



UPWARD BOUND

UNIVERSITY of PENNSYLVANIA

Dear Parent(s), Guardian(s), and Student(s):

It is with great pleasure that we share that we will host a **residential Summer Academy** this summer! During the Summer Academy, students will take both academic and elective courses, giving them the opportunity to strengthen their skills and explore interests. Additionally, Summer Academy participants will participate in tutoring, college and university campus tours, career exploration, and academic and cultural enrichment opportunities.

The **Summer Academy** will begin on **Monday, 6/15/26** and end on **Friday, 7/24/26**. Students will move into the dormitory on Sunday, 6/28/26. Our annual week-long summer trip is scheduled for the week beginning on Monday, 7/20/24 and concluding on Friday, 7/24/26.

All interested **students must return a completed application by Saturday, 4/18/26** and attend the summer program orientation (date to be determined). Please be advised that space is limited. We determine eligibility based on engagement, overall participation, behavior, and grades.

On behalf of the Upward Bound Program, we thank you for your support and hope you will join us in making this a memorable summer. Should you require additional information, or have any questions, please contact the Upward Bound Program at (267) 227-0348 (UB google phone) or (215) 898-3185 (UB office phone).

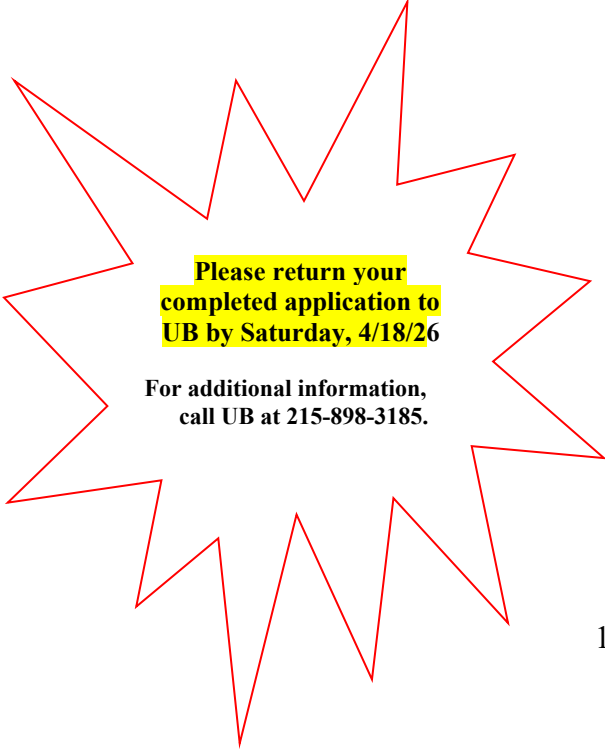
Sincerely,

UB Staff

PLEASE KEEP THIS PAGE OF THE APPLICATION FOR YOUR OWN RECORDS.

Why join UB over the summer?

- Stay connected with your UB classmates while learning new skills.
- Earn a stipend!
- Participate in weekly college prep activities, including college tours.
- As a rising senior, participate in Senior Seminar to get a jumpstart on the college application process.



**Please return your
completed application to
UB by Saturday, 4/18/26**

**For additional information,
call UB at 215-898-3185.**

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

Should my child be injured or become ill while participating in any program-related activity or field trip, I hereby authorize the administration of such first aid and medical services to my child as the circumstances require and hereby release the University of Pennsylvania, the Hospital of the University of Pennsylvania, and any of their agents, servants, or employees from liability for any injuries or damages of any nature suffered by the participant or me by reason of any first aid, medical or other services performed or not performed upon the participant. I agree that this authorization shall remain in effect as long as my child is a participant in the Upward Bound Program.

HEALTH INSURANCE INFORMATION

1. Does your child have health insurance? Yes _____ No _____ (if no, skip to **6**)
2. If yes, name the insurance plan: _____
3. Insurance Policy or Plan Number: _____

****Please attach a copy of the front and back of the card, which covers the above student.****

4. Employer /Agency Name who provides the Medical coverage: _____
5. In whose name is the insurance issued: _____ Relationship to student: _____

6. If participant is not covered by health insurance, parent or guardian signature on this authorization certifies their acceptance of financial responsibility for emergency care if needed.

7. Are there any medical condition(s) pertaining to your child that we should be aware of? If so, please specify on the next line.

