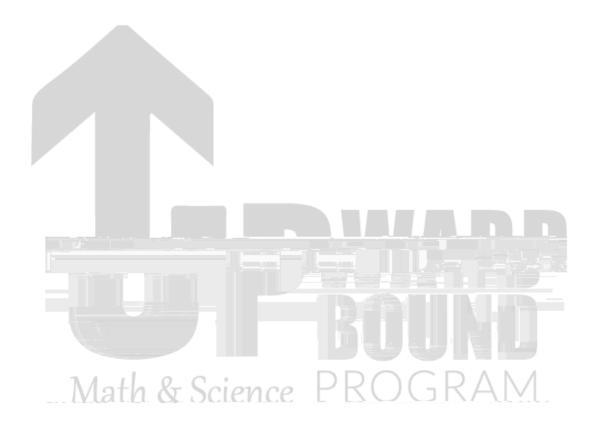




SCHOOLS **SERVED**Warren Easton Charter High School

New Orleans Charter Figh School
Lord Beacons eld Landry-Oliver Perry Walker High School
Lake Area New Tech Early College High School
George Washington Carver High School



STUDENT ESSAY

is personal essay is an important part of the selection process. In a 3-5 paragraph essay of 250 words or more discuss only ONE of the following topics:

- 1) Events and persons in your background that have in uenced you in your educational and professional aspirations; **OR**
- 2) Your purpose in applying to the Upward Bound Math & Science Program, what you believe you will attain from the experience and the contributions you can make to the program;

OR

3) Explain three reasons why you have made getting a college degree one of your goals in life. Write complete paragraphs for each answer. If you need extra space, please attach another sheet of paper to this form. Please type or write in ink. Include your name on all pages.

In order to have a completed application* you must include a copy of the following forms:

P , P ,

*Incomplete applications will not be considered.

Copy of Birth Certi cate

Copy of Social Security Card

Copy of Income tax return (signed), if led, showing TAXABLE Income, or a personal statement of income. A check stub or W-2 will NOT be accepted.

Copy of the o cial State of Louisiana Universal Certi cate of Immunization

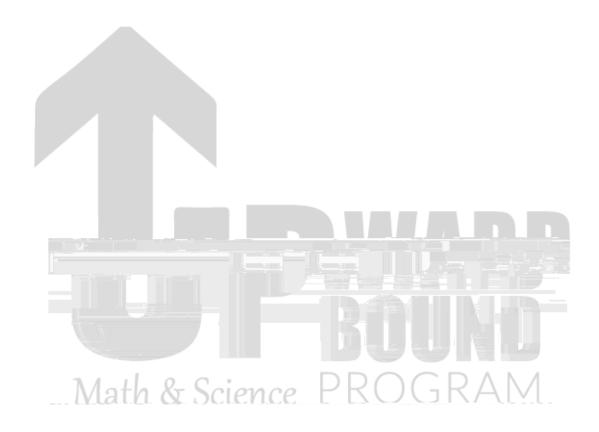
Copy of Health Insurance Card





TO THE PARENT: A health history form is required of students upon admission to the Program. e purpose of this form is to provide Program Sta and University Health Service physicians, nurses and/or nurse practitioners with information about a student's health should he/she become ill while attending the Program. is information is completely condential and is reviewed only by the Program Sta and the Health Service professionals. Please answer every question as accurately as you can and return to XULA Upward Bound Math & Science, 1 Drexel Drive, Box 164, New Orleans, LA 70125.

Instructions:



PERMISSION FOR RELEASE OF RECORDS

STUDENT NAME:			
SOCIAL SECURITY NUMBER:			_
e applicant and parents certify agree to grant permission for the	that all information on release of any informati	this application is correct, and by on regarding the student's schoo	y signing this form l records.
I authorize the following types of O cial transcript (grade lever grades; current grades are in Attendance records Graduation information Achievement, aptitude, and in Iowa and LEAP/EOC Achieved Health data Extra-curricula activities Family background data Interview information from O cial copy of report cards	el, completed grades, concluded if information is interest scores vement scores, PARC, S.	urse grades, courses completed, on the state of the state	credits earned and nal
We give permission to the XULA such as report cards, transcripts, with the local Upward Bound or give permission to the XULA Up educational institutions and the UMath & Science Program permissuse of program improvement thrapprovals. is permission is give will be done in order to enhance Math & Science Program in evalunotic cation to the contrary.	test results, disciplinary Talent Search Program, ward Bound Math & Sc J.S. Department of Educion to use student data ough related research, a en with the understandithis student's educations	records, etc. which may be on a lor at a Postsecondary Institution itence Program to exchange such cation. Furthermore, we give the collected from normal program ssessment and evaluation e ortsing that such access, exchange and opportunity and to assist the X	e at the high school(s), In addition, we records with other XULA Upward Bound operations for the meeting all required d use of student records ULA Upward Bound
Student Signature	Date	Parent/Guardian Signature	Date

PARENT/GUARDIAN DATA VERIFICATION

Student Name:	_ Date:
Student Social Security Number:	School:
LOW INCOME VERIFICATION	
YOU MUST PROVIDE THIS INFORMATION FOR YOUR UPWARD BOUND MATH & SCIENCE PROGRAM	CHILD TO BE CONSIDERED FOR THE XULA
OUR TAXABLE* FAMILY INCOME WAS \$	
NUMBER OF FAMILY MEMBERS	
MOTHER/GUARDIAN SIGNATURE FATHER	/GUARDIAN SIGNATURE
PLEASE PROVIDE A SIGNED COPY OF YOUR FEDERA	AL INCOME TAX FORMS, IF FILED.

