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Complete the following 7-page application

Provide proof of income (copy of income tax)

Complete a one-page statement (see page 6) explaining why you would like to join the CUB program

The recommendation form (page 7) may be completed by a teacher, mentor, or community leader

Contact Ms. Carla M. Williams at 316-978-6896 for further information or assistance

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Attn: Carla M. Williams
Wichita State University
TRIO Communication Upward Bound Program
1845 N. Fairmount - Box 31
Wichita, KS 67260-0031

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Full Name: _____
Last First M.I.

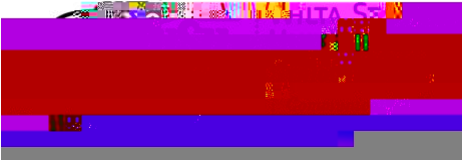
Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Social Security Number: _____

(? B E D □ E | (Check all that Apply)





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E EC/B : / D : ? D

Student's Name: _____ Parent's Name: _____

Address: _____
Street address City, State Zip

Home Phone: _____ Work Phone : _____ Cell Phone: _____

Emergency Contact Person: _____ Phone: _____

Is the student covered by health insurance? Yes No

Insurance Company: _____ Policy Type: _____

Policy Number: _____ Expiration Date: _____

**** Please attach a front and back copy of the insurance card, including those covered through state welfare or S.R.S. ****

: ? B E ?

I authorize the TRIO Communication Upward Bound program to provide emergency medical and dental services for my child. I will not in any way hold Wichita State University or the CUB program responsible for any treatment deemed necessary for medical/dental services.

 Parent/Guardian Signature Date

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I authorize the CUB program to provide transportation for my child to program activities. I hereby release the CUB program from any responsibility for any criminal act of malice, vandalism, theft and any other unlawful behavior during his/her trips sponsored by the CUB program.

 Parent/Guardian Signature Date



