



**UPWARD BOUND PROGRAM**

100 E. University  
MSC 9283

Magnolia, Arkansas 71753

Phone: (870) 235-4160 FAX: (870) 235-4995

Are you currently participating in another TRIO program such as Educational Talent Search? [ ] yes [ ] No  
Have you participated in any Educational Talent Search (TRIO) activities during the past 12 months? [ ] yes [ ] No

**High School Student Information (only 1 student per application)**

Social Security #: \_\_\_\_\_ Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Citizenship: U.S. \_\_\_\_\_ Other \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of School \_\_\_\_\_ Grade Level \_\_\_\_\_ Age \_\_\_\_\_

Current Status (check if applicable): Homeless  In Foster Care  In Juvenile Justice System

Ethnic Group: African-American \_\_\_\_\_ Asian \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_  
Multi-Ethnic (Specify) \_\_\_\_\_

Do you plan to attend: College \_\_\_\_\_ Vo-Tech \_\_\_\_\_ Other \_\_\_\_\_ (Specify) \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Mailing Address (if different from above) \_\_\_\_\_

Give directions from your school to your home \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How did you learn about Upward Bound?  
\_\_\_\_ Teacher \_\_\_\_ sibling \_\_\_\_ other \_\_\_\_ Student \_\_\_\_ Newspaper \_\_\_\_ Counselor \_\_\_\_ Presentation \_\_\_\_ Parents

**UPWARD BOUND STUDENT CONTRACT: MUST READ AND AGREE!!!**

- I agree to achieve and maintain a 2.5 Grade Point Average
- I agree to contact my Upward Bound counselor if there is a change in my class schedule, my home address or phone number, and/or if my family plans to move from the target area.
- I agree to seek help with academic or personal problems if needed.
- I agree to attend school regularly and not miss more than 8 days of school per semester.
- I agree to participate in tutoring sessions as needed and/or recommended by my counselor or teacher.
- I agree to achieve my goals that have been set up with the help of my UPWARD BOUND counselor.
- I agree to take advantage of special UPWARD BOUND activities, like the career fair, college visits, summer enrichment program, financial aid workshops, and other activities the staff implement.
- I agree to enroll in a postsecondary educational institution upon graduation from high school.

This is to certify that the information contained in this application is true and correct to the best of my knowledge. Furthermore, I give UPWARD BOUND my permission to receive copies of my educational records and other materials, including free/reduced lunch application necessary for participation in the program. Further permission is granted to request information and records from any and all postsecondary institutions in order to track progress in college. I understand that all of my records will be kept in the strictest of confidence and in compliance with the Privacy Act of 1974.

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

**For Office Use Only**

Date: Received \_\_\_\_\_ Acknowledged \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected \_\_\_\_\_  
Alternate \_\_\_\_\_ Exit \_\_\_\_\_

**REQUIRED MEDICAL HISTORY & CONSENT FOR TREATMENT—ALL CAMPS**

Camp student will be attending: **UPWARD BOUND** Dates: \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

A.M. Phone # \_\_\_\_\_ P.M. Phone# \_\_\_\_\_

IN CASE OF EMERGENCY, if parent cannot be reached, name of person to notify or to whom we can release student:

Name \_\_\_\_\_ A.M. Phone# \_\_\_\_\_ P.M. Phone# \_\_\_\_\_

**UNDER NO CIRCUMSTANCES SHOULD STUDENT BE RELEASED TO:** \_\_\_\_\_

**CIRCLE BELOW ALL OF STUDENT'S PRESENT OR PAST ILLNESSES/CONDITIONS:**

- |              |              |                |                         |                 |
|--------------|--------------|----------------|-------------------------|-----------------|
| Constipation | Contacts     | Sleepwalking   | Swimmer's/Abscessed ear | Mumps           |
| Convulsions  | Bed wetting  | Asthma         | Frequent colds          | Nausea          |
| Tuberculosis | Homesickness | Heart trouble  | Scarlet Fever           | Polio           |
| Diabetes     | Chicken Pox  | Bronchitis     | Loss of appetite        | Sinusitis       |
| Eyeglasses   | Measles      | Kidney trouble | Frequent sore throat    | Rheumatic fever |

