



# California State University Long Beach

## UPWARD BOUND PROGRAM



Dear Students and Parents/Guardians:

It's time to prepare for the 2024 Summer Program! The purpose of this letter is to provide pertinent information regarding Upward Bound's (Classic and Math & Science) Summer Program.

**This year's Upward Bound Summer Program is scheduled for June 17, 2024 – July 27, 2024 (hybrid structure):**

- **June 17 -20, 2024 (virtual)**
- **June 19, 2024 (Holiday No – Class)**
- **June 21, 2024 (in-person educational field trip)**
- **June 24 – June 28, 2024 (in-person/commuter @ CSULB)**
- **July 1, 2024 – July 5, 2024 (in-person/commuter @ CSULB)**
- **July 4, 2024 (Holiday No – Class)**
- **July 7 – 19, 2024 (in-person/ residential @ CSULB)**
- **July 22 – 23, 2024 (virtual)**
- **July 24-27, 2024 (Northern California College Tour)**

Our summer program aims to provide a holistic experience to enhance students' academic, social, and personal development. The summer academic curriculum will provide college preparation in mathematics and English courses. In addition, the summer program will offer elective courses in the following areas: Spanish Language, Family and Consumer Science, Engineering and Architecture, Communications & Etiquette, Golf Fundamentals, and Life Skills. Lastly, UB & UBMS's summer program will provide educational, academic field trips, workshops, and cultural enrichment activities to build students' foundation for success.

**The summer residential component starts July 07 – July 26, 2024, which includes our Northern California College Tour from July 24– July 27 (students check out on July 12 and July 19).** Students will be able to reside on-campus at California State University, Long Beach State (CSULB), and participate in an engaging residential experience to increase attendees' motivation to enroll in a higher education program. The residential component is available on a first-come, first-serve basis. Students not participating in the residential component can commute for the remainder of the summer program (**Upward Bound will not provide transportation during the residential component**). Students **MUST** participate in the entire UBP Summer Program (**no more than three absences**) to be eligible for the Northern California College Tour.

**To participate in the UBP Summer Program, students must submit the below documents on/or before May 1, 2024, to their appointed educational coach or the Upward Bound Office.** Below is a comprehensive checklist to ensure all documents are submitted:

- **Applicant Information**
- **Medical Treatment Form (Both sides)**
- **Letter of Intent**
- **California State University, Long Beach Release of Liability Form**
- **California State University, Long Beach Voluntary Medical Disclosure Form**
- **California State University, Long Beach Release Photo Release Form**

**Saturday, May 25, 2024, the programs will host a mandatory in-person UBP Summer Program Orientation for students and parents/guardians.**

If you have any questions, don't hesitate to contact the Upward Bound Office at 562-985-3114 phone).

Sincerely,

Upward Bound Staff



# California State University Long Beach UPWARD BOUND PROGRAM



## SUMMER 2024 PROGRAM APPLICATION

Upward Bound & Upward Bound Math & Science is federally funded by the U.S. Department of Education.

Complete all sections to determine your eligibility to participate in the six-week summer program.

Completed applications should be returned to your Upward Bound educational coach/college aide by **May 15, 2024**. If you have any questions, contact your appointed Upward Bound Coach/College Aide or the Upward Bound Office at 562-985-3114.

### STUDENT SECTION

School:

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Grade Level (During Fall 2024)      9                  10                  11                  12

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Overall GPA:

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#### Name

Last:                                  First:                                  Middle:

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#### Address

Street & Apt #:                                  City:                                  Zip:

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Student's Cellphone:                                  Student's E-mail Address:

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Birth Date:                                  Gender: Male                  Female                  Non-Binary                  Other

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Ed. Coaches' Name:

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#### Parent / Guardian Information

Parent's / Guardian's Name (PRINT):

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Parent's / Guardian's Phone:                                  Parent's / Guardian E-mail:

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Parent's/Guardian's Signature:                                  Date:

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#### SUMMER 2024 PLAN

I permit my child to participate in Upward Bound's 2024 Six-Week Upward Bound Summer Program.

**If you have not received an Upward Bound t-shirt, please specify your size:** \_\_\_\_\_.

I certify that the information provided on this Upward Bound Summer Program application is true to the best of my knowledge and that any misrepresentation may be cause for denial or cancellation of participation.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's / Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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California State University Long Beach  
 UPWARD BOUND PROGRAM  
**SUMMER 2024 PROGRAM**  
**MEDICAL TREATMENT FORM**



**Emergency Procedures:**

In the event of an injury or accident, students will be taken to the Student Health Center on campus or to the nearest medical facility. The Medical Treatment Form will accompany the student as evidence of parental/guardian authorization to avoid delays in treatment. Parents/Guardians will be contacted as soon as possible about their child's condition.

