



## PROGRAM APPLICATION

### TRiO Upward Bound Classic Program

Applicants must meet the following criteria:

- Participants **must** attend one of the following high schools: **Brandywine, Concord, Mount Pleasant, Christiana, Glasgow, Newark, or William Penn.**
- At time of application, student should have completed the eighth grade but are not entered in the 12<sup>th</sup> grade.
- Provide income information and/or copy of Federal Income Tax Return to determine income eligibility as regulated by the U. S. Department of Health and Human Services.
- Meet first generation college bound requirement by providing educational information of parents.
- Participants must be available to attend the six-week Summer Enrichment Academy, each summer. (Students cannot leave the program for work or summer school).
- Participants **MUST** be available to attend each Saturday Student Meetings once a month during the academic year.
- Mail completed application and **all** required documents to the address listed below before the deadline of: \_\_\_\_\_

Delaware Technical & Community College  
TRIO Upward Bound Classic Program  
333 Shipley Street Office 430  
Wilmington, DE 19801  
302-573-5438 phone  
302-657-5187 fax



## Statement of Commitment

I \_\_\_\_\_ commit myself to  
Print students full name  
participating fully in the TRIO Upward Bound Classic Program during the academic year.

This participation includes, but is not limited to,

- meeting with my UBC Coordinator for in-school appointments,
- attending the Saturday Student Meetings once a month,
- attending the tutoring sessions when referred and
- contributing to the program to the best of my ability by attending sponsored field trips and activities.

I \_\_\_\_\_ commit myself to  
Print students full name  
participating fully in the TRIO Upward Bound Classic Program during the SUMMER by having very good attendance during the six-week Summer Enrichment Academy. I understand that I cannot leave Upward Bound during the summer program to go to work, summer school, or another program. I agree that if I have a part time job I must work hours that do NOT conflict with the Upward Bound hours.

I \_\_\_\_\_, the parent/guardian  
Print parent/guardian full name  
of above said student understand the commitment my child is making and support his/her decision to apply for consideration in the TRIO Upward Bound Classic Program. If my child is accepted into the program, I further agree to assist him/her in meeting program requirements and participating fully in all services offered.

\_\_\_\_\_  
STUDENT Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Student Information

Applicant Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Number Street Apt/Complex Name City State Zip

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check One:  Male  Female

Are you a U.S. Citizen?  
 Yes  No

Are you Hispanic/Latino?  
 Yes  No

Select one or more races from the five racial groups listed below (if applicable):

American Indian/Alaskan Native  Asian  White/Caucasian

Black or African American  Native Hawaiian or Other Pacific Islander

Education/Present Grade Status:

8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Current School: \_\_\_\_\_

If middle school please indicate high school you will attend: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Current GPA/or overall Grade Average: \_\_\_\_\_

Do you participate in any of the following youth Programs?			Where?
Trio Educational Talent Search	YES	NO	_____
Trio Upward Bound/Math Science	YES	NO	_____
S.O.A.R. Program	YES	NO	_____
FAME (UDEL)	YES	NO	_____
Other: _____			_____

Have you ever applied to another TRIO Program (Talent Search or Upward Bound)? \_\_\_\_\_

If YES, which college? \_\_\_\_\_ When? \_\_\_\_\_

What is the status of that application? \_\_\_\_\_

Do you currently participate in any extra curricular activities, play sports, or belong to any community organizations? If yes, please list:

\_\_\_\_\_

## Release of Information

Students Full Name: \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian  
Print Parents Full Name

of \_\_\_\_\_, hereby give permission  
Print STUDENTS Full Name

for an exchange of information regarding my son/daughter,  
between the Delaware Technical & Community College TRIO Upward Bound Classic  
Program and the school(s) to release transcripts, report cards, medical history, counselor's  
reports, discipline reports, attendance records, testing score reports, and any other pertinent  
information deemed necessary for the purpose of counseling, placement, and/or evaluation  
of student for services of the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
STUDENT Signature

\_\_\_\_\_  
Date

## TRIO Eligibility Information

Student's Name: \_\_\_\_\_

***Section (A.) Parent/Guardian Information***

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Circle One: Father/Legal Guardian/Step Parent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_ work phone: \_\_\_\_\_

Circle One: Mother/Legal Guardian/Step Parent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_ work phone: \_\_\_\_\_

Please indicate with whom the student lives with?

Both parents       Mother       Father      OR

Legal Guardian(s)\* \_\_\_\_\_

Please indicate relationship\*

*\*If student is part of the Delaware foster care system please skip section B and proceed to section C*

***Section (B.) Parent Education Information***

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Has either parent received a college degree?                      YES                      NO

If yes, please complete information in the box below.

