

# DELAWARE TECHNICAL COMMUNITY COLLEGE



## Classic Upward Bound Program

**Student Name:** \_\_\_\_\_  
Last First M.I.

### Mission Statement

**Classic Upward Bound (CUB)** empowers participants to complete high school and enter and complete a program of postsecondary education by providing academic support, personal guidance, parent education, and enrichment services in the areas of study skills, college preparation, and financial aid.

Classic Upward Bound is required by the U.S. Department of Education to obtain information requested in this application and ensures that all information provided will be held in confidence.

### The Application Process

- ✓ Please return this completed application to your guidance office or mail it in the attached envelope.
- ✓ Provide a recommendation form with envelope to both your:
  - Guidance Counselor
  - English Teacher
- ✓ Incomplete application packets will not be considered. Please answer all questions. Use N/A (Not Applicable) rather than leaving a question blank.
- ✓ CUB will conduct interviews with eligible students at the high school
- ✓ CUB will conduct interviews with parent / guardian at the Delaware Tech Georgetown Campus
- ✓ For more information contact the CUB office at 302-259-6370.

### **A complete CUB Application Packet consists of the following:**

- Completed Application by: \_\_\_\_\_
- Counselor Recommendation, along with:
  - Current Course Schedule
  - Recent Report Card
  - Previous Year's Transcript (unofficial) or Record Card
  - Smarter Score Report for Reading, Math, and Writing
- English Teacher Recommendation

**Delaware Technical Community College**  
**Classic Upward Bound Application**  
**Student Information**

**Student Name:** \_\_\_\_\_  
Last First M.I.

**Soc. Sec. No.:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Check:** Female ( ) Male ( )

**Mailing Address:** \_\_\_\_\_  
Street/Box No. City/Town State ZIP

**Home Phone:** ( ) \_\_\_\_\_ **Cell :** \_\_\_\_\_  
Student Parent

**Email Address:** \_\_\_\_\_  
Student Parent

**Ethnicity/Race:**

**Ethnicity:** Is your ethnicity Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin) regardless of race: **Yes ( ) No ( )**

**Race (check all that apply):** American Indian or Alaskan Native ( ) Asian ( ) White ( )  
Black or African American ( ) Native Hawaiian or Other Pacific Islander ( )

**Citizenship:** ( ) United States ( ) Other \_\_\_\_\_ Alien Registration #: \_\_\_\_\_

Is English your primary language? Yes ( ) No ( )  
If no, what other language is spoken in your household? \_\_\_\_\_

**School Information:** Current Grade Status: 8<sup>th</sup> ( ) 9<sup>th</sup> ( ) 10<sup>th</sup> ( ) 11<sup>th</sup> ( )

Name the school you attend or plan to attend: \_\_\_\_\_  
(Middle School) (High School)

**Do you require accommodation based upon a physical/mental impairment (as defined by the ADA)?** **Yes ( ) No ( )**

*If you require specialized accommodations based upon a documented disability, please bring it to the attention of the CUB Program Manager, (Cheryl Miller 302-259-6317) who will work with appropriate personnel to address individual needs. Disability documentation must be submitted for consideration of reasonable accommodations.*

**Do you currently qualify as a Disconnected Youth?** **Yes ( ) No ( )** If yes, please specify \_\_\_\_\_

*A Disconnected Youth is defined as an individual who is homeless, in foster care, or involved in the juvenile justice system*

**Are you currently enrolled in or have you recently applied to the Educational Talent Search Program or the Upward Bound Math & Science Program?** **Yes ( ) No ( )**

  
**Student Information Release Form**

I hereby give permission for an exchange of information