

2009-2010 APPLICATION

TRIO Upward Bound Math/Science Program
Delaware Technical & Community College, Stanton/ Wilmington Campus
UBMS serves 69 students annually in the State of DE.

The program provides 50 participants with a six-week summer component with instruction and emphasis in math and science. During the academic year student's will receive school visits, mentoring, tutoring, college/SAT fee waivers and more.



Student's Name: _____

Last

First

Student's High School: _____

A COMPLETED APPLICATION MUST CONSIST OF THE FOLLOWING:

- ALL SPACES OF THE APPLICATION FILLED IN**
 - Please double check the application before mailing. Did you:
 - Complete the entire application with your parent(s)?
 - Provide copies of Income Verification?
 - Complete the 100 word essay?
 - Have your counselor provide the most recent report card and official transcript?
 - Get recommendation letters from your Counselors and Teachers?
 - Parent signature on the UBMS Application will permit the counselor to release information regarding your grades and test scores
- Income verification** – Copy of Parents/Guardian's **Signed** Tax Form 1040 and W2 or verification from governmental source.
- 100 word essay answering the following questions:**
 - Why are you interested in math or science? What are your future goals?
 - How can the Upward Bound Math Science Program help you to reach those goals?
- Needs Assessment**
- Parent Assessment**
- A copy of your most recent report card and Official Transcript**
 - Cumulative GPA must be reported
 - **Two (2) Completed Recommendation Forms** – *completed by a GUIDANCE COUNSELOR and the other by a MATH or SCIENCE TEACHER.*

Mail completed application to:
UPWARD BOUND MATH/SCIENCE CENTER
Delaware Technical & Community College
333 Shipley Street, Room 408
Wilmington, DE 19801
Phone: (302) 830-5220 Fax: 657-5104

*** PLEASE RETURN APPLICATION IMMEDIATELY!**

***We Strongly Advise you to send in your Completed Application ASAP-Don't Wait.**

***Enroll early so you can take full advantage of the upcoming program services and activities.**

***Applications will not be reviewed unless completed in their entirety.**

TRIO
UPWARD
BOUND
MATH
& SCIENCE
PROGRAM

STUDENT INFORMATION

Name: _____
Last First MI

Address: _____
Number and Street
City State Zip Code

Phone Number: () _____ Student Cell: () _____ DOB: _____

Social Security Number: _____ Age: _____

Male _____ Female _____ E-Mail Address: _____

Eligibility – US Status **34CRF Part 645, § 645.3 (a)**

_____ U.S. Citizen _____ Permanent Resident _____ Visa _____ Other (please list) _____

Permanent Resident or Other: Both must provide official copy of support documentation.

Need for Additional Assistance

Please list any special accommodations needed: _____

How did you hear about Upward Bound Math/Science? _____

Have you ever been on probation or convicted of a juvenile crime? _____ Yes _____ No

If yes, please explain: _____

SCHOOL INFORMATION

Name of Middle or High School: _____

Address: _____

Telephone Number: _____

Name of Counselor: _____

Present Grade Level (circle one): 8th 9th 10th 11th must have completed 8th grade to be eligible and at least 13 years of age.

Are you currently in a TRIO Program? _____ Upward Bound Classic or _____ Educational Talent Search

Where did you attend (if yes): _____

Name of Project Director: _____

Address: _____

PARENT INFORMATION

With whom does the applicant live? Both Legal Guardians
(*Natural Parents*) (*Support documentation required.*)
 Mother Father
 Stepmother Stepfather
 Foster Parent

Parents, please complete the information below:

Parent or Legal Guardian:	Parent or Legal Guardian:
Name: _____	Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Employer: _____	Employer: _____

Potential First-Generation College Status - CRF part 645.3 (b) (1)	Potential First-Generation College Status- CRF part 645.3 (b) (1)
Graduated from college with a 4-year degree	Graduated from college with a 4-year degree
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," what college? Highest degree completed _____	If "yes," what college? Highest degree completed _____
Occupation: _____	Occupation: _____
Work Phone: _____	Work Phone: _____

Eligibility – Low-Income Status	34 CFR Part 645.3 (b) (2)
Total number of people in family household supported by family income: _____	
Did you file income tax returns last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If so, what was your filing status? <input type="checkbox"/> Single with Dependents (Head of Household)	
<input type="checkbox"/> Single with no dependents <input type="checkbox"/> Married filing separately <input type="checkbox"/> Married filing jointly	
What was the total family income *before taxes last year? \$ _____	
*This figure must match supporting documents. (i.e. Income Tax Return & W2 forms)	
*(Income may include wages, AFDC and/or public assistance, unemployment or workman's comp., social security benefits, V.A. benefits, pension, etc.)	
Parent/Guardian Signature: _____	

Parents/Guardians you MUST PROVIDE copies of the following to support income stated above:

- **Signed Tax 1040 Form and W2 Form(s)**
- **Or**
- **Verification of income from a governmental source**

**TRIO Upward Bound Math and Science
CONSENT AND RELEASE INFORMATION CERTIFICATION**

By signing this application, I certify that I have read this application and the information given is accurate and factual. I/we give consent for my/our son or daughter to participate in the Upward Bound Math/Science initiative during the academic school year and “Summer Program,” if he or she is selected. I/we further understand that selection is the responsibility of the Admissions Committee and the decisions of this Committee are final. Additionally, I/we give consent for my/our child to participate in all program activities and to use private/public transportation to participate in off-campus activities. I/we also consent for my son/daughter to receive routine and/or emergency medical services (if necessary). Moreover, I/we give permission for my/our child to be photographed and/or interviewed by the press for program promotion only.

