SUPPLEMENTAL APPLICATION

Upward Bound is a FREE college preparatory program for first-generation and income-qualified students from the select target high schools of Loris High School and Carvers Bay High School. The program is federally funded through the U.S. Department of Education. The services of the Upward Bound Programs assist students in exploring college and career opportunities, preparing them to enter and succeed in postsecondary education upon graduation from high school. During the academic year, Upward Bound participants attend weekly tutoring sessions and mandatory monthly College Preparatory Saturday Sessions where they are provided with information about college, careers, study skills, financial aid, financial literacy, and standardized test preparation, as well as participating in cultural/enrichment activities. The program provides individual academic counseling and advising in target high schools. Upward Bound participants also attend a six-week academic summer program on the Horry Georgetown Technical College, Conway campus.

All Upward Bound services are FREE to participants.

For questions or additional information, please contact us at:
Upward Bound Program
Horry Georgetown Technical College
PO Box 261966
Conway, SC 29528-6066
843.349.7843 Phone
843.349.7573 Fax
upwardbound@hgtc.edu
TO AVOID MISUNDERSTANDINGS...

It is very important to us that students applying to this program understand the essential aspects of the Horry Georgetown Technical College Upward Bound Program. We consider it a wonderful opportunity for all students but experience has taught us that the students who have most enjoyed our program came in with a basic understanding of its structure and purpose. For this reason, we ask that you initial each of the following statements and sign below. We also ask that your parent(s) or guardian(s) read this through with you and sign below.

____ I understand that this program will help me prepare for a four-year college while exposing me to the opportunities available at Horry Georgetown Technical College and other campuses.

____ I understand that the program emphasizes discipline. I understand this means that I will be supervised constantly by administrators, teachers and program staff.

____ I understand that the program includes a rigorous academic curriculum such as Classroom Instruction, Tutorials, Saturday Enrichment Academy; structured class each week for 6 weeks during the summer.

____ I understand that I must attend school on a regular basis, complete homework and tests or be dismissed from the Upward Bound Program. This expectation covers the Academic Year and Summer Component.

____ I understand that I will be expected to regularly participate in Upward Bound activities OR I MAY BE TERMINATED FROM THE PROGRAM.

____ I understand that I will be expected to follow program rules, policies and regulations during my entire participation in Upward Bound.

____ I understand that the program may, at times, include physical recreation and certify here that I do not have any physical condition that limits my participation. Further, should physical limitation become necessary, I will notify the Program Director, in writing, with specifics.

____ I understand I am required to dress according to the guidelines set for program functions. If I arrive in inappropriate dress, I may be sent home that day.

Student Signature: ___________________________ Date: ________________

Parent Signature: ______________________________ Date: ________________
Academic Year Contract

This is my personal contract with the Upward Bound Program at Horry Georgetown Technical College, from now through my graduation from the program. I hereby agree to participate and represent the program under the following guidelines:

- I will commit to serve as a participant through graduation from high school.
- I will attend at least 80% of the After School Tutorial (AST).
- I will attend at least 80% of the Saturday Enrichment Academies (SEA).
- Contact the Upward Bound staff as soon as possible if I am unable to attend any required program functions.
- I will not miss more than two (2) days of school per nine (9) weeks, unless ill.
- I will enroll in college preparatory classes.
- My goal is to maintain a 2.5 or above GPA in all of my academic classes.
- Should my GPA fall below a 2.5, in addition to AST and SEA, I will attend tutorials weekly and see my teacher for extra help.
- In the event that I maintain a 2.5 GPA, but earn a grade of D or below in any subject, I will, in addition to AST and SEA, attend tutorials.
- I will be responsible for informing my instructors and Upward Bound staff when having problems in any of my academic classes.
- Take the ACT or SAT in the spring of my junior year and beginning of senior year.
- I understand that Upward Bound is a college preparatory program and state that upon graduation from high school it is my sincere intention to go on to post-secondary education (college).
- Abide by all Upward Bound policies and procedures. I understand that I can be dropped from this program for not meeting any of these requirements. I am eligible to receive full stipend benefits from Upward Bound if I fully participate in all academic, tutoring, and advising services that are required of me.
- Areas where I need strengthening, instruction and tutorial help are:
  a. _______________________________
  b. _______________________________

Attitude, conduct and performance will be evaluated each nine (9) weeks to determine how serious students are in their preparation for post-secondary education. Students who are not committed to Upward Bound or are unable to complete the specified requirements should strongly evaluate whether or not post-secondary education is important or attainable for them. If not, we strongly suggest other alternatives.
Behavioral Contract

1. I agree to listen to the counselor/chaperones/instructors at all times.
2. I will not wear:
   a. Baggy/sagging clothing or revealing clothing at any time
   b. Clothing with derogatory comments, words, images and/or signs
3. I will refrain from using profanity at all times.
4. I will respect myself and others at all times (i.e. negative comments)
5. I will present a positive attitude toward learning and behave in a manner that is socially acceptable in an academic setting.
6. I will respect all Horry Georgetown Technical College physical property such as classroom furniture, computers and all other equipment which I may come in contact with.

Please be aware that not abiding by the above rules will be approached as follows…

FIRST OFFENSE….Warning.

SECOND OFFENSE….Suspended from the next cultural activity or educational activity and group conference with staff.

THIRD OFFENSE….Group conference for determination of suspension or termination.