Of the above, these are current or recurring: \_\_\_\_\_

ALLERGIES: Bee stings \_\_\_\_\_ drugs \_\_\_\_\_ foods (specify) \_\_\_\_\_ other (specify) \_\_\_\_\_

Recently exposed to contagious disease: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which? \_\_\_\_\_

Are you currently receiving therapy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which one: \_\_\_\_\_ physical \_\_\_\_\_ mental \_\_\_\_\_ rehabilitation

Menstruates? Yes \_\_\_\_\_ No \_\_\_\_\_ Is menstruation normal? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain \_\_\_\_\_

Doesn't menstruate, but knows about it? Yes \_\_\_\_\_ No \_\_\_\_\_. Has student been hospitalized within the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_.  
\_\_\_\_\_

Describe physical conditions requiring restrictions for participating in camp programs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is student currently being treated by a physician for an existing illness or condition? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Name of camper's physician or healthcare provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is student covered by health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Policy type: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\*If the student is covered by TEA, Social Security, or S.S.I., please attach a copy of the medical card to this form.

Family's physician \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent's physician \_\_\_\_\_ Phone# \_\_\_\_\_

Parent's Insurance Company \_\_\_\_\_ Member#: \_\_\_\_\_

Insurance Company's address \_\_\_\_\_ Phone#: \_\_\_\_\_

Please complete this form in its entirety. Copies of these records are given to the University Health Services staff for the benefit of your child while he/she is on the southern Arkansas University campus. University Health Services *will not* administer care to students who *do not* have this information on file.

### IMMUNIZATION RECORD

**Month/Year required by the Department of Public Health (Healthcare provider's signature required)**  
(A copy of student's immunization record will be sufficient)

Hepatitis B (3, DOB after /92)	_____	_____	_____
Polio (3-4)	_____	_____	_____
Diphtheria, tetanus, pertussis (4)	_____	_____	_____
Mumps, measles, rubella (2)	_____	_____	_____
Tuberculin test	_____	_____	_____

Physician's signature (*required*) \_\_\_\_\_ Date \_\_\_\_\_

Printed name or official stamp of physician \_\_\_\_\_ Phone # \_\_\_\_\_

- Prescription medications that are controlled substances will be dispensed by University Health Services. When University Health Services is closed, the Upward Bound Hall Director or Assistant Hall Director will dispense medications.
- Medications will be stored in a secure medicine room at the University Health Services office.
- All medications dispensed by University Health Services will be documented on a medication log.

Person(s) to administer medication and any needed care when the University Health Services office is closed:  
Residence Hall Director, Assistant Hall Director, and Residence Hall Staff.

**Please complete this form in its entirety. Copies of these records are given to the University Health Services staff for the benefit of your child while he/she is on the Southern Arkansas University Campus. University Health Services *will not* administer care to students who *do not* have this information on file.**

#### Medical Release:

I hereby authorize the UPWARD BOUND Program to provide emergency medical and dental services for my child

\_\_\_\_\_.

I will not in any way hold Southern Arkansas University or the Upward Bound Program responsible for any treatment or medication deemed necessary for medical or dental services.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

Print Parent/Guardian name \_\_\_\_\_ Date \_\_\_\_\_

#### Parental Release for Student Travel

I authorize the Upward Bound Program to provide transportation for my child \_\_\_\_\_ to program activities. I hereby release the Upward Bound Program and Southern Arkansas University from any responsibility for any criminal act of malice, vandalism, theft, or any other unlawful behavior during trips sponsored by the Upward Bound Program.

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



## UPWARD BOUND HIGH SCHOOL STUDENT NEEDS ASSESSMENT

This survey contains a number of statements about student needs. Please give your honest opinion of how the Upward Bound program can meet your needs.

