



# TRIO UPWARD BOUND CLARION UNIVERSITY of PA

## 2022 Summer Academy Packet

Please read the following carefully:

- Remove this cover sheet from the packet before submitting.
- Print legibly on the enclosed forms. Use black or blue pen.
- Please complete both sides if needed. Fill in all the blanks and sign where required.
- Because of the structure and cost of the summer program, students are expected to be present every day of scheduled classes and activities. Except for illnesses, no absences from classes are permitted aside from those listed on the Predicted Absences form unless parents/guardians submit a request to the Upward Bound office in advance.
- **Summer dates are June 13 - July 22.** During the week of June 13 – 17, you will be bused for classes from the Campus Day pick up locations to Clarion Campus. The residential component at Clarion main campus and the big trip are scheduled for June 19 – July 22. You must complete each component in order to participate in the next. For example, you must attend June 13 - 17 to be eligible for the residential component and successfully complete the residential component to attend the big trip. **In the event of continued COVID restrictions, the summer 2022 program will adapt and transition to a hybrid experience. Forms for the hybrid experience are included in the application.**
- If you have any questions about the forms or need additional information, please contact our office at 814-393-2342.
- Return this application directly to the Upward Bound office by **Saturday, April 23, 2022**. Depending upon enrollment, applications received after this date may not be considered. Please turn in your paperwork as soon as completed. Summer 2022 meeting will be held during Campus Day on **Saturday, May 14, 2022**.
- If you are **not** planning to attend the Summer Academy, *please do not* fill out the paperwork. If you fill out the paperwork, rooms and meals will be arranged for you. If you do not attend and did not cancel, Upward Bound may send you a bill for non-refundable items and/or services purchased in your name.

Please **DO NOT** give completed forms to your guidance counselor!  
You **MAY GIVE** the completed application to Mr. Griffin or Mrs. Weibel.



NAME: \_\_\_\_\_

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

STREET ADDRESS

CITY

STATE

ZIP

Phone number: \_\_\_\_\_ Student cell number: \_\_\_\_\_

What grade will you be in during the **2022-23 school year?** (*Please circle*)      10      11      12

This summer will be your \_\_\_ summer at Upward Bound.      1<sup>st</sup>      2<sup>nd</sup>      3<sup>rd</sup>      4<sup>th</sup>

What T-shirt size do you prefer? (*Please circle*)      S      M      L      XL      2XL

- Please circle the science class(es) that you are **scheduled (plan) to take during the 2022-23 school year:**

Earth Science    Biology      Chemistry      Physics      Biology II      Ecology  
Chemistry II    Physics II      Other \_\_\_\_\_

- Please **draw a line through all the science classes you have completed** (grades 9-11 only), including the one(s) you are currently taking:

Earth Science    Biology      Chemistry      Physics      Biology II      Ecology  
Chemistry II    Physics II      Other \_\_\_\_\_

- Please circle the math class(es) that you are **scheduled (plan) to take during the 2022-23 school year:**

Business/General Math      Algebra I      Geometry      Algebra II  
Trigonometry      Pre-calculus      Calculus      Other \_\_\_\_\_

- Please **draw a line through all the math classes you have completed** (grades 9-11 only), including the one(s) you are currently taking this year:

Business/General Math      Algebra I      Geometry      Algebra II  
Trigonometry      Pre-calculus      Calculus      Other \_\_\_\_\_

- Please list the foreign language class(es) below that you have completed, including the one(s) that you are currently taking:

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

- Please list classes you will be taking in 2022-23:

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

What are your current plans following your high school graduation (including postsecondary school, major, career)?

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

Do you have other obligations during this time (job, babysitting...)?

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**You will be **assigned** a roommate for the Summer Academy.**  
**Please answer the following questions to assist us in making this decision.**

Rate your housekeeping style by checking the category that best fits you.

- I like to keep things clean, neat, and organized.  
 I like things to be clean, but sometimes I am disorganized.  
 I do not like to clean my room, and I am famous for my state of disorganization.

If you could pick your ideal roommate, who would you pick? (NOTE: *This person must also write only your name down for the two of you to be roommates. We reserve the right to make changes regarding these arrangements.*)

I would like to share a room with \_\_\_\_\_

**Please let us know of any other residential concerns:**

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### **Student Groups**

Please check if you are interested in working on either of the following:

- Yearbook:** Students will create an Upward Bound yearbook using digital photography and desktop publishing skills --take photos, write captions, lay out the design, and have it ready to print at the end of the summer program.
- Special Events:** Students will plan the Bridge banquet, the alumni reception and other events to be determined (talent show, pet show, etc.).