8. Is your child allergic to anything? If so, please specify: _____

9. Please list any medications that your child is currently taking. Please list the name, dosage and how many times a day the medical is taken: _____

SUMMER ACADEMY PARTICIPANT AGREEMENT

The dates of this program are:

Monday, June 15, 2026 to Friday, July 24, 2026

As a condition of my participation in this program I agree and understand as follows:

- ❖ I understand that I will be required to reside on the University of Pennsylvania campus, Sunday through Friday, during the residential component of the program. On weekends, I am required to go home.
- ❖ I will abide by the rules and regulations of the program as explained to me by the program supervisors and outlined in the Student Handbook.
- ❖ I am committed to participating in all facets of the six-week Summer Academy. I will attend and participate fully in all classes, including completing all homework assigned.
- ❖ I understand that I will be assigned a Tutor Counselor who will act as a mentor and be available for any campus related assistance.
- ❖ I will treat each person in the program with respect and courtesy, including respect for privacy. Abusive language, spoken and written, is strictly forbidden. Bullying, hazing, threatening behavior, and harassment of staff members and fellow students is also strictly forbidden, whether on campus, in a virtual program setting, or through means of communication, such as text messages, chat, etc.
- ❖ I will respect University property and act responsibly on campus. I understand that I am responsible for any damage that I may cause to any property of the University.
- ❖ I understand that should I cause injury or damage to any person or property that my parent/guardian is fully responsible for the reparation of all injuries or damages.
- ❖ I understand that all sexual and/or pornographic activity or communication is absolutely forbidden.
- ❖ I understand that possession, consumption, or sale of any drug (including cigarettes, vape products, and alcohol, but not including prescribed medication if used as prescribed) is strictly prohibited.
- ❖ I understand that the possession, use, handling, or sale of any type of weapon is strictly prohibited.
- ❖ I understand that proper dress is required at all times.

I have carefully read and understand this agreement. I agree to abide by this agreement. I understand that if I fail to abide by any of the conditions in this agreement, I may be dismissed from the program immediately or that I may be subject to other appropriate disciplinary action.

PERMISSION FORM

My child, _____, is participating in the Upward Bound summer program at the University of Pennsylvania from June 15, 2026 to July 24, 2026. I hereby give my permission for my child to participate in the program, any and all of its activities including the summer trip from July 20, 2026 to July 24, 2026.

I have discussed with my child the travel arrangements for his/her departure from the program each week.

- My child will travel via public transportation at the time of dismissal.

or

- I have arranged to pick him/her up at the dorm at the time of dismissal.

I understand that photographs, video recordings or studio recordings may be taken of me or my child during my participation in this summer program by employees, students, or agents of the Trustees of the University of Pennsylvania and may be used in connection with the University of Pennsylvania's quality control of distribution of promotion of its academic and public service programs to the general public. I authorize the University of Pennsylvania to copy, exhibit, publish, or distribute any and such images and audio of me or my child, for purposes of distributing or publicizing University of Pennsylvania's programs or for any other lawful educational purpose. In addition, I waive the right to inspect or approve the finished product, including written copy, wherein my or my child's likeness appears.

COVID-19 Addendum: I understand that due to the ongoing nature of the COVID-19 pandemic, changes to program rules, elements, scheduling, and/or individual participant eligibility requirements, and/or program cancelations, may need to be made by the University of Pennsylvania and/or its agents from time to time in the light of changing conditions; and my consent given hereby includes my consent to such responsive changes and/or cancelations implemented by the University. I understand the risks to me, my family, and my child associated with the transmission of respiratory disease, including but not limited to COVID-19, and my agreement to release, indemnify, and hold harmless the University encompasses health and/or safety risks relating in whole or in part to such disease.

-----**THIS IS A RELEASE. PLEASE READ CAREFULLY BEFORE SIGNING**-----

By signing, this document I agree that I shall indemnify and save harmless the University of Pennsylvania, its officers, agents, employees and servants (including but not limited to parents or other adults) who drive or otherwise transport or provide transportation to students to and from program sponsored activities from all planes, suits, or actions of every name, kind and description brought for, or on account of, injury to, death of any person or damage to property resulting from the performance of any activity permitted or required by this agreement.

I acknowledge that I have read, understand, and agree to the policies, programs, and procedures outlined in this Summer Academy application. By signing this form, I agree to all the terms and conditions.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____