



UPWARD BOUND

Updated Contact Information

We recognize that information can change. Please complete this form to ensure the Upward Bound Program has the most up-to-date contact information.

Student's Name: _____

Personal Email (gmail, yahoo, etc): _____

Cell Phone: _____ **T-Shirt Size:** _____

Address: _____

City

State

Zip

High School Name: _____

Grade in School: _____

Parent/Guardian 1 Name: _____

Personal Email (gmail, yahoo, etc): _____

Cell Phone: _____ **Secondary Phone:** _____

Parent/Guardian 2 Name: _____

Personal Email (gmail, yahoo, etc): _____

Cell Phone: _____ **Secondary Phone:** _____

UPWARD BOUND

Emergency Contacts Medical History Consent for Treatment

Emergency contact and medical information is critical to ensure Upward Bound acts rapidly in the case of an emergency.

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

Primary Emergency Contact: _____ Relationship to Student: _____

Cell Phone: _____ Secondary Phone: _____

Secondary Emergency Contact: _____ Relationship to Student: _____

Cell Phone: _____ Secondary Phone: _____

List any medical illnesses, concerns or religious preferences that the Program needs to be aware of:

List any allergies to any medicine and other foods or substances: _____

List any medicine or drug student takes regularly and dosage: _____

Authorization to Administer Medication Waiver

My signature below authorizes my child to self-administer the above stated medication or any other medication prescribed for any medical condition as a participant of the Purdue Northwest Upward Bound Program. He/she is capable and responsible and of sound mind. Upward Bound is exempt from any/all liability in regard to this waiver. I hereby grant permission for the information provided to the Upward Bound Program with my consent to be used if necessary as an aid to provide health care while my son/daughter is a student in the Upward Bound Program.

- UB staff **may** give my child over the counter medication (Tylenol, Tums, Ibuprofen, etc.)
- UB staff **may NOT** give my child over the counter medication (Tylenol, Tums, Ibuprofen, etc.)

Signature of Parent/Guardian

Date

Primary Physician & Insurance Information (complete as applicable)

Name of Primary Physician

City where he/she is located

Health Insurance Provider

Policy Number (if known)

Medical Treatment Authorization for Minor

This following authorization is written and prepared by the Office of Risk Management at Purdue University. The memo was last revised on 05/29/2020 BT&MK.

I am the parent or legal guardian of _____ **[insert full name of student]**, a minor whose date of birth is _____ and who is enrolled in an activity at or is a student at Purdue University ("Purdue").

If while participating in activities sponsored by or conducted in association with or under the auspices of Purdue, or while on Purdue property, said minor or student requires emergency medical treatment of any kind, I hereby authorize Purdue (including its employees, agents and representatives) to provide or obtain such treatment, either at facilities owned or managed by Purdue or at hospitals, clinics or other health care providers which provide the required treatments. This authorization and consent encompasses all reasonably necessary medical care required by such emergency, including but not limited to medical transport, hospital tests (such as pathology or radiology), anesthesia, surgery, and administration of prescription drugs.

I assume full responsibility for all medical expenses incurred as a result of such emergency treatment.

If minor is a Purdue student this authorization will expire on said student's eighteenth birthday.

EXECUTED this _____ day of _____, 20____ .

Signature of Parent/Guardian

Printed name of Parent/Guardian

UPWARD BOUND

High School & Postsecondary Records Acknowledgement Form

The Upward Bound Program is a federally-funded program that is required to track student academic progress in high school and beyond.

I acknowledge that the Purdue University Northwest Upward Bound Program's purpose is to prepare me for success in postsecondary educational institutions. As a federally-funded program, Upward Bound must abide by the U.S. Department of Education's rules and regulations in regards to tracking former Upward Bound students (Authorization: U.S. Department of Education: EDGAR 34 CFR Part 645.32 (b)(4) and (b)(5)). As such, I understand Upward Bound's obligation in tracking its former students through their first six (6) years following the end of their high school graduation.

By virtue of this release, I am aware that the Upward Bound Program will:

- Request and collect my enrollment and academic records from my high school.
- Track my postsecondary progress using the National Student Clearinghouse, a database used by colleges and universities to report the enrollment of students. The program may use other forms of confirmation, including but not limited to: outreach to me, outreach to former school counselors, or outreach to the college or university I am or was enrolled.

Therefore, I hereby authorize the Purdue University Northwest Upward Bound Program staff access to my enrollment and academic status while (1) I am an active participant and (2) through six (6) years following the end of the my high school graduation:

Name of High School _____

Planned /Anticipated High School Graduation (Month and Year) _____

Print Full Name of Student

Signature of Student

Date

Signature of Parent

Date

Photo/Video Release Form

This following release is written and prepared by Marketing & Communications (www.pnw.edu/marketing-communications/). The memo was last revised September 2019.

I, _____ (please print), grant permission to Purdue University Northwest and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Purdue University and Purdue University Northwest, and the institutions' legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements and audio comments that were given during an interview or guest lecture, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

I acknowledge that I am at least 18-years-old
 the legal guardian of the following

If legal guardian of model(s), please list name(s) here:

Purpose of Photo/Video: *Upward Bound program participant*

Signature (of student): _____

Signature (of legal guardian): _____

Date: _____

Address: _____

Email: _____

Phone: _____

UPWARD BOUND

Stipend Policy for AY 2020-21

You earn cash by participating. Be active in Upward Bound and earn money for investing in your own success!

Students are eligible to receive up to \$140 per semester, or \$40 per month. Each semester is comprised of 14 weeks of programming, or 3.5 months.