Please check off the <b><i>highest</i></b> level of education received by both parents?	
<b>Father</b>	<b>Mother</b>
<input type="checkbox"/> Associates degree (2 years)	<input type="checkbox"/> Associates degree (2 years)
<input type="checkbox"/> Bachelor's degree (4 years)	<input type="checkbox"/> Bachelor's degree (4 years)
<input type="checkbox"/> Master's degree	<input type="checkbox"/> Master's degree
<input type="checkbox"/> Doctoral degree	<input type="checkbox"/> Doctoral degree

**Section (C.)** Income Eligibility Information

Upward Bound is required by federal law to verify an applicant's family size and income.

- If you filed an income tax return you **must** attach a copy of that return to the application. **DO NOT SEND W2 Forms.**
- If you did NOT file an income tax return you must submit documentation of income such as proof of AFDC, public assistance, unemployment, workmen's compensation, social security benefits, V.A. benefits, or pension.
- Leaving ANY item blank or not submitting required documentation will prevent us from being able to make a decision regarding your application. Incomplete applications will not be accepted.

1. Total number of people in family household supported by family income: \_\_\_\_\_

2. Did you file income tax returns last year?

\_\_\_\_\_ YES     *If YES you **must** attach a signed copy of your family's most recent **FEDERAL INCOME TAX RETURN (Form 1040, 1040A, or 1040EZ)***

\_\_\_\_\_ No     *If NO you must attach income documentation as listed above.*

3. If yes, what was your filing status?

\_\_\_\_\_ Single with dependants (head of household)

\_\_\_\_\_ Single

\_\_\_\_\_ Married filing separately

\_\_\_\_\_ Married filing jointly

4. What was the total family income before taxes last year?

\$ \_\_\_\_\_ *(Note: Income includes wages, AFDC and/or public assistance, unemployment, workman's compensation, social security benefits, V.A. benefits, pension, etc. **Income listed here should match documentation that you are providing with the application.** )*

*In signing this application, I (we) certify that I (we) have read this application and that the information given is correct to the best of my (our) knowledge. I (we) give consent for my (our) son or daughter to participate in the Upward Bound Classic Program if he or she is selected. I (we) further understand that selection is the responsibility of the Admissions Committee and that decisions of the committee are final.*

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
*Parent/guardian Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
*Parent/guardian Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of STUDENT

\_\_\_\_\_  
*STUDENT Signature*

\_\_\_\_\_  
Date

## Student Assessment Information

*This section is to be completed by the STUDENT:*

Student's Name: \_\_\_\_\_

1. What is your best subject/class in school? \_\_\_\_\_ why? \_\_\_\_\_

\_\_\_\_\_

2. What subject/class gives you the most difficulty? \_\_\_\_\_ why? \_\_\_\_\_

\_\_\_\_\_

3. What is one dream that you have for your future? Be specific. \_\_\_\_\_

\_\_\_\_\_

4. Do you know anyone in college? \_\_\_\_\_ If yes, where is this person going to school? \_\_\_\_\_ What are they studying? \_\_\_\_\_

5. What Upward Bound services do you feel you need in order to be more successful in high school and college? (for example: tutoring, learning about college, study skills help, exposure to college campuses, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This section is to be completed by the PARENT/Guardian:*

1. What do you think are the greatest strengths of your son/daughter? \_\_\_\_\_

\_\_\_\_\_

2. What areas of academic skill would you like to see your son/daughter improve upon?

\_\_\_\_\_

\_\_\_\_\_

3. Which Upward Bound services do you feel your family needs in order to better prepare your son/daughter for high school and college? \_\_\_\_\_

\_\_\_\_\_

4. How did you hear about our program? \_\_\_\_\_

Is there anything else you want to share with us about the applicant?

\_\_\_\_\_

\_\_\_\_\_

# Participant Recommendation Form

Student's Name: \_\_\_\_\_

*The student noted above has applied to the TRIO Upward Bound Classic Program at Delaware Technical & Community College. Please assess the student in the following areas. In making your assessment, compare with other students of similar levels of experience and education. Please feel free to contact our office should you have any questions.*

Name of recommender: \_\_\_\_\_

Title/Position: \_\_\_\_\_ School/Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Rating on scale from 1-5 (5 being highest):

Overall academic potential	1	2	3	4	5
Homework completion	1	2	3	4	5
Study skills	1	2	3	4	5
Test taking skills	1	2	3	4	5
Motivation	1	2	3	4	5
Self-discipline	1	2	3	4	5
Time management skills	1	2	3	4	5
Cooperativeness	1	2	3	4	5
Ability to get along w/others	1	2	3	4	5
Regard for rules/regulations	1	2	3	4	5

In what areas does this student need improvement in order to prepare for high school graduation?