### **SUMMER 2022 Hybrid Access:**

Do you have reliable internet to access the summer program?      YES      NO

How are you normally connecting to the internet?

Phone      Tablet      Laptop      Other

Please list device, so we can determine compatibility with platforms:

\_\_\_\_\_

Do you share this device with others?      YES      NO

**Upward Bound Hybrid Academic Summer Academy 2022**  
**Online Meeting Permission Form**

I give permission for my child(ren) to interact with Upward Bound staff and fellow classmates using Zoom or other applicable online platforms (Google, YouTube, Method Test Prep, etc.), including permission to use the microphone and camera.

I understand that online sessions may be recorded by UB staff only and that occasionally these recordings may be shared with other Upward Bound students.

I understand that students under the age of 18 should not go to [www.zoom.us](http://www.zoom.us) or other website or app store to download the app or create an account because: (i) they should only be joining Zoom meeting sessions as participants (not separate account holders) and (ii) minors are not permitted to create an account per Zoom's Terms of Service.

I understand that as parent or guardian, I am responsible for supervising the suitability of my child(ren)'s online access, communication and the setting (wherever distance learning is taking place). This includes ensuring a quiet, safe space to meet (in an appropriate room), wearing appropriate clothing, and no age-inappropriate background noises, visuals, or images. I understand that only my child(ren) will join the meeting, and that adults and other children will not be permitted to partake without prior agreement by all parties. Each meeting will end at Upward Bound's discretion.

I understand that UB staff will approach online meetings as the classroom learning environment. As such, UB expectations, procedures, policies, and rules will be adhered to. UB staff will facilitate and lead all meetings.

I give permission for my child(ren) to experience and access learning resources, as deemed suitable and appropriate by staff in the normal UB learning environment.

I confirm I have read, understood and agree to the above, and that I confirm my consent to my child(ren) using Zoom or other applicable online platforms (Google, YouTube, Method Test Prep, etc.) as outlined. Any questions should be addressed to Rhonda McMillen-Toth, Director Upward Bound. Please email [rmcmillen@clarion.edu](mailto:rmcmillen@clarion.edu) or leave a message at 814-393-2342 and your call will be returned.

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Student Name(s)

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Parent Guardian Printed Name and Phone Number

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Parent Guardian Signature and Date



## Upward Bound Academic Summer Academy 2022 Student & Parent/Guardian Contract

During the summer, UB will cover the cost of room and board for each participating student. The program will provide classes, trips, and social, cultural, and recreational activities at no cost to the student or family, as long as the student is present and actively participating. Upward Bound pays over \$3,000 for each student to participate in the Summer Academy. This level of financial commitment is made for the purpose of ensuring that program students graduate from high school and immediately pursue either a Bachelor (4-yr) degree or Associate (2-yr) degree. Assisting students who have the desire to attain a degree is why the nation's Upward Bound programs were created. Students who graduate from the program and do not follow through with their education have not used the considerable funds provided to them through UB in the way that they were intended. Decisions such as this are harmful to the integrity of the program and its future assistance to students. We ask that both students and parents/guardians take the commitment to this program seriously and do their utmost to use these resources in the appropriate manner. ***If the 2022 Summer Academy transitions to a hybrid model, participants are required to abide by the rules and expectations of the hybrid components of the 2022 Summer Handbook.***

(Upward Bound has specific goals found in the 2022 Summer Academy Handbook available in April 2022. These booklets will be mailed directly or delivered to school. We encourage all students and parents/guardians to review these for a thorough understanding of the purpose of Upward Bound.)

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**Students: Please read this section carefully and sign below signifying your agreement.**

I will read the 2022 Summer Academy Handbook and abide by the rules and expectations. If I do not attend the 2022 Summer Academy after arrangements have been made for me to participate, I will be dismissed from Upward Bound and billed for the cost of non-refundable items and/or services purchased by Upward Bound in my name. I will attend classes daily. If I miss a class because of illness or emergency, it is my responsibility to make up any work that I missed in my classes.

I understand that the Summer Academy is an important part of the Upward Bound "experience" and agree to the following:

- ✦ I agree to abide by all regulations made by the staff of the Summer Academy. This includes all rules found in the 2022 Summer Handbook.
- ✦ I agree to attend all of my summer classes (campus based and/or virtual), complete my assignments, give each class my full effort, and to make a commitment to improving my academic abilities.
- ✦ I agree to be courteous and cooperative in my daily interactions (campus based and/or virtual) with all Upward Bound and Clarion University students and staff.
- ✦ I understand that my actions (campus based and/or virtual) represent Upward Bound/TRIO.