The Upward Bound Program carries accident insurance for all program participants, but the accident insurance does not cover all medical expenses. Please state on the Medical Treatment Form if you belong to a medical insurance plan or if you have medical insurance. Students should always carry their medical cards and/or insurance information.

**To be completed by parent/guardian:**

**Student's Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security: \_\_\_\_\_

**Address:**

Street & Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Parent/Guardian to be notified: \_\_\_\_\_

Primary Language spoken by Parent/guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

**IN CASE YOUR CHILD REQUIRES MEDICAL ASSISTANCE:**

Do you have health insurance or medical? Yes      No

Name of insurance carrier: \_\_\_\_\_

Policy number: \_\_\_\_\_

Have you received full COVID-19 vaccinations: Yes      No



# California State University Long Beach UPWARD BOUND PROGRAM



In order to increase food security and reduce hunger, the Upward Bound Program will collaborate with the United States Department of Agriculture (USDA) to offer the Summer Food Service Program by providing children with a healthy diet and nutrition education. Please complete the income information below:

**Number of people living in your household (including yourself):** \_

**Is your family receiving public assistance:**

- Free/Reduced Lunch     TANF    Food Stamps     Medi-Cal     Social Security
- Unemployment            Disability    Cal-Works     Other (specify): \_\_\_\_\_

**2023 Taxable income range (See line 43 on Form 1040, line 27 on 1040A, line 6 on 1040EZ):**

\$16,245 or below	\$16,246-\$21,855	\$21,856-\$27,465
\$27,466-\$33,075	\$33,076-\$38,685	\$38,686-\$44,295
\$44,296-\$49,905	\$49,906-\$55,515	\$55,516 or greater

Signature of Parent/Guardian:

Date:



# California State University Long Beach

## UPWARD BOUND PROGRAM



### SUMMER 2024 PROGRAM

### Residential Component & Northern California Tour Intent

The final two weeks of the UBP Summer Program will be a residential stay at CSULB Housing and Northern California College Tour.

**Residential Stay: Sunday, July 7, 2024 – Friday, July 19, 2024**  
**Sunday, July 7, 2024 – Students check-in @CSULB Dorms**  
**Saturday, July 13, 2024 – Student soft check-out**  
**Sunday, July 14, 2024 – student check-in**  
**Saturday, July 20, 2024 – Student Check-out**

**(Note: Saturday, July 22, 2024, students will check out of housing & return to campus on Wednesday, July 26, 2024)**

Students will have the opportunity to stay on CSULB's campus to experience the simulated college experience, academic courses, skills-building workshops, and community-building events.

**Northern California College Tour: Sunday, July 24, 2024 – Saturday, July 27, 2024**, Upward Bound & Upward Bound Math & Science staff, and participants will visit colleges and cities in Northern California. The purpose of this trip is for students to obtain information about Northern California colleges and their admissions process. Attendees will also have an opportunity to explore the beautiful cities of Northern California.

If your child plans to participate in the 2024 Summer Residential and/or Northern California College Tour, please complete the information below. All students are required to return this form to an Upward Bound representative or the Upward Bound office by **Wednesday, May 1, 2024**.

Student's Name:	Parent's Name:
Signature:	Signature:
E-mail:	E-mail:
High School:	Cell Phone:
Grade:	Home Address:
Date of Birth:	
T-shirt Size:	City/Zip Code:

### Residential Stay and Southern-CAL College Tour

My child will participate in the 2-week Summer Residential Program	YES	NO
My child will participate in the 4-day Northern California Tour	YES	NO



# California State University Long Beach

## UPWARD BOUND PROGRAM



### RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

**Participant Name (Print)** \_\_\_\_\_

**Field Trip, Voluntary or Extracurricular Activity:** Upward Bound & Upward Bound Math & Science  
Summer Program

**Date(s):** June 17, 2024 – July 27, 2024

**Activity and Location:**

UB & UBMS will host a hybrid Program. June 17 - July 27, excluding the virtual portion June 17-22, 2024, students will be at CSULB. Residential: Sunday, June 17, 2024 — Friday, July 20, 2024 (Saturday, July 20, 2024 - Students will check out of housing & return to campus on Wednesday, July 24, 2024, to depart for the Northern California College Tour: July 24, 2024 — July 27, 2024. (return)

In consideration for being allowed to participate in this Activity including air and/or ground transportation, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the state of California, the Trustees of The California State University, California State University, Long Beach, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from, and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from, and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from, and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.