\_\_\_\_\_

In what areas does this student need improvement in order to prepare for post-secondary education?

\_\_\_\_\_

If the student has any identified learning difficulties or disabilities, please explain and list specific needs? \_\_\_\_\_

\_\_\_\_\_

Your overall assessment: \_\_\_\_\_ highly recommend  
\_\_\_\_\_ recommend with reservation (please explain on back)  
\_\_\_\_\_ do not recommend

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Thank you very much for your time. Additional comments can be made on the back of this form, as appropriate. If you would like to fax or mail this form please do so to the following address:  
Upward Bound Classic Program, Delaware Technical & Community College, 333 Shipley Street,  
Wilmington, DE 19801, 302-573-5438 phone, 302-657-5187 fax.



## Student Health Information

Student's Name \_\_\_\_\_

Name of family doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Are you under continuing treatment by a doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what is the condition for which you are being treated? \_\_\_\_\_

If Yes, what is the name of the Doctor providing treatment? \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Are you taking any prescribed medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list medication and dosage information: \_\_\_\_\_

Do you have any physical disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please describe: \_\_\_\_\_

Are you currently receiving support services at school? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, do you have an IEP or 504 Plan? \*\* Yes \_\_\_\_\_ No \_\_\_\_\_

*\*\*Please provide a copy of the IEP or 504 Plan with this application.*

**\*If you answered YES to any of these health questions, you may be asked to submit a doctor's approval for participation in the Upward Bound Classic Program.**

## Student Essay

On a separate sheet of paper please type or handwrite an essay to answer the question below. Be sure to include your name on each sheet of paper. Please be sure to answer the question, check your grammar and spelling, and include enough information to meet the word minimum of 100 words.

**\*\*THE ESSAY MUST BE AT LEAST 100 WORDS\*\***

What goals have you set for your future, and how, in your opinion, will participation in the TRiO Upward Bound Classic Program help you to achieve your goals?

## Application Checklist

Applications **MUST** be complete and include all additional documents in order to be considered. Incomplete applications will be returned.

A complete application includes the following:

- \_\_\_\_\_ **All sections of the application complete.** (Do NOT leave anything blank)  
*(Statement of Commitment, Student Information, Release of Information, Trio Eligibility Information, Student Assessment, (2) Participant Recommendation Forms, Student Essay)*
- \_\_\_\_\_ Two recommendation forms completed by school counselor or teacher
- \_\_\_\_\_ 100 Word Essay is complete and/or attached
- \_\_\_\_\_ Submit a copy of your most recent school transcript or report card
- \_\_\_\_\_ Submit a copy of your current class schedule
- \_\_\_\_\_ Submit a copy of your DSTP test score record
- \_\_\_\_\_ Submit a copy of your PSAT, SAT, or ACT scores (High School Students Only)
- \_\_\_\_\_ Submit a signed copy of **Federal Income Tax Return** or copies of all income Documentation if a federal tax return was not filed. **DO NOT SEND W2's.**
- \_\_\_\_\_ Return application by \_\_\_\_\_.

***Incomplete applications will not be accepted and will be returned to the applicant. Please double check each page and signature line to be sure that all sections of the application have been completed. Application will not be accepted with missing documents, please use the check-list above.***

*Applicants typically receive notification within 2-3 weeks after submitting their completed applications. Students who are not initially selected into the program may be referred to other area TRiO or youth programs, and/or placed on a waiting list for future consideration. Please note that incomplete applications will not be accepted and will be returned to the applicant.*

Return completed application packet to  
TRIO Upward Bound Classic Program  
Delaware Technical & Community College  
333 Shipley Street Office 430  
Wilmington, DE 19801  
302-573-5438 phone  
302-657-5187 fax

It is the policy of the college that no person shall; on the basis of race, color, creed, sex, national origin, age or disability, be subjected to any discrimination prohibited by the Civil Rights Act of 1964, as amended; the Age Discrimination in Employment Act, as amended; Americans with Disabilities Act: Section 504 of the Rehabilitation Act of 1973; Title IX of the Educational Amendments of 1972; and other applicable laws, regulations and Executive Orders. This policy applies to recruitment, employment, and discharge and other terms and conditions of employment over which the College has jurisdiction.