____________________________________   ______________________________________
Student Signature                          Upward Bound Director

____________________________________   ______________________________________
Parent Signature                           Upward Bound Counselor
TO THE HORRY GEORGETOWN TECHNICAL COLLEGE UPWARD BOUND PROGRAM:

Permission and Release Consent

I/We (circle one) ______________________ and ______________________ do hereby authorize you to release information from the comprehensive and cumulative school records of my/our child, __________________________ (student’s name) such as grades, class, rank, school attendance, school activities, teacher evaluations, standardized test scores, academic performance and forwarding of official transcripts, to bona fide representatives of the secondary schools, accredited colleges, Horry Georgetown Technical College Upward Bound Program for Upward Bound data collection/follow-up and general informational purposes. This information can be released when the student mentioned above is in regular enrollment or when the student has transferred to a new location.

My/Our, son/daughter, ________________________ (student’s name & SS#) has my/our permission to participate in the Horry Georgetown Technical College Upward Bound Program for the summer (June-July-August) and the Academic components (September-May).

Physical Conditions
I/We will notify the Program Director in writing of any physical, medical or dental problems my/our child has had that will limit his/her activities.

Picture Release
I/We give permission for __________________________ (student’s name) picture to be taken in connection with the activities of the Project: Upward Bound at the Horry Georgetown Technical College, and its agencies to be used in newspapers, television, magazine articles, the Upward Bound Facebook and Instagram pages for student/parent enjoyment and to show off accomplishments of our UB participants.

Parent Participation
I/We understand that in order for my/our son/daughter to participate, I/We may be asked to participate in Upward Bound activities during the year.

Parent Visitations
I/We understand that I/We am/are welcome at all times to visit the campus, inspect facilities, observe activities, and confer with the Program Director, Faculty, and staff.

I/We, certify that I/We am/are the parent(s), custodial parent(s), or guardian(s) of ________________________ (student’s name) and that I/We signed this release form of the Horry Georgetown Technical College Upward Bound Program on the ________day of ___________, 20____, in the presence of the applicant.

Parent/Guardian(s) Signature ____________________________ Date________________

Parent/Guardian(s) Signature ____________________________ Date________________

Student Signature ____________________________ Date________________
Statement of Confidentiality and Understandings

• **Statement of Confidentiality** – The personal information you give to the Director of Upward Bound may be sent to the Department of Education. The Privacy Act protects the information. No one may see the information unless he or she works with or for the Upward Bound Program, or is specifically authorized to see the information. The information is necessary to determine if the applicant is eligible to participate in the program and helps the federal government to measure your success. The Department of Education has the authority to gather information to help make Upward Bound a better program. If you do **not** give this information to the Upward Bound Program and the Department of Education, you **cannot** receive any benefits from the program.

• We recognize that the Upward Bound Program is a major investment by the U.S. Department of Education and we understand that if the student is accepted and wishes to attend, he or she will be required to be in attendance the **entire academic year** (nine months) and **summer program** period (six weeks). Under **very special** circumstances, exceptions may be made. Contact the Director if you have any questions/conflicts.

• We understand that should students sign up for events, field trips, conferences, etc. and **not show up without officially cancelling his/her attendance within 48 hours** to allow the program the opportunity to invite another student in your place, **students may not be allowed on future trips**. Your 48-hour advance cancellation of your attendance to an event, field trip, conference, etc., assists the program in making good use of funds.

• We agree that photographs of the student taken during the program, papers written by the student during the program, and similar items may be used in reports and public information materials. We further agree to allow Upward Bound to release, for educational and/or promotional purposes, photographs and video recordings, with or without audio, of program activities involving the student.

• We agree to cooperate with the UB program staff in follow-up activities, **including the release of needed school records**. These follow-up activities will continue throughout high school and college.

CERTIFICATION and AGREEMENT: I(We) hereby certify (1) that I/we have read the Statement of Confidentiality and (2) that the information provided or amended in this application is true and correct to the best of my(our) knowledge.

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<thead>
<tr>
<th>Printed Name of Student</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Printed Name of Parent/Guardian</td>
<td>Signature</td>
<td>Date</td>
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Consent for Medical Treatment

In case of an emergency during participation in Upward Bound activities, it may be necessary for a physician to provide medical care for your child. Such care can be provided only if you sign the following authorization for medical treatment.

I will allow the HGTC Upward Bound Staff to have Consent for Medical Treatment so that they may obtain necessary treatment on my child’s behalf in case of sickness, accident, or other emergency.

Minor Participant’s Name: __________________________________________________________

Parent/Guardian Name: __________________________________________________________________

Does this child have health insurance? (Please circle.) YES NO

Insurance Company: __________________________________________ Policy Number: ____________

Policy Holder’s Name: __________________________________________________________________

Policyholder’s relationship to minor participant (mother, father, etc.): __________________________

So that the Upward Bound staff may be prepared for any special considerations that your child may have while participating in any activities, list any medical problem he/she has that may affect his/her ability to participate in any aspect of the program. For example, allergies, asthma, diabetes, high blood pressure, etc.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Emergency Contact Person #1: ________________________________________________________________

Relationship to minor: __________________________ Phone Number: ___________________________

Emergency Contact Person #2: ________________________________________________________________

Relationship to minor: __________________________ Phone Number: ___________________________

Emergency Contact Person #3: ________________________________________________________________

Relationship to minor: __________________________ Phone Number: ___________________________