'S/GUARDIAN'S INCOME TAX STATEMENT, SOCIAL SECURITY, OR WELFARE BENEFITS STATEMENT FROM LAST YEAR.

ESSAY

"WHY I WANT TO BE AN UPWARD BOUNDER"

Student Signature

"You may attach an additional sheet if necessary to complete your essay."



STUDENT CONTRACT

I agree to participate in the Project Upward Bound program as outlined in the requirements listed below and as discussed with program staff.

1. I agree to regularly attend the After School and Saturday Programs. I understand that Project Upward Bound defines regular attendance as having no more than three unexcused absences in each of the programs during a nine-week grading period. An accumulation of three (3) unexcused absences will be reason for disciplinary actions up to termination from the Upward Bound Program.
2. Reasonable progress in course work is the basic objective of Project Upward Bound. If in the opinion of the Upward Bound staff that an effort to make progress has not been made (documented by progress reports, report cards, class room attendance and grades, test scores, etc.) I understand that I may be terminated from the Upward Bound Program.
3. I agree to attend Team Staffing meetings, counseling sessions, and other scheduled appointments with Upward Bound staff. The sessions and appointments will be determined by the Upward Bound staff, target school teachers and counselors, parents, and my need for counseling and guidance. These services will be provided for the purpose of assessing academic progress, scheduling needed services, and setting goals and objectives. I understand that I will be notified of the appointments and that attending is my responsibility. If I am unable to attend, I will call and reschedule the appointment.
4. I agree to attend field trips to cultural and educational activities throughout the year. Examples of activities may include but are not limited to art shows, concerts, plays, lectures, dinner theater, personal growth workshops, visits to museums, amusement parks, colleges and universities, sports events, science and research institutes, etc. These activities may or may not be sponsored by the Upward Bound Program.
5. I agree that I may be placed on academic warning if my 9-week grade point average drops below 1.90 and that if progress is not made and my grade point average does not improve to a minimum level of 1.90 by the next week grading period, I may be terminated from Project Upward Bound.
6. I agree to participate in career exploration and interest inventory activities. This may include the use of the career center at IRSC and other resources available through the program.
7. I agree to participate in individual and group testing (pre and post diagnostic assessments, PSAT, SAT, ACT reviews and testing, LASSI, etc.) to determine academic, cultural, vocational, and personal needs.

8. I agree to abide by the rules and regulations that are printed in the UB Student Contract, the Summer Residential Program's Housing Services, Regulation, and Guidelines booklet, or other printed or non-printed regulations that are established by the program.
9. I understand that "reasonable community standards" will be applied when a conflict or dispute arises regarding action(s) I may be involved in.
10. If in spite of my participation in all of the above requirements, I am suspended, expelled, or terminated from my target high school or the Upward Bound Program due to poor academic performance, poor attendance, or negative behavior, I understand that the Project Upward Bound Director may or may not approve my re-admittance into the Upward Bound Program. Readmission into Upward Bound under these circumstances will require recommendations from my target high school faculty, staff, administrators, Upward Bound staff, parents, and the Upward Bound Staffing Team. I further understand that the final decision on readmission will rest with the Director.
11. I understand that if I knowingly possess, handle, or transmit or is under the influence of any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, alcoholic beverage or intoxicant of any kind either before, during or after Upward Bound hours, at any Upward Bound function or event, nor shall any student possess, are under his or her control, sell or deliver any device, contrivance, instrument or paraphernalia intended for use or used in injecting, smoking, administering, or use any of the foregoing drugs narcotics or stimulants, I will be subject to disciplinary actions up to termination from the Upward Bound Program.
12. I understand that if I knowingly possess, handle or transmit a firearm of any kind, including but not limited to rifles, shotguns, and pistols, or a dirk sword, bayonet, or any fireworks, I will be subject to disciplinary actions up to termination from the Upward Bound Program.
13. I understand that if I am involved in stealing, damaging or destroying school or private property during or after Upward Bound hours, at any Upward Bound function or event, I will be subject to disciplinary actions up to termination from the Upward Bound Program.
14. I understand that if I refuse to give my name to a staff member or make threats against any staff member or is otherwise disrespectful or disobedient to a staff member, I will be subject to disciplinary actions up to termination from the Upward Bound Program.
15. I understand that if I leave campus or any other Upward Bound sponsored or non-sponsored event without written permission of the person in charge of checking out students, I will be subject to disciplinary actions up to termination from the Upward Bound Program.

