

FOR OFFICIAL USE ONLY

- 1ST GENERATION/LOW INCOME
- 1ST GENERATION ONLY
- LOW INCOME ONLY
- HANDICAPPED

UPWARD BOUND PROGRAM
DELAWARE TECHNICAL & COMMUNITY COLLEGE
TERRY CAMPUS
100 CAMPUS DRIVE
DOVER, DELAWARE 19904

STUDENT INFORMATION (PLEASE PRINT)

NAME: _____
 LAST FIRST MIDDLE

HOME ADDRESS: _____
 NUMBER AND STREET

 CITY STATE ZIP

PHONE NUMBER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

PRESENT GRADE LEVEL: (CHECK ONE)

- RACE: (CHECK ONE)**
- BLACK
 - WHITE
 - ASIAN
 - HISPANIC
 - AMERICAN INDIAN
 - OTHER _____

- US CITIZEN**
- Yes No

- 8TH GRADE
- 9TH GRADE
- 10TH GRADE
- 11TH GRADE
- 12TH GRADE

TRANSFER Yes No

SEX: (CHECK ONE)

- MALE
- FEMALE

PRESENT GRADE POINT AVERAGE (4.0 SCALE)

HANDICAPPED?

- NO YES (IN "YES", CHECK BELOW)
- HEARING
- VISUALLY
- ORTHOPEDIC
- SPEECH
- EPILEPSY
- MULTI-HANDICAPPED
- EMOTIONALLY
- OTHER _____

WHAT ARE YOUR EDUCATIONAL PLANS?

- (CHECK ONE)
- NO PLANS MILITARY
 - 2-YEAR COLLEGE 4-YEAR COLLEGE
 - TRADE OR VOCATIONAL SCHOOL
 - OTHER _____

EXPLAIN

WHAT ARE YOUR CAREER PLANS?

SPECIAL DIET REQUIREMENTS? YES NO

PLEASE LIST: _____

I HEARBY AGREE THAT I WILL FULLY PARTICIPATE IN THE UPWARD BOUND PROGRAM. FURTHERMORE, I WILL NOTIFY THE UPWARD BOUND REPRESENTATIVE IF I AM UNABLE TO FULFILL MY AGREEMENT.

STUDENT SIGNATURE

DATE

UPWARD BOUND REPRESENTATIVE SIGNATURE

DATE

PARENT INFORMATION

With whom do you live? (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Both parents | <input type="checkbox"/> One parent |
| <input type="checkbox"/> Parent & step-parent | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Legal guardian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grandparent(s) | |

Father or Legal Guardian

Name: _____

Address: _____

Phone: _____

Employer: _____

Address: _____

Phone: _____

Mother or Legal Guardian

Name: _____

Address: _____

Phone: _____

Employer: _____

Address: _____

Phone: _____

Has either parent received a baccalaureate degree? Yes No

NOTE: A copy of your 1040 income tax form must be submitted with this application.

Income may include wages, AFDC and / or public assistance, unemployment or workman's compensation, social security benefits, pension, etc.

Income information will be held in confidence and used only to determine eligibility for the Upward Bound Program.

I certify that all of the above information is true and correct to the best of my knowledge and that all income has been reported.

I hereby give permission for an exchange of information between the Upward Bound Program and the school system to release transcripts, medical history, counselor reports, report cards, SAT/PSAT/ACT scores and any other information deemed necessary for the purpose of placement, counseling, and / or evaluation.

Parent/Legal Guardian signature

Date

**DELAWARE TECHNICAL & COMMUNITY COLLEGE
TERRY CAMPUS**

UPWARD BOUND PROGRAM

PARTICIPANT'S NAME _____

HIGH SCHOOL _____ **DATE** _____

**WHY DO YOU WANT TO PARTICIPATE IN UPWARD BOUND?
(CHECK ALL THAT APPLY)**

- | | |
|---|--|
| <input type="checkbox"/> ACADEMIC ASSISTANCE | <input type="checkbox"/> SAT PREPARATION |
| <input type="checkbox"/> COLLEGE TOURS/
CULTURAL VISITS | <input type="checkbox"/> SAT/ACT FEE WAIVERS |
| <input type="checkbox"/> COLLEGE APPLICATION
FEE WAIVERS | <input type="checkbox"/> SUMMER ENRICHMENT
PROGRAM |
| <input type="checkbox"/> LIFE SKILLS/ACADEMIC
WORKSHOPS | <input type="checkbox"/> TUTORING |
| <input type="checkbox"/> FINANCIAL AID WORKSHOP | <input type="checkbox"/> CAREER/COLLEGE/ACADEMIC/
PERSONAL COUNSELING |