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Student Signature

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Date

**Parent/Guardian: Please read this section carefully and sign below to signify your agreement.**

I acknowledge that I will read my copy of the 2022 Summer Academy Handbook and understand expectations of my son/daughter and agree to abide by the rules and expectations stated within. I understand that if my child does not attend the Summer Academy after arrangements have been made for him/her to participate, he/she will no longer be enrolled in Upward Bound and will be billed for the cost of non-refundable items and/or services purchased by the program in his/her name. I further understand that my child's attendance during the Summer Academy is important. I understand that he/she will be required to attend classes daily (campus based and/or virtual). I understand that all requests for absences beyond those listed on the Predicted Absences Form (not including illnesses and emergencies) must be submitted to the Upward Bound office *at least three days in advance*. I understand that I may be billed \$100 per day for each absence (other than illnesses and emergencies) that were not approved in advance. I further understand that scheduled absences during the program impact my child's participation and may impact the decision of the director to permit participation in the summer program.

I also understand the following:

- ✦ If my Upward Bound student is accepted to attend the summer program, I will receive additional information prior to and at summer check-in, including a detailed calendar.
- ✦ Students agree to abide by all regulations made by the staff of the Summer Academy. This includes all rules found in the 2022 Summer Handbook and agree to attend all summer classes (campus based and/or virtual), complete assignments, give full effort, and to make a commitment to improving academic abilities.
- ✦ Visits from family and friends are welcome during designated hours. **If students want to ride in a car with someone other than a parent/guardian, they must have permission to do so on the *Rider List*. Students may never ride with other students including Bridge students.**
- ✦ Students must understand that their actions both on and off campus while participating in Upward Bound's Summer Academy will reflect upon Upward Bound/TRIO and Clarion University.
- ✦ I will provide transportation on move-in and move-out days.
- ✦ Medical expenses are my responsibility. I will be notified immediately by the Upward Bound staff when emergency care is required.
- ✦ Upward Bound will provide adult supervision in accordance with regular university practices. If my student needs exceptional, individualized supervision in order to remain safe, I understand that he or she may not be ready for the Upward Bound Summer Academy experience.

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Parent/Guardian Signature

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Date



# Rider Form and Travel Authorization

I, the parent/guardian of \_\_\_\_\_ (print student name), with my signature below grant my permission for her/him to participate in all phases of Upward Bound’s 2022 Summer Academy, including permission to participate in field trips sponsored by the program. I give my permission for my daughter/son to ride in a university-owned van driven by a member of the Upward Bound staff or a bus or other vehicle contracted by Upward Bound/Clarion University.

**PERMISSION TO RIDE IN OTHER VEHICLES:** While at Clarion University campus, Upward Bound students are not permitted to ride in *any* vehicle unless permission is granted by their parents/guardians. Allowable transportation includes contracted services, vehicles driven by program staff for program events, and vehicles driven by the people listed below. The Rider Form may be revised by parents/guardians at any time. If a revision needs to be made over the phone, the program prefers that parents/guardians phone the UB office (1-814-393-2342) in advance, so the secretary can verify who is calling to request changes. Students are not permitted to ride with other students.

**PLEASE NOTE:** Upward Bound staff reserve the right to deny students the opportunity to leave the campus or residence hall area if the student has not completed his/her homework, has a disciplinary infraction, or is to attend a mandatory program. Anyone visiting the student should contact him/her ahead of time to ensure that the student is available.

DRIVER NAME(S):	RELATIONSHIP TO STUDENT:

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date



# Medical Consent and Illness Policy

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

**Parent/Guardian Phone Number:** \_\_\_\_\_

If my son/daughter needs medical attention while at Upward Bound Summer Academy at Clarion University, it is my wish that the treatment begins while efforts are being made to contact me. So that treatment will not be delayed, I consent to any medical procedures that the attending physician believes to be appropriate, with the understanding that efforts will continue to be made to contact me. I also accept responsibility for all costs related to such treatment. I waive and release any and all rights and claims for damage we may have against Clarion University, the Upward Bound Program, and the Upward Bound staff.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring to the necessity of surgery are obtained prior to the performance of such surgery.

My son's/daughter's special conditions or needs are detailed on the attached *Report of Medical History*.

## PLEASE NOTE:

- The Upward Bound program reserves the right to require that students receive medical attention after any medical incident before participating further in any Upward Bound activities, including field trips and classes.
- Students who require transportation to the Clarion Hospital will be transported via ambulance summoned by Public Safety, UNLESS the parent/guardian indicates that they want to transport the student themselves and the condition does not warrant immediate attention. Any costs for the service will be billed to the parent/guardian.