16. I understand that if I incite other students with talk that knowingly will cause a serious disturbance, I will be subject to disciplinary actions up to termination from the Upward Bound Program.
17. I understand that if I continue to violate the rules that I may be suspended for cumulative offenses; for example, being in violation on more than two occasions and different methods of discipline and counseling have had no effect, I will be subject to disciplinary actions of suspension up to termination from the Upward Bound Program.
18. I understand that if I cut a class or fail to report for an assigned activity that I am subject to suspension from the Upward Bound Program.
19. I understand that tardiness will not be tolerated and will result in suspension from the Upward Bound Program.
20. According to Florida Statute 232.26, I understand that if I openly defy a staff member or fail to respond to a directive given by a member of the Upward Bound staff, I will be subject to disciplinary actions of suspension up to termination from the Upward Bound Program.
21. I understand that either the Program Director of Upward Bound or I may terminate this contract without obligation; however, I do understand that I may be asked to participate in follow-up studies at a later date.
22. I understand that Upward Bound requirements such as grade point requirements, etc., may be modified to improve services, streamline reporting methods, satisfy federal guidelines, and refine program goals and objectives during the year without prior notification to me.
23. I agree to enroll in (4) hours of English, (4) hours of mathematics, (3) hours of science, (3) hours of social studies, and (2) hours of foreign language courses consecutively each nine-week or grading period. I understand that each high school will determine the number of credits per subject that I will need to successfully complete to satisfy graduation requirements. I understand that I may be terminated if I fail to follow this course enrollment plan. I also understand that I may be terminated if I enroll in remedial, compensatory, preparatory, or exploratory courses at my high school. I understand that I should enroll in academic and or honor, AP, Pre IB, IB, or Dual Enrollment courses to increase my chance of being accepted into college.

Name

Home Phone or Cell Number

Home Address:

Street Address

City and Zip Code

High School

Phone #

Student Signature

Date

PUB Director's Signature

Date



**INDIAN RIVER STATE COLLEGE
SLC PROJECT UPWARD BOUND PROGRAM
HIGH SCHOOL TEACHER'S RECOMMENDATION**

_____ is _____ is not _____ being recommended to
Student's Name

participate in the Upward Bound Program.

How would you rate the Student's academic ability And motivation?	1	2	3	4
	Poor	Average	Average	Average
		Below		Above

Academic ability: _____ Motivation _____

What comments can you make regarding the applicant's ability to profit from a program such as Upward Bound?

Classroom Attendance: Regular Irregular

Teacher's Signature _____ Date _____

Please complete form and return to your school's Counseling Department. Please contact Reginald T. Floyd at 462- 7610 if you have questions regarding information contained on the form.



**INDIAN RIVER STATE COLLEGE
SLC PROJECT UPWARD BOUND PROGRAM
HIGH SCHOOL TEACHER'S RECOMMENDATION**

_____ is _____ is not _____ being recommended to
Student's Name

participate in the Upward Bound Program.

How would you rate the Student's academic ability And motivation?	1	2	3	4
	Poor	Average	Average	Average
		Below		Above

Academic ability: _____ Motivation _____

What comments can you make regarding the applicant's ability to profit from a program such as Upward Bound?

Classroom Attendance: Regular Irregular

Teacher's Signature _____ Date _____

Please complete form and return to your school's Counseling Department. Please contact Reginald T. Floyd at 462- 7610 if you have questions regarding information contained on the form.

**INDIAN RIVER STATE COLLEGE
SLC PROJECT UPWARD BOUND PROGRAM**

HIGH SCHOOL COUNSELOR'S RECOMMENDATION

_____ is _____ is not _____ being recommended to participate in
Student's Name
the Indian River State College Upward Bound Program.

Student's grade point average is _____

What is the student's high school curriculum? _____

Does this student intend to pursue post-secondary education? yes no

If no, why? _____

Intellectual ability and achievement:

How would you rate the student's academic ability and motivation?	1	2	3	4
	Poor	Below Average	Average	Above Average

Academic ability: _____ Motivation: _____

School Attendance: Regular Irregular

To your knowledge, has the student had any social, physical (health), or psychological problems?
 yes no

If yes, please explain _____

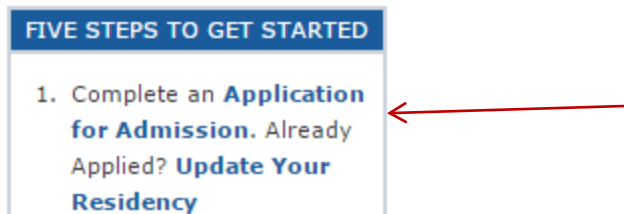
Required

Complete the IRSC APPLICATION ONLINE

Please go to the

IRSC Home Page and click on
"Apply to IRSC"

On the right side of screen, click
"Application for Admission"



Follow the directions and complete the first page and create your login.

Once you have finished go to the next page [Enrollment Intention] and do the following:

- Select **#7 – Dual Enrollment**
- Select the ***most current*** term
- I want to attend – select **"Main Campus-Fort Pierce"**

* Go to the next page and continue to follow the directions.

◆ Once you have completed the application, you will receive an IRSC Student ID number.

* When you receive your ID number, please bring it to the Upward Bound office or call 462-7610 the office and give it to one of the office staff.