PARENT/GUARDIAN DATA VERIFICATION

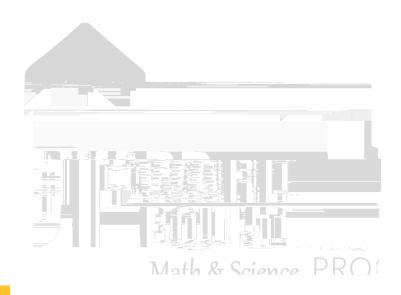
PARENT / GUARDIAN RELEASE FORM FOR MEDIA RECORDING

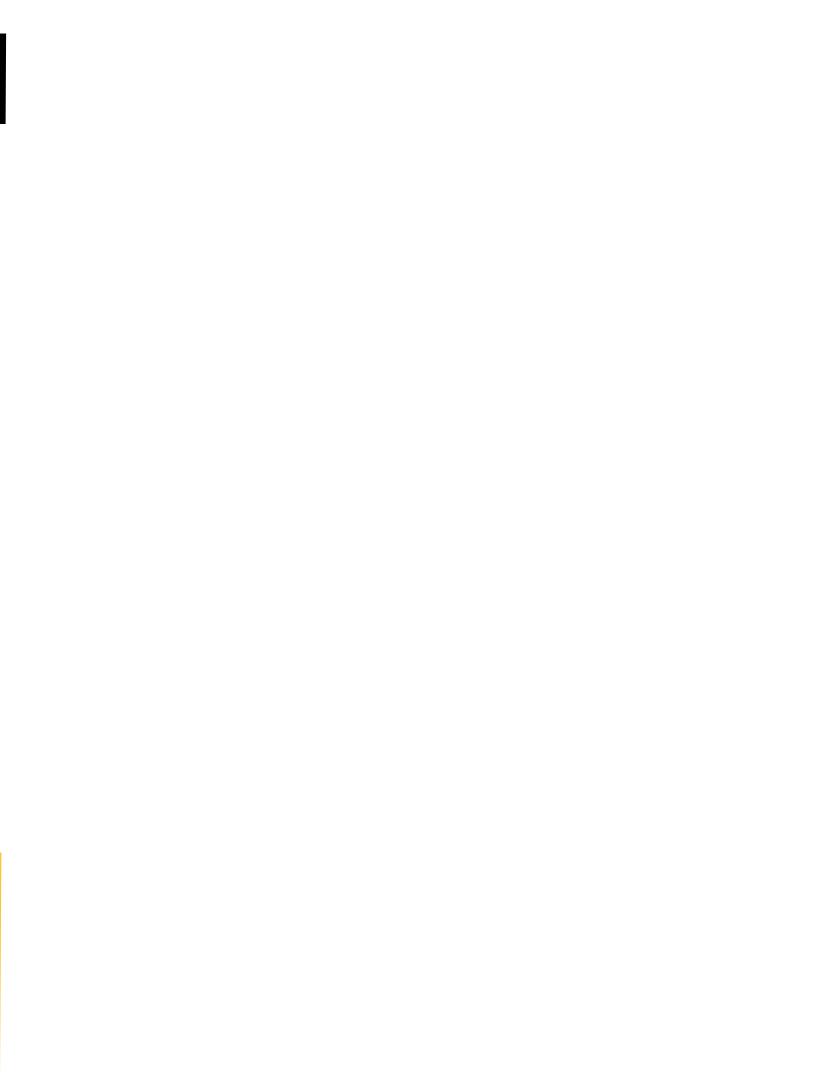
I, the undersigned, do hereby grant my permission to XULA Upward I	Bound Math & Science Program
to use the image of my child,	. Such uses include the display,
distribution, publication, transmission, or otherwise use of photograph	ns, images, and/or video taken of
my child for use in materials that include, but may not be limited to, pr	rinted materials such as brochures
and newsletters, videos, and digital images such as those on the XULA	Upward Bound Math & Science
Program Web sites.	
Parent/Guardian Signature	Date

Please make a copy of these forms for your own records and return the originals with the application forms to:

Xavier University of Lousiana Upward Bound Math & Science Program 1 Drexel Dr | Box 164 New Orleans, LA 70125

If you have questions, contact Upward Bound at 504-520-5137.





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