



To apply for admission to the TRIO Communication Upward Bound (CUB) program:

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

Send to:

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

## Program Application

TRIO Communication Upward Bound (CUB)

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Racial or Ethnic Group *(Check all that Apply)*

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## Insurance Provider

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TRIO Communication Upward Bound (CUB)

*To be completed by parent/guardian*

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. \*\*\**

### Medical Provider

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

### Parental Release for Student Travel

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