I/we authorize the Upward Bound Math/Science Center to secure a copy of my/ our child’s Student Success Plan, report card, transcript, State Test Scores, PSAT, SAT, ACT as well as any other educational diagnostic assessment scores now and throughout the duration of his/her participation in the program. Communications with counselors and teachers regarding such matters as academic achievement, performance issues and/or behavioral issues will be submitted to the Upward Bound Math/Science Center upon request. I also authorize a representative from the Upward Bound Math/Science Center to visit my child at his/her high school bi-weekly to satisfy the requirements of the program. Falsifying this information will result in you, the participant, being denied entrance into the program and/or expulsion from the program.

Parent Name (print)

Parent Name (print)

Signature

Date

Signature

Date

By signing this application, I certify that I have read and understand this application and that the information given is accurate and factual.

Student Name (print)

Student Signature

Date

For Office Use:

Project Entry Date: _____

COUNSELOR RECOMMENDATION FORM

The student noted below has applied to the TRIO Upward Bound Math/Science Program at Delaware Technical & Community College. Please assess the student in the areas of overall academic potential and motivation. In making your assessment, compare the student with others of similar levels of experience and education. This program is for students with high academic Math/Science potential. Please RETURN this form to the address or email below. This recommendation is crucial to the application process.

STUDENT:
SCHOOL:
ASSESSED BY:
POSITION:
PHONE NUMBER:
E-MAIL:
CUMULATIVE GPA: _____
CURRENT GPA IN CORE SUBJECTS: _____ English _____ Math _____ Lab Science
_____ Social Science _____ Foreign Language _____ Fine Arts
EDUCATIONAL TRACK: _____ General _____ College Prep _____ Honors _____ AP
Please provide Transcript, Report Cards, DSTP, PSAT, Student Success Plan and all academic assessment scores (Copies of physical test if available, please)
OVERALL ACADEMIC POTENTIAL:
MOTIVATION:

Your overall assessment of this student: This portion is a measuring rubric for acceptance and enrollment. **Please check the appropriate box:**

- HIGHLY RECOMMENDED
- RECOMMENDED
- RECOMMENDED WITH RESERVATION
- NOT RECOMMENDED

I certify that the above information is factual and accurate according to the student's records.

COUNSELOR SIGNATURE: _____

DATE: _____

(Student's application is incomplete without recommendation form)

Please Return Application IMMEDIATELY – Don't Wait.

Enroll early so you can take full advantage of the upcoming program services and activities.

TRIO UPWARD BOUND MATH/SCIENCE
Delaware Technical & Community College
333 Shipley Street- Room 408
Wilmington, DE 19801

Phone: (302)-830-5220

CONFIDENTIAL

Fax: (302)-657-5104



MATH or SCIENCE TEACHER RECOMMENDATION FORM

The student noted below has applied to the TRIO Upward Bound Math/Science Program at Delaware Technical & Community College. Please assess the student in the areas of overall academic potential and motivation. In making your assessment, compare the student with others of similar levels of experience and education. This program is for students with high academic Math/Science potential. Please RETURN this form to the address or email below. This recommendation is crucial to the application process.

STUDENT:
SCHOOL:
ASSESSED BY:
POSITION:
PHONE NUMBER:
E-MAIL:
CURRENT GRADE:
OVERALL ACADEMIC POTENTIAL:
MOTIVATION:
MATH/SCIENCE ABILITY:

Your overall assessment of this student: This portion is a measuring rubric for acceptance and enrollment: **Please check the appropriate box:**

- HIGHLY RECOMMENDED
- RECOMMENDED
- RECOMMENDED WITH RESERVATION
- NOT RECOMMENDED

I certify that the above information is factual and accurate according to the student's records.

COUNSELOR SIGNATURE: _____

DATE: _____

(Student's application is incomplete without recommendation form)

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TRIO Upward Bound Math and Science
STUDENT NEEDS ASSESSMENT INFORMATION FORM

Answers to the following questions will help us determine your motivation and preparation to undertake college work. Please answer as honestly as possible.

List two (2) careers of interest (must be a math or science career)

1. _____ 2. _____

Have you ever thought about dropping out of school? _____ Yes _____ No

How do you feel about school and your teachers? _____

What are your career and educational goals? _____

What college would you like to attend? _____

Have you attempted to contact your college of choice for information? _____ Yes _____ No

Do you know the procedures to enroll in your college of choice? _____ Yes _____ No

Do you have information about financial aid programs that may assist you in continuing your education beyond high school? _____ Yes _____ No

Do you attend a tutorial program at your high school? _____ Yes _____ No

In which academic subject(s) do you need assistance? _____

Please inform us of any other areas in which we may assist you. _____

Is there any additional information you would like Upward Bound Math and Science to Consider in determining your admission to the program? _____

PARENT/GUARDIAN QUESTIONS/CONCERNS

PLEASE PRINT (BLACK INK) OR TYPE

NOTE: This page is available for you to voice any questions or concerns regarding the Upward Bound Math and Science Program. Every effort will be made to address any questions or concerns upon receipt of this application.

1. _____

2. _____

3. _____

4. _____

