



LI \_\_\_\_\_  
FG \_\_\_\_\_  
GPA \_\_\_\_\_

**DIXIE STATE COLLEGE UPWARD BOUND**  
**APPLICATION AND ELIGIBILITY FORM**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

E-mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_

Are you or any member of your family a current or past participant of Educational Talent Search (ETS)? Yes \_\_\_\_\_ No \_\_\_\_\_

Ethnic Origin:

Native American \_\_\_\_\_ Hispanic \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_  
Caucasian/White \_\_\_\_\_ Asian \_\_\_\_\_ African/American \_\_\_\_\_

What language is usually spoken at home? \_\_\_\_\_

Who do you live with? \_\_\_\_\_

Number of people living in your household including yourself. \_\_\_\_\_

Circle number of years your mother went to school:

High School 9 10 11 12 College 1 2 3 4 5 6 7 8

Does your mother have a four-year Bachelors degree? Yes \_\_\_\_\_ No \_\_\_\_\_

Circle number of years your father went to school:

High School 9 10 11 12 College 1 2 3 4 5 6 7 8

Does your father have a four-year Bachelors degree? Yes \_\_\_\_\_ No \_\_\_\_\_

List three careers in which you are interested:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I hereby apply for admission to Dixie State College Upward Bound Program and agree to abide by the rules and regulations of the program. I hereby state that information given can be released to the Department of Education solely to determine eligibility and to measure participant's success.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_





## PARENTAL CONSENT FORM

I hereby grant permission for my son/daughter \_\_\_\_\_  
to participate in the Upward Bound Program at Dixie State College. I also give my consent  
to \_\_\_\_\_ High School to make available to the  
Director/Advisor of the Upward Bound Program any and all information pertaining to my  
child's academic progress in school.

I understand that there will be an occasional supervised field trip and give permission for  
my son/daughter to participate in them. Should he/she elect to attend the summer  
program, I give my permission with the understanding that the student will be covered by  
accident insurance and will be appropriately supervised and chaperoned.

In return, the participant and his/her parents or legally appointed guardians hereby agree  
to indemnify, hold harmless and release and forever discharge Dixie State College and their  
employees and agents from all claims and demands which the participants, his/her parents  
or legal guardians or the representatives or and their employees and agents by reason of  
acts, illness or injury, or other consequences arising or resulting directly or indirectly from  
the participation of participant in aforementioned Upward Bound program, or any time  
subsequent thereto.

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Parent/Guardian's Signature

Date

**AUTHORIZATION OF CONSENT FOR TREATMENT OF A MINOR**

I (we), the undersigned, parent(s)/guardian of \_\_\_\_\_,  
student's name

a minor, do hereby authorize the director of Upward Bound Program at Dixie State College as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis and treatment or hospital care which is deemed advisable by, and is rendered under the general supervision of any physician and surgeon licenses under the provisions of the Medical Practice Act.

This authorization shall remain in effect as long as the student (son/daughter) is in the Dixie State College Upward Bound Program.

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

1. Is the student covered by health insurance? Yes \_\_\_\_ No \_\_\_\_  
If yes, name the insurance plan \_\_\_\_\_  
plan number \_\_\_\_\_
2. Does the student belong to a clinic? Yes \_\_\_\_ No \_\_\_\_  
If yes, name the clinic \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_
3. Does the student have a personal doctor you wish to have called in case he/she needs medical attention? Yes \_\_\_\_ No \_\_\_\_  
If yes, name the doctor \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
city zip

4. Statement of present health (list any physical complaints):  
\_\_\_\_\_
5. Statement of past health (list any physical complaints and dates encountered):  
\_\_\_\_\_
6. List any medication the student is presently taking:  
\_\_\_\_\_
7. List any special medication the student must or might need in case of emergency:  
\_\_\_\_\_
8. Are you allergic to any foods or medication? If yes, what (aspirin, penicillin, milk etc)?  
\_\_\_\_\_
9. Has the students had a tetanus shot? Yes \_\_\_\_ No \_\_\_\_  
If yes, give the kind and the year it was given: \_\_\_\_\_