Aptitudes

NAME: _____

It is recommended that you use the Aptitude Topic only if you have test scores from a recognized aptitude test (i.e., General Aptitude Test Battery or Armed Services Vocational Aptitude Battery (ASVAB)). Ask your counselor or occupational specialist how to use your scores.

Aptitudes are ratings of a person's ability to learn different skills and not based on what you already know. Aptitudes measure how easily you learn new skills. This topic finds occupation based on your ability to learn skills they require.

Level 1 Top 10% (high)

Level 2 Top 1/3 (above average)

Level 3 Middle 1/3 (average)

Level 4 Bottom 1/3 (below average)

Level 5 Bottom 10% (low)

Rate each APTITUDE FACTOR by placing an "X" by the level that is most true for you. If you use this topic, you don't have to use all the aptitude. Remember, 1 is high and 5 is low.

G. General Learning Ability (1__2__3__4__5__)

The ability to catch on and understand new things, reason and make judgments, or solve problems. This aptitude is closely related to doing well in school.

V. Verbal Aptitude (1__2__3__4__5__)

The ability to understand the meaning of words and how to use them, explain complicated ideas to others or express ideas verbally or in writing.

N. Numerical aptitude (1__2__3__4__5__)

The ability to work quickly and easily with numbers, collect money, make change balance a checkbook or budget, make accurate measurements, prepare tax returns.

S. Spatial Perception (1__2__3__4__5__)

The ability to understand how objects are put together to create a finished product read blueprint, imagine how objects look unfolded, in three dimensional drawings or solve geometry problems.

P. Form Perception (1__2__3__4__5__)

The ability to see likeness and differences in shapes and details in objects patterns, inspect objects for flaws, grains and textures or notice minor things more people miss.

Q. Clerical Perception (1__2__3__4__5__)

The ability to check numbers and words quickly to see if they are correct or to see differences in numbers and words, proofread and check for mistakes in adding and subtracting, typing materials without mistakes.

K. Eye-Hand Coordination (1__2__3__4__5__)

The ability to match eye and hand movement quickly and correctly, thread a needle, type on a keyboard, use a cash register, hitting a ball with a bat or fixing small parts and object.

F. Finger Dexterity (1__2__3__4__5__)

The ability to move fingers and to handle small objects quickly and correctly or play a musical instrument.

M. Manual Dexterity (1__2__3__4__5__)

The ability to move hands easily and skillfully especially when putting things into place, using hand tools, using hands during emergencies, tuning small dials or picking up things.

Choices will suggest occupations with aptitude level the same as, or lower than yours.

At the computer, you can check the box, “only match the selected factors”, and only occupations that match your selection will be suggested

**SLC Upward Bound
Medical Record**

Student's Name: _____ Date of Birth _____

Age: _____ Social Security # _____

Address: _____
Street City State Zip Code

Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) Home or Cell Phone#: _____ Work Phone: _____

EMERGENCY PHONE NUMBER WHERE PARENT/GUARDIAN CAN BE REACHED: _____

What medication(s) are you taking?

Name	Dosage
_____	_____
_____	_____

Name of physician, which prescribed the above medication(s), if different from family physician.

Name Phone

Do you suffer from any of the following? (*Indicate by circling*)

Headaches	Stomachache	Earache
Toothache	Muscle Spasm	Dizziness or Fainting
Cramps	Asthma	Nausea & Vomiting
Epilepsy	Nose Bleed	Convulsions

Other (*please list/explain*): _____

What hospital does your family use?

What physician should we notify in case of illness?

Phone

PLEASE COMPLETE ONE OF THE TWO SECTION LISTED BELOW IF YOUR CHILD IS COVERED BY INSURANCE

THROUGH MY EMPLOYER

Insured's Name: _____

Insurance Company: _____

Insurance Company Address: _____
Street City State Zip Code

Group Policy Number: _____ ID# or Certificate# _____

Employer Name: _____

Employer Address: _____
Street City State Zip Code

MY OWN PRIVATE PLAN

Insurance Company: _____

Insurance Company Address: _____
Street City State Zip Code

Policy # _____ Plan Type or Code#: _____ Any Other ID#: _____

Student's Name: _____ Date of Birth: _____ Age: _____

Address: _____
Street City State Zip Code

Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) Home or Cell Phone#: _____ Work Phone: _____

IF MEDICAL SERVICES ARE NEEDED FOR MY SON/DAUGHTER WHILE PARTICIPATING IN THE UPWARD BOUND PROGRAM OR ON FIELD TRIPS, I GIVE MY PERMISSION FOR MY SON/DAUGHTER TO RECEIVE MEDICAL SERVICES DEEMED NECESSARY.

Parent/Guardian Signature

Date

Student Signature

Date

=====
For SLC Upward Bound Office Only
=====

Date Received: _____