<u>Academic Needs</u>	<b>Strong Need</b>	<b>Some Need</b>	<b>No Need</b>
1. To learn how to complete and turn in my homework on time.	1	2	3
2. To get better grades in school.	1	2	3
3. To take tests better with less anxiety.	1	2	3
4. To organize my time, activities, and responsibilities better.	1	2	3
5. To learn more about high school requirements for college.	1	2	3
6. To listen better in class and ask more questions.	1	2	3
7. To relate to and communicate better with my teacher	1	2	3
8. To identify, set and evaluate goals for the future.	1	2	3

My academic goal is \_\_\_\_\_

### Personal Needs

1. To better understand my parents and other adults.	1	2	3
2. To learn to deal with conflict in a positive manner	1	2	3
3. To be more accepting of my physical appearance	1	2	3
4. To learn how my self-esteem affects my behavior	1	2	3
5. To learn how to get along better with members of the opposite sex.	1	2	3
6. To learn to accept people who are different from me.	1	2	3
7. To learn more about the use/abuse of drugs and alcohol.	1	2	3
8. To accept greater responsibility for my actions.	1	2	3

My personal goal is \_\_\_\_\_

### Career and Postsecondary Needs

1. To explore a variety of career opportunities.	1	2	3
2. To learn more about job applications, resumes, and interviews.	1	2	3
3. To learn more about the postsecondary admissions process.	1	2	3
4. To prepare for exams like the PSAT, ACT, or SAT.	1	2	3
5. To visit more colleges.	1	2	3
6. To learn about college costs and how to pay for college	1	2	3

My career goals are \_\_\_\_\_

Name a college or vo-tech you would like to visit \_\_\_\_\_

Which college or vo-tech do you plan on attending after high school? \_\_\_\_\_

Write a short paragraph stating why you would like to participate in the Upward Bound program.

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**PARENT INFORMATION**

(To be completed by parent or guardian with whom the applicant lives.)

**ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.**

**\*\*YOUR SIGNATURE BELOW CERTIFIES THAT THE INFORMATION PROVIDED BELOW IS TRUE.\*\***

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Federal TRIO Programs  
Current Annual Low Income Levels  
(Effective **January 11, 2019** until further notice)**

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
<b>1</b>	\$18,735	\$23,400	\$21,570
<b>2</b>	\$25,365	\$31,695	\$29,190
<b>3</b>	\$31,995	\$39,990	\$36,810
<b>4</b>	\$38,625	\$48,285	\$44,430
<b>5</b>	\$45,255	\$56,580	\$52,050
<b>6</b>	\$51,885	\$64,875	\$59,670
<b>7</b>	\$58,515	\$73,170	\$67,290
<b>8</b>	\$65,145	\$81,465	\$74,910

For family units with more than eight members, add the following amount for each additional family member: \$6,270 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions; \$7,845 for Alaska; and \$7,215 for Hawaii.

**We are required by the United States Department of Education to obtain income information from all students receiving Upward Bound FREE services. Since you or your student has indicated an interest in receiving our assistance, please provide the following information and sign below:**

1. If you are employed and filed an income tax return, please indicate yearly wages: \$ \_\_\_\_\_  
**(a copy of your most recent Income Tax Return is required; W-2 forms are not accepted)**

2. If you are not employed and did not file a tax return, please complete the following for the most recent year:  
 Social Security/SSI \$ \_\_\_\_\_ Pension/Retirement \_\_\_\_\_  
 TEA \$ \_\_\_\_\_ VA/GI Bills \_\_\_\_\_  
 Unemployment \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_  
 Other (Specify) \$ \_\_\_\_\_  
 (An agency statement from the Social Security Administration or the Department of Human Services is ***required***.)

