



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) US CITIZEN
 BLACK Yes No
 WHITE
 ASIAN
 HISPANIC
 AMERICAN INDIAN
 OTHER _____

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)

WHAT ARE YOUR EDUCATIONAL PLANS?

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

WHAT ARE YOUR CAREER PLANS?

EXPLAIN

LIST ANY FOOD ALLERGIE (MUST PRESENT DOCTOR'S NOTE)

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)

- Both parents
Parent & step-parent
Legal guardian
Grandparent(s)
One parent
Foster Parent
Other

Father or Legal Guardian

Mother or Legal Guardian

Name:
Address:
Phone:
Employer:
Address:
Phone:

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.

Parent/Legal Guardian signature Date

PARTICIPANT'S NAME

HIGH SCHOOL DATE

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

- ACADEMIC ASSISTANCE SAT PREPARATION
COLLEGE TOURS/ CULTURAL VISITS SAT/ACT FEE WAIVERS
COLLEGE APPLICATION FEE WAIVERS SUMMER ENRICHMENT PROGRAM
LIFE SKILLS/ACADEMIC WORKSHOPS TUTORING
FINANCIAL AID WORKSHOP CAREER/COLLEGE/ACADEMIC/ PERSONAL COUNSELING



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STUDENT _____

UPWARD BOUND STUDENT PARTICIPANT 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 CLASSES.

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

FOR OFFICIAL USE ONLY

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