Stipend Amounts will depend on the following criteria:

- **Online Attendance:** Must attend all (5) Fall 2020 Saturday Academy dates.
- **Online Participation and Assignments:** Must be an active participant in class and turn in all assignments from Saturday School.
- **Special Programming:** Must attend 5 out of 7 special programming events.
- **Online Tutoring:** You must utilize 4 tutoring sessions per month.
- **Online Behavior:** Must be an active participant during class and not cause disturbances while online.

In addition, the following forms must be submitted to accompany this Stipend Policy.

- **W-9**
- **Payee Certification**

The Upward Bound Program must have updated copies of the W-9 and Payee Certification forms to successfully process stipends. Payments will be given in the form of a check at the end of each semester. Checks are printed by the West Lafayette campus, and can take up to eight weeks to receive after the completion of the semester.

By signing this policy agreement, I understand that participation in programming is curical to recieve the full benefit of the Upward Bound Program. I have read and understand the Upward Bound Stipend Policy.

Student Name (Print) _____ Date: _____

Student Signature _____

Parent/Guardian (Print) _____ Date: _____

Parent/Guardian Signature _____

UPWARD BOUND

STUDENT EXPECTATIONS AGREEMENT

The Purdue Northwest Upward Bound Program offers a unique opportunity to each participant. At the same time, the students and parent/guardian(s) must also realize that the hard work and firm commitment to participate in all program activities is necessary. Each student and parent/guardian(s) must be sincerely committed to the Upward Bound's strong academic, cultural, and recreational programming. We, the student and parent/guardian(s) are committed to supporting the Upward Bound Program's requirements, and we agree to adhere to the standards referenced below.

WE, THE STUDENT (PRINT NAME) _____ AND PARENT/GUARDIAN(S), _____ UNDERSTAND THAT AS PART OF THE STUDENT'S ACTIVE INVOLVEMENT IN UPWARD BOUND, FULL PARTICIPATION IS REQUIRED TO PROMOTE ACADEMIC SUCCESS AND ENROLLMENT IN A POSTSECONDARY PROGRAM.

AS THE STUDENT,

- I commit myself to reach my top academic potential.
- I commit myself to engage with program instructors and tutors.
- I commit myself to be friendly, helpful, and respectful with others in the program.
- I commit myself to learn and engage with program staff (instructors, tutors, and staff).
- I commit myself to maximize all my Upward Bound resources including, tutoring, SAT/ACT preparatory bootcamps, cultural events, and other special topic programming.
- I commit myself to fully participate in the Upward Bound Program until I graduate from high school.
- I commit myself to obtaining a high school diploma, and enter and complete a postsecondary program.
- I commit myself to abide by all Purdue Northwest and Upward Bound rules and regulations.

We, the student and the parent/guardian(s), are committed to the Upward Bound Program!

My signature below is my commitment to abide by the content of this agreement for the entire duration of my "active" student status and tracking participation in the Upward Bound Program. As a student, I am committed to supporting the Upward Bound Program requirements and agree to abide by the standards stated above.

Student's Signature _____ Date _____

My signature below is my commitment to abide by the content of this agreement for the entire duration of my "active" daughter/son's status and tracking participation in the Upward Bound Program. As a parent/guardian, I am committed to supporting the Upward Bound Program requirements and agree to abide by the standards stated above.

Signature of Parent/Guardian _____ Date _____

The signature below represents Upward Bound's commitment to this agreement, professional responsibilities, and to the Upward Bound funding grant requirements and agrees to abide by the standards stated above.

Signature of Upward Bound Director _____ Date _____

UPWARD BOUND

Technology User Policy Agreement

The Purdue University Northwest Upward Bound Program has laptops that may be checked out at no cost to the students enrolled in the Upward Bound Program.

- The Upward Bound staff will set terms of the equipment loan contract. In exceptional circumstances, the Director or Assistant Director may extend the return date. The contract will specify both checkout and return dates. The longest period of checkout time is one summer. If the item is not returned promptly, the privilege of using Upward Bound equipment may be revoked.
- Equipment is available on first come, first served basis to Upward Bound students in good standing. We have limited numbers of equipment to loan.
- PNW nor Upward Bound provide internet access for the laptops. You can arrange for internet access on the laptops through private Internet Service Providers.
- You are responsible for the equipment at all times. Allowing any other individual access to the equipment will disqualify you from access of equipment. All equipment should be kept out of the reach of children.
- Equipment must be kept secure at all times and cannot be left in vehicles. Please remember that laptops are easily stolen, can be damaged if left in the sun, frozen, or exposed to liquids.
- You can be held responsible for the replacement of all damaged, lost, or stolen equipment and/or accessories/parts. (This excludes normal wear and tear.) This can result in a reduction of your stipend and/or being denied future access of equipment.
- If the equipment is stolen, you must notify the police and an Upward Bound staff member immediately. You must produce a copy or receipt of the police report to the Upward Bound office within 5 working days of the theft. You must also inform the police the equipment belongs to the Purdue University Northwest Upward Bound Program.
- Any problems with the equipment or accessories must be reported immediately to the Upward Bound office.
- The installation of software other than what is on the system is prohibited unless individually authorized in writing by the Upward Bound Program.
- Any evidence of "hacking" or other illegal activities while using the computer can result in legal action and/or dismissal from the Upward Bound program.
- The Upward Bound program reserves the right to review any material stored in the files and to remove any material that remains on the computer at any point in time, including at the end of a participant's use of the computer.

I understand the terms described above and agree to the conditions as outlined. I fully understand that it is my responsibility to take care of this equipment while it is assigned to me, and that I can be held liable for the replacement of any parts that are broken, lost or stolen.

Student Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Return Date for Equipment: _____

Staff Signature _____ Date: _____