Number of family members living at your home: Adults \_\_\_\_\_ Children \_\_\_\_\_

List applicant's brothers and sisters living in the home or who are dependents:

Name	Gender	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is either parent a graduate of a four-year college or university with a Bachelor's Degree? Yes \_\_\_ No \_\_\_

Is English a second language for either parent? Yes \_\_\_ No \_\_\_

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

**PARENT INFORMATION (Continued)**

I think my child needs **Upward Bound** for the following reasons: (Please check one or more)

- 1. \_\_\_\_\_ Lack of career focus
- 2. \_\_\_\_\_ Poor grades and/or test scores
- 3. \_\_\_\_\_ Problems with study skills and/or test-taking skills
- 4. \_\_\_\_\_ Absenteeism/truancy/tardiness
- 5. \_\_\_\_\_ Lack of information about college or other postsecondary choices
- 6. \_\_\_\_\_ Help with professional and social skills

**UPWARD BOUND—Parent Contract**

For my child to remain eligible to participate in the UPWARD BOUND PROGRAM, I will:

- 1. Immediately notify the UPWARD BOUND counselor if my child receives disciplinary action at school.
- 2. Attend UPWARD BOUND parent workshops and conferences throughout the school year.
- 3. Encourage my student to attend tutoring sessions and Upward Bound meetings.
- 4. Notify the UPWARD BOUND office of address and phone number changes.

**My goal is to assist my child in succeeding in his/her education.**

\_\_\_\_\_  
(Step) Mother/Female Guardian Signature

\_\_\_\_\_  
(Step) Father/Male Guardian Signature

**A COMPLETED APPLICATION SHOULD INCLUDE ALL OF THE FOLLOWING:**

- \_\_\_\_ Agency Statement for non-taxable income (SSI, VA, AFDC, etc.) and a copy of the most recent Income Tax Statement.
- \_\_\_\_ Personal Data Sheet
- \_\_\_\_ Transcript Release Form
- \_\_\_\_ Insurance provider and Policy #, Medicaid #, or ARKids # (or a copy of the insurance card)
- \_\_\_\_ Immunization Records
- \_\_\_\_ Student Essay

**Certification Statement**

This is to certify that all information provided is true and accurate to the best of my knowledge. I hereby give my permission for the UPWARD BOUND PROGRAM at Southern Arkansas University to have access to any school or agency records of \_\_\_\_\_ (student's name) to determine eligibility for the program and to monitor his/her status and progress in secondary school. Further permission is granted to request information and records from any and all postsecondary institutions in order to track college progress. I understand that all records will be kept in strict confidence and in accord with the Privacy Act of 1974.

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

Date \_\_\_\_\_

# Upward Bound Transcript and Grade Release

APPLICANT'S NAME \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

**TO THE APPLICANT:** Please type or print your personal information on each Transcript and Grade Release form. Give one form to your school counselor, and attach the other one to your Upward Bound application.

## TO THE PARENT/GUARDIAN

Please read and sign the release statement below so that we will receive an official copy of his/her school transcript. Your son's/daughter's application is not complete without a signed transcript and grade release form, It is your responsibility to check to be sure the school has sent us these records, including information for the current school year.

For the student named above, I hereby authorize the UPWARD BOUND PROGRAM at Southern Arkansas University to have access to any school or agency records, including an official transcript of all grades as well as the results of academic testing. This information will be used to determine eligibility for the program and to monitor his/her academic progress.

\_\_\_\_\_  
Signature of Parent or Guardian

## TO THE SCHOOL

The student named above is applying for admission to the Upward Bound Program at Southern Arkansas University. Please send us an official copy of the following information:

- **Transcript**
- **ACTAAP and Benchmark test scores.**

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Cut on perforated line

# Upward Bound Transcript and Grade Release

APPLICANT'S NAME \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

**TO THE APPLICANT:** Please type or print your personal information on each Transcript and Grade Release form. Give one form to your school counselor, and attach the other one to your Upward Bound application.

## TO THE PARENT/GUARDIAN

Please read and sign the release statement below so that we will receive an official copy of his/her school transcript. Your son's/daughter's application is not complete without a signed transcript and grade release form, It is your responsibility to check to be sure the school has sent us these records, including information for the current school year.

For the student named above, I hereby authorize the UPWARD BOUND PROGRAM at Southern Arkansas University to have access to any school or agency records, including an official transcript of all grades as well as the results of academic testing. This information will be used to determine eligibility for the program and to monitor his/her academic progress.