Parent/Guardian Printed Name: \_\_\_\_\_

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

Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

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

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Name of emergency contact if parent cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_



# Insurance Policy Information

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

**Parent/Guardian Phone Number:** \_\_\_\_\_

Please complete this form *as completely as possible* and notify the Upward Bound Office immediately of any change in insurance status. **Attach a copy of your insurance card.**

\_\_\_\_\_ **MEDICAL ASSISTANCE/DPW MEDICAL CARD:**

Card Number: \_\_\_\_\_

Name of Insured Person: \_\_\_\_\_

\_\_\_\_\_ **GROUP HEALTH INSURANCE, THROUGH EMPLOYER:**

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Insurance Company Name: \_\_\_\_\_

Group No.: \_\_\_\_\_ Agreement No.: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ **INDIVIDUAL POLICY:**

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_



# Report of Medical History

\_\_\_\_\_  
 Student's Last Name                                      First Name                                      Date of Birth

\_\_\_\_\_  
 Home Address                                      City                                      State                                      Zip

\_\_\_\_\_  
 Name of person completing this form                                      Home Phone No.

Please check yes or no to indicate conditions that apply to the student named above.  
 For all conditions marked **yes**, please give specific comments.

Did/does the student have...?	No	Yes	Comment
Measles			
German Measles			
Mumps			
Chicken Pox			
Gum or Tooth Ailments			
Sinusitis			
Eye Ailments			
Insomnia			
Frequent Anxiety			
Frequent Depression			
Worry or Nervousness			
Recurrent Headaches			
Chest Pain or Pressure			
Chronic Cough			
High or Low Blood Pressure			
Diabetes			
Tuberculosis			
Seizures			
Disease or Injury to Joints			
Stomach/Intestinal Ailments			
Recurrent Diarrhea			
Recurrent Constipation			

(Continued on reverse side)

Did/does the student have...?	No	Yes	Comment
Heart Ailments			
Asthma			
Allergies/Hay Fever			
Allergies to Penicillin			
Allergies to Sulfonamide			
Allergies to Serum			
Allergies to Bee Stings			
Allergies to Food (Which?)			
Other Allergies			
Dizziness or Fainting			
Weakness or Paralysis			
Irregular Periods ( <i>Female</i> )			
Severe Cramps ( <i>Female</i> )			
Excessive Flow ( <i>Female</i> )			
Hernia			
Other ( <i>please describe</i> )			

**PRESCRIPTION MEDICATIONS: The Upward Bound staff must have an accurate record of all prescription medications brought to campus.** Please include dosages and how often the medication must be taken.

Medication:

Dosage:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**CHECK ONE:**

My student will store, administer, and take full responsibility for the medication above: \_\_\_\_\_ (✓)

**This means that the UB Staff is not responsible for the loss or misuse of the medication, or for the failure of the student to take the medication as prescribed.**

I prefer that the UB Staff take charge of the medication above: \_\_\_\_\_ (✓)

Uses Prescription Lenses (*please circle*)

Glasses

Contacts

Date of most recent tetanus shot: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



# Health Care Information

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

Parent/Guardian Phone Number: \_\_\_\_\_

**Due to the high cost of insurance coverage and federal budgetary limitations, the Upward Bound Program is not able to provide a group insurance policy for its participants.** Therefore, the program holds parents/guardians responsible for any medical expenses incurred by their son/daughter while they participate in Upward Bound activities. To keep costs low and accommodate the needs of Upward Bound students while they live on the campus of Clarion University during the Summer Academy, the following policy will be in effect:

Upward Bound will utilize the available urgent care facilities for assessment and treatment of non-emergency situations. You will be notified before treatment.

If the student's illness/injury requires attention at a hospital or if the injury/illness occurs while the urgent care facility is closed, the Upward Bound staff will attempt to notify the parent/guardian before any treatment. However, if medical treatment is necessary and the parent/guardian cannot be contacted, the Upward Bound and university staff will use the *Medical Consent Form* to provide the student with the necessary medical treatment. When such treatment is required, the Upward Bound staff will direct the hospital/clinic to send billing as the parent/guardian desires. If a medicine is necessary, the Upward Bound staff will hold the prescription until the parent/guardian can be contacted for instructions regarding payment.

**The Upward Bound program reserves the right to send a student home, deny them permission to attend field trips, and insist on adequate medical attention after any medical incident if the student did not receive treatment or the condition is reoccurring.**

**By signing below, I understand the program's medical policies and understand that any medical costs not covered by insurance will be billed to me directly.**

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

\_\_\_\_\_  
Date



## Cell Phone/Electronics Policy

Upward Bound's Cell Phone/Electronics Policy is designed to prevent distraction to the summer experience and to provide the highest quality experience possible for students participating in the Summer Academy. Depending on the behavior and/or maturity of attendees, the policy may be altered to expand or reduce access.

