



**STIPEND PAYMENT FORM
UPWARD BOUND**

MONTHLY PROGRESS REPORT

Upward Bound Student Name _____

Month (Circle one): SEP OCT NOV DEC JAN FEB MAR APR

Upward Bound Student Address _____

School _____ Grade _____

City, State, zip _____

Class Title	Assignment Missed\	Participation/ Attitude	Estimated Grade	Teacher's Signature
		Poor Fair Good Excellent	A B C D F	

This section is to be completed by UB Advisor	
Stipend-- \$20 Total +\$5 for CE/AP Classes	Advisors Notes
[] 1 - Attend all activities and meeting held by UB (no make-up for combined activities) \$5	1: _____
[] 3 - Work with tutors, teachers, or professors \$5	2: _____
[] 4 - No D or below grades \$5	3: _____
[] 5 - Complete all assignments in class \$5	4: _____
[] 6- Concurrent Enrollment/AP Class \$5	
Total Amount: \$ _____	
_____ UB Advisor	_____ Received Date

The above student has complied with all of the areas checked above and meets the standard for award.

_____ UB Coordinator _____ Received Date

**RETURN TO ADVISOR BY THE 10TH OF EACH MONTH
LATE STIPENDS WILL NOT BE ACCEPTE**

Stipend Check Month	Due Date	Check Issue Date
September	October 10 th	October 24 th
October	November 9 th	November 24
November	December 10 th	December 24
December	January 10 th	January 24 th
January	February 10 th	February 24 th
February	March 10 th	March 24 th
March	April 10 th	April 24 th
April	May 8 th	May 24 th
No May Stipend		