\_\_\_\_\_  
Signature of Parent or Guardian

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**STUDENT RATING SCALE**

**(To be completed by Counselor) STUDENT RATING SCALE  
(To be completed by Counselor)**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**I. ACADEMIC DATA**

Current GPA \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Total Number of units \_\_\_\_\_

**II. TEST DATA:**

Please provide copies of: ACTAAP and Benchmark test scores or any other current test data that would assist the Upward Bound staff in developing an appropriate individual instruction plan.

**III. COUNSELOR OBSERVATIONS:**

Keeping in mind the Upward Bound goal, which is to generate the skills and motivations essential to achieving success in postsecondary education, please respond to the following:

A. Please assess this student's ability to follow rules and regulations (please identify significant disciplinary problems Encountered) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Would you classify this student as:  
At risk \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gifted and talented \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Please identify areas \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Learning Disabled \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please define disability/disabilities and indicate the extent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. In what way can Upward Bound best address the need of this student? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Relate this student's potential for success in secondary education \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

**NOTE: PLEASE ATTACH A COPY OF CURRENT TRANSCRIPT.**





**UPWARD BOUND PROGRAM**

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**STUDENT RATING SCALE**  
(To be completed by a Classroom Instructor)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Note:** The purpose of this evaluation form is to provide an objective and systematic way by which you may acknowledge your appraisal of this student. Please check the most appropriate performance rating.

Performance Factors	PERFORMANCE RATING					
	Excellent	Above Average	Average	Below Average	Poor	Inferior
<b>Quality of Work</b> Accuracy, completeness, thoroughness, neatness						
<b>Quantity of Work</b> Completes required amount of work						
<b>Dependability</b> Follows instructions, attendance, punctuality						
<b>Cooperativeness</b> Initiative, constructive attitude, helpfulness						
<b>Creativity</b> Imagination, originality						
<b>Adjustability</b> Security, stability, adaptability						
<b>Discipline</b> Follows rules and regulations						
<b>Sociability</b> Self esteem, peer relations, group acceptance						
<b>Postsecondary Education</b> Potential for success						

Evaluator's Comments: Keeping in mind the Upward Bound goal, which is to generate the skills and motivation essential to achieving success in postsecondary education please respond to the following:

- Strengths: \_\_\_\_\_
- Weaknesses: \_\_\_\_\_
- Would you classify this student as:  
At risk? \_\_\_Yes \_\_\_No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
Gifted and talented: \_\_\_Yes \_\_\_No If yes, please identify areas \_\_\_\_\_  
\_\_\_\_\_  
Learning disabled? \_\_\_Yes \_\_\_No If yes, please define the disability/disabilities and indicate the extent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** This form is a part of an application packet which cannot be submitted until all documents have been gathered. Please Complete and submit immediately to your counselor.

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date



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<b>Quantity of Work</b> Completes required amount of work						
<b>Dependability</b> Follows instructions, attendance, punctuality						
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<b>Creativity</b> Imagination, originality						
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<b>Discipline</b> Follows rules and regulations						
<b>Sociability</b> Self esteem, peer relations, group acceptance						
<b>Postsecondary Education</b> Potential for success						

Evaluator's Comments: Keeping in mind the Upward Bound goal, which is to generate the skills and motivation essential to achieving success in postsecondary education please respond to the following:

- 4. Strengths: \_\_\_\_\_
- 5. Weaknesses: \_\_\_\_\_
- 6. Would you classify this student as:  
At risk? \_\_\_Yes \_\_\_No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
Gifted and talented: \_\_\_Yes \_\_\_No If yes, please identify areas \_\_\_\_\_  
\_\_\_\_\_  
Learning disabled? \_\_\_Yes \_\_\_No If yes, please define the disability/disabilities and indicate the extent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** This form is a part of an application packet which cannot be submitted until all documents have been gathered. Please Complete and submit immediately to your counselor.

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date