



Reading Area Community College
UPWARD BOUND PROGRAM
Student and Parent Interest Form

NAME _____ GRADE _____ RSD ID # _____

Please read the Fact Sheet. In order to determine your level of commitment to participate in Upward Bound, please answer the following questions.

STUDENT SECTION:

1. How did you hear about Upward Bound?
2. Tell us why you would like to participate in our program.
3. What are your career plans after high school?
4. What concerns do you have about finishing high school and going on to college?
5. Can you make a commitment to attending after-school meetings as well as the six-week summer Upward Bound Program?
6. Name 3 items on the fact sheet that interest you the most.

PARENT SECTION:

1. Tell us why you would like to have your child participate in the Upward Bound Program.

Parent Signature _____ Print Name _____

Student Signature _____ Date _____

Important: Completing this form does not obligate your child or you to participate in Upward Bound. Please return this form to the Upward Bound Office. After review, the next step will be for the student and parent(s) to complete the Application for Participation in the Upward Bound Program.

Call 610.374.0844 or email upwardbound@racc.edu with any questions.

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