**PARENTS: WHY DO YOU WANT YOUR CHILD TO
PARTICIPATE IN UPWARD BOUND?
(CHECK ALL THAT APPLY)**

- | | |
|---|--|
| <input type="checkbox"/> ACADEMIC ASSISTANCE | <input type="checkbox"/> SAT PREPARATION |
| <input type="checkbox"/> COLLEGE TOURS/
CULTURAL VISITS | <input type="checkbox"/> SAT/ACT FEE WAIVERS |
| <input type="checkbox"/> COLLEGE APPLICATION
FEE WAIVERS | <input type="checkbox"/> SUMMER ENRICHMENT
PROGRAM |
| <input type="checkbox"/> LIFE SKILLS/ACADEMIC
WORKSHOPS | <input type="checkbox"/> TUTORING |
| <input type="checkbox"/> FINANCIAL AID WORKSHOP | <input type="checkbox"/> CAREER/COLLEGE/ACADEMIC/
PERSONAL COUNSELING |

STUDENT _____

UPWARD BOUND STUDENT PARTICIPATION AGREEMENT

I AGREE TO PARTICIPATE IN ALL MEETINGS WITH THE STUDENT ENRICHMENT COORDINATOR AND ACADEMIC COORDINATOR AT MY SCHOOL.

I AGREE TO ATTEND ALL TUTORING SESSIONS AND BRING ALL NECESSARY CLASSROOM ASSIGNMENTS WITH ME.

I AGREE TO COOPERATE FULLY WITH ALL UPWARD BOUND PROGRAM STAFF.

I UNDERSTAND THAT I MUST ATTEND ALL WORKSHOPS DURING THE ACADEMIC YEAR AND THE SUMMER ENRICHMENT PROGRAM.

I UNDERSTAND THAT I AM NOT ALLOWED TO BRING SMALL CHILDREN, FRIENDS OR VISITORS TO WORKSHOPS, SUMMER ENRICHMENT PROGRAM OR FIELD TRIPS. PARENTS ARE WELCOME TO ATTEND WORKSHOPS AND OCCASIONALLY UPWARD BOUND NEEDS PARENTS TO CHAPERONE FIELD TRIPS.

I UNDERSTAND THAT NO DRUGS, ALCOHOL OR CIGARETTES ARE ALLOWED AT ANY UPWARD BOUND FUNCTION.

I UNDERSTAND THAT I MUST HAVE A SIGNED PERMISSION SLIP TO ATTEND ALL OFF-CAMPUS ACTIVITIES.

BEHAVIOR PROBLEMS, SUCH AS FIGHTING, DISRESPECTING FELLOW STUDENTS OR UPWARD BOUND STAFF, ETC. COULD RESULT IN DISMISSAL FROM THE PROGRAM.

NO CELL PHONES DURING THE ACADEMIC OR SUMMER PROGRAM.

I, _____ UNDERSTAND THAT THIS IS A STUDENT PARTICIPATION AGREEMENT BETWEEN DELAWARE TECHNICAL & COMMUNITY COLLEGE'S UPWARD BOUND PROGRAM AND ME. I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND ACCEPT MY OBLIGATION TO THE AGREEMENT. I FURTHER UNDERSTAND THAT MY CONTINUED PARTICIPATION IN UPWARD BOUND IS CONTINGENT UPON MY COMPLIANCE TO THE AFOREMENTIONED TERMS AND CONDITIONS.

STUDENT SIGNATURE DATE

PARENT SIGNATURE DATE

UPWARD BOUND STAFF DATE