

January 10, 2025

Dear Upward Bound Junior & Senior students and parents,

Enclosed you will find information on the Upward Bound Summer Work-Study Project. Applications and parental permission forms are due back to the Upward Bound office **no later than Saturday, February 15th, 2025. Late applications will not be accepted.**

Work-study students will spend approximately two hours per day on Monday, Tuesday, and Wednesday afternoons, or as otherwise scheduled, at their assigned work-study site.

Students that are selected to participate in our work-study project will have the opportunity to gain entry-level experience in their desired career field. In addition to receiving hands-on experience in their field, students will earn an additional work-study stipend to compensate them for their time (checks will be issued at the end of June and July). A Bridge student who chooses to do work-study will be limited in the amount of college credit hours they can enroll in.

Once students are selected for work-study, I will meet with them during summer orientation in May to distribute a work-study packet and clearly explain what is expected.

If you have any questions, please feel free to contact me at 660-562-1647 or by e-mail at wistrom@nwmissouri.edu. I will be glad to answer any questions that you may have.

Thank you,

A handwritten signature in black ink, appearing to read 'Rachel Wistrom', with a stylized flourish at the end.

Rachel Wistrom
Coordinator of Counseling
Upward Bound

2025 Upward Bound Work-Study Project

Requirements:

- You must be in the graduating class of 2026 or a Bridge student for the summer of 2025.
- You must be interested in a professional career that requires a postsecondary degree.
- You must have fulfilled your field tutoring responsibility throughout the 2024-25 academic year.
- Your parents/guardians need to support your involvement in the project.
- Your work-study project must be in Maryville, MO.

If Selected:

- You will be responsible for:
 - Helping to identify a work-study site and supervisor – please provide a specific location/supervisor for your top choice
 - Attending each day of work on time
 - Dressing appropriately for the site you are placed in
 - Writing a thoughtful “Thank You” letter to your work-study supervisor
 - Completing an evaluation with your supervisor at the end of the 2nd and last week of your work-study experience
 - Completing a two-page essay about your work-study experience
- You will be accountable for your actions
- All communication with the work-study site will be handled by the student in a professional, timely manner.

Explanation of Awarded Stipend:

- If all the above conditions are met by the deadlines indicated, you will be awarded a stipend by the end of July.

***This is a competitive application process; positions are limited. To be considered, applicants must submit a **completed** application by the deadline and have good standing within Upward Bound (GPA 2.75 or higher). All applicants are NOT guaranteed placement.*

Upward Bound Work-Study Project 2025

STUDENT APPLICATION

Submit this form to the Upward Bound office by Saturday, February 15th, 2025

Please type or print.

Name: _____
(First) (Middle) (Last)

Birth date: _____ Gender: (please circle) female male

Street Address: _____

City: _____ State: _____ Zip: _____ Grad year: _____

Name of High School: _____

What is your current cumulative grade point average (GPA)? _____

Do you have 2 or more unexcused absences from field tutoring? Yes No

Have you participated in UB job-shadowing before? (Please circle) Yes No

**If not selected to participate in the UB Work-Study Project, do you want to Job-Shadow?
(Please circle) Yes No**

Briefly describe your prior UB job-shadowing or work-study experience.

Please attach an essay that includes the following:

Why are you interested in this work-study opportunity? What are your career goals? What type of skills/experiences do you hope to gain if you are selected? How will a work-study opportunity help you achieve your career goals?

Please list (in order) any place(s) of business or companies you are interested in working with. Be as specific as possible to ensure suitable placement.

See the back of this sheet for possible ideas or list an idea of your own.

1. _____

2. _____

3. _____

4. _____

Possible Work-Study Locations

Below are a few locations that have been used in previous years.
Feel free to suggest something that is not on this list.