Students and parents/guardians are required to notify Upward Bound of the intent to bring cell phones and similar devices that connect to the Internet and/or provide texting capability. Upward Bound does not recommend that students bring expensive electronic devices due to the risk that they could be stolen, damaged, or misused. In addition, preoccupation with calling and/or texting distracts from the experience and may make the adjustment period more difficult.

Please **list all devices** that the student intends to bring (cell phone, laptop, tablet, etc.):

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Provide the **cell phone number** of the phone: (        )        -       

In the event of misuse of cell phones (such as use during undesignated times, during classes, inappropriate purposes, or unacceptable use as determined by UB faculty) the following will apply:

- Violation 1 – UB staff will confiscate the phone (or other electronic device) and retain for the remainder of the current session, class or activity.
- Violation 2 – UB staff will confiscate the phone (or other electronic device) for the duration of the day. Phone will be returned at the end of the academic day, or prior to departure from campus.
- Violation 3 – UB staff will confiscate the phone (or other electronic device) for the duration of the program (residential and hybrid), the participant will surrender the phone each morning. Phone will be returned at the end of the academic day, or prior to departure from campus.
- Violation 4 – UB staff will confiscate the phone (or other electronic device) until the parents/guardians arrange to obtain the phone from the director or the Summer Academy ends.

Note: Students who bring devices without declaring them on this form, or misuse them, will have the devices confiscated by staff. Parents/guardians will be permitted to pick them up through arrangements with the UB Director. The Upward Bound staff will use ordinary care when storing the student cell phones/devices. If a device has been confiscated (Violation 3) and the participant is leaving for the weekend, the device will be returned for the duration of the trip home but must be surrendered to UB staff upon return.

By signing below, parents/guardians and students acknowledge that Upward Bound, Clarion University, and all staff associated with these entities cannot be held responsible for the loss or damage of cell phones/devices. **Signatures below also indicate that this policy has been read and understood by the parties.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



# Vehicle Policy

(Complete this form only if you are requesting permission to keep a vehicle on campus.)

Upward Bound students are not permitted to bring vehicles unless permission is granted by the Upward Bound Director. Permission will only be granted in exceptional circumstances (not convenience). As with cell phones, students who bring vehicles to campus are sometimes distracted from fully participating in the UB summer experience. Vehicles are ONLY to be used for traveling to work, to a previously approved location, or as a means for the student to get home for the weekend. At no time will students be permitted to use vehicles to drive around town, to drive home every day, to transport fellow students to destinations, or to run errands. Keys will be left with the UB Staff when the vehicle is not in use. Students who abuse the privilege of having a vehicle on campus will need to contact their parents/guardians to have the vehicle removed and may risk dismissal from the program.

Parents/guardians: Would you like to request permission for your student to bring a vehicle to campus this summer?

\_\_\_\_\_ YES

Please indicate the reason/need for the vehicle below:

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Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

**We have read and understand the Upward Bound Program's Vehicle Policy. We also understand that any parking tickets/citations issued to students parked on campus are the responsibility of the student and/or parent/guardian, not the Upward Bound Program or staff.**

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date



# Predicted Absences

## Upward Bound Summer Academy 2022

We ask that parents/guardians 1.) limit the number of student absences from classes during the six weeks since students need to make up the material that they miss and 2.) avoid early morning/late night pick-ups and returns.

Please indicate any dates on the table below that the student will need to miss during the Summer Academy and the reasons for the absences, keeping in mind that students will be charged per day for absences in excess of five days total. The UB teachers/staff will be informed of the predicted absences listed below in order to assist them in planning ahead to help students who need to catch up on their work. It is very important to be accurate with pick-up/drop-off times to ensure that UB staff members are available to sign-in/sign-out students as needed, particularly when the times coincide with UB events or when the front desk is closed.

This form must be finalized at check-in for the Summer Academy. Forms submitted ahead of time will be available for any necessary revisions. Parents/guardians should avoid requesting absences after the Summer Academy begins except in cases of illness, injury, or emergency. Parents/guardians who do not provide the information before summer check-in will be required to complete the form before the student moves into the residence hall.

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

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

Date of Absence	Reason	Name of Person Providing Transportation/Excusal

**I have read and understand the information provided above.**

\_\_\_\_\_

Parent/guardian signature

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Student signature

Date