**California State University, Long Beach**  
**1250 Bellflower Boulevard**  
**Long Beach, California 90840**

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

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**Participant Signature**

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**Participant Printed Name**

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**Date**

**If Participant is under 18 years of age:**

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

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**Signature of Minor Participant's Parent/Legal Guardian**

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**Name of Minor Participant's Parent/Legal Guardian (print)**

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**Date**

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**Minor Participant's Name (print)**



California State University,  
 Long Beach 1250 Bellflower Boulevard  
 Long Beach, California 90840

## VOLUNTARY MEDICAL DISCLOSURE STATEMENT AND ASSUMPTION OF RISK

**PROGRAM** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**PARTICIPANT:** \_\_\_\_\_

The following medical information may be necessary in the event of serious illness or accident. Please complete this form accurately and to the best of your ability. The facts you disclose will be kept confidential and will be used only to help the staff respond to an injury or illness. Failure to disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if you are unable to respond clearly to the medical staff's inquiries. Please print your responses.

**PERSON TO CONTACT IN EVENT OF EMERGENCY:**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DIETARY RESTRICTIONS:**

Please describe any known dietary restrictions (i.e., lactose intolerant, food allergies)

**MEDICATIONS:**

Please list all medications you are taking or will be taking during this program. All medicines prescribed or over-the-counter, should be transported in its original packaging.

**BLOOD TYPE RH FACTOR:** \_\_\_\_\_

**ASSUMPTION OF RISK:**

I have consulted with a medical doctor with regards to my personal medical needs. I am aware of all applicable personal medical needs. I have no health-related reasons or problems that preclude or restrict my participation in this program. I assume all risk and responsibility for my medical needs.

The University may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for their actions.

\_\_\_\_\_  
 Participant's Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Legal Guardian's Signature if participant is a minor

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Legal Guardian's Signature (2) if participant is a minor

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date



**CALIFORNIA STATE UNIVERSITY, LONG BEACH**  
**Image Release Form**

Youth Activity Name: Upward Bound & Upward Bound Math & Science Summer Programs

Location: CSULB & Other Various Locations in Northern California

Minor Name: \_\_\_\_\_ Date(s): June 17, 2024 – July 27, 2024

I, \_\_\_\_\_ the parent and/or legal guardian of, \_\_\_\_\_ (my "Child(ren)"), do hereby grant permission to the State of California, Trustees of the California State University, California State University, Long Beach, California State University, Long Beach Research Foundation and all officers, employees, volunteers and agents of each of them (referred to as "University") to photograph/video and to UB / UBMS the said photograph(s)/video(s) of me and/or my Child(ren) at the Youth Activity as defined above on the University website and in related Program/University promotional brochures, advertisements, and videos for the purpose of promoting the Program/University's business worldwide. I hereby waive all rights of privacy and/or compensation for me and my Child(ren), which I, or she/he, may have in connection with the use of my, or her/his, photograph, likeness, depiction or story, or any or all of them, in or in connection with said University websites, still photography, or video/film and any use to which the same or any material therein may be put, applied or adapted by the University in connection with the promotion of the University. I hereby grant the University permission to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs.

I, for myself and my Child(ren) and our respective heirs, administrators, successors and assigns hereby release the University from and against any and all claims, liabilities, losses, expenses, causes of action, costs of every nature and/or damages of any kind (including, but not limited to, invasion of privacy, defamation, false light or misappropriation of name, likeness or image, unauthorized replication of image) arising out of, or in connection with, the use of my, or my Child(ren) 's, photograph, name or likeness, or any or all of them, by the University for its business promotion activities. I further understand that all grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I acknowledge and represent that I am over the age of eighteen (18), that I have read the entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor Child(ren).

Print Child(ren) Name: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Parent and/or Legal Guardian of (Child(ren) 's Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION**  
**Youth Activity Programs**

**Emergency Contact Information:**

In the event of an emergency, the \_\_\_\_\_ Youth Activity will make every effort to contact the participant's primary contact who has provided an Affidavit for Medical Care. In the event we are unable to contact this parent(s) or legal guardian(s) first, please provide two other individuals that can be contacted in the event of an emergency. I \_\_\_\_\_ do \_\_\_\_\_ do not want to receive any future surveys and/or follow-up information at the contact information provided for Youth Activity purposes only.

**Primary Contact:**

\_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship

Phone No. 1: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Secondary Contact:**

\_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship

Phone No. 1: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Third Contact:**

\_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship

Phone No. 1: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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