Head Start/Daycare
Chamber of Commerce
U.S. Dept. of Agriculture
Missouri Dept. of Transportation
Humane Society
City of Maryville, HR
Maryville Public Safety
University PD
Hospital – (please specify which department)

***Please note, this location has been very difficult to place students for the past several years, so it is not guaranteed. Have a **strong** second choice selected.*

Veterinary clinic
Real Estate Agent
Landscaping
Restaurant Management
Attorney
Dentist
Bank
Newspaper
NW Missouri State University Student Affairs
Funeral Home
NW Missouri State University Information Tech Dept.
Radio Station
Fitness Center
Nursing Home
Printing company
Chiropractic center

**2025 UPWARD BOUND SUMMER
JOB-SHADOW / WORK-STUDY PROJECT
PARENT / GUARDIAN PERMISSION FORM**

Student's Name: _____

(First)

(Middle)

(Last)

Parent / Guardian's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Transportation:

_____ Student will take advantage of Upward Bound provided transportation to and from the job-shadowing or work-study site.

_____ Student will provide his/her own transportation to and from site. I will not hold Upward Bound responsible or liable for any actions that may occur before arriving at the chosen job-shadowing or work-study site, while at the site, or prior to returning to Northwest Missouri State University for check-in. **Mileage reimbursement is provided.**

**Please note: students are not allowed to ride with another student without parent permission and prior approval by UB Central staff.*

I give the Upward Bound program permission to allow my student to participate in the job-shadowing or work-study project. I have read and understand the goals and expectations set for my student in this program.

Signed Parent / Guardian

Date

Please return this form to the Upward Bound office by **Saturday, February 15th, 2025**. Thank you.

ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY AGREEMENT

In consideration of the services provided by Northwest Missouri State University, its board, employees, volunteers, participants, and all other persons or entities acting in any capacity on its behalf (collectively referred to as "UNIVERSITY") in conjunction with the Upward Bound Job Shadowing Opportunity ("Event"), I hereby agree to release, hold harmless, and discharge UNIVERSITY, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives, and estate as follows:

1. I understand that the Event may not take place on UNIVERSITY property, and that the Event may be performed by a third-party without supervision from the UNIVERSITY.

2. I acknowledge that my participation in the Event entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

3. I expressly agree and promise to accept and assume all of the risks existing in this Event. My participation in this Event is purely voluntary, and I elect to participate despite the risks. I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in the Event, with the understanding that the cost of any such treatment will be solely my responsibility.

4. **I hereby voluntarily release, waive, and forever discharge any and all claims of negligence against UNIVERSITY that relate in any way to any activity I undertake in conjunction with the Event, including transportation to and from the Event.**

5. Should UNIVERSITY or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify, defend, and hold them harmless for all such fees and costs.

6. I understand that UNIVERSITY does not maintain an insurance policy that would provide coverage in the event that I am injured during the Event or cause any injury during the Event. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in the Event, or else I agree to bear the costs of such injury or damage myself.

7. I understand that UNIVERSITY may photograph, film, and/or record ("Medium") my participation in the Event. I authorize UNIVERSITY to use Medium and my likeness in conjunction with any UNIVERSITY marketing and/or promotional materials, including, but not limited to, social media accounts. I understand that I will not be compensated in any way for such use.

In the event that I file a lawsuit against UNIVERSITY, I agree to do so solely in the State of Missouri, and I further agree that the substantive law of Missouri shall apply without regard to conflict of law rules. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

[Intentionally blank and continued on following page]

By signing this document, I expressly state that I have had sufficient opportunity to read this entire Agreement.

I further certify that I have read and understood it, and I agree to be bound by its terms.

I further acknowledge that this document contains a negligence waiver and indemnification provisions.

Signature of Participant: _____ Print Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Date: _____

PARENT'S OR GUARDIAN'S WAIVER

(Must be completed by all parents and guardians for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted to participate in the Event, I agree that my child's participation in the Event is to be bound by the terms of this Agreement and further agree to waive any and all claims of negligence against UNIVERSITY which are brought by, or on behalf of Minor, and which are in any way connected with the Event, including transportation to and from the Event.

Parent or Guardian: _____ Print Name: _____

Date: _____

Parent or Guardian: _____ Print Name: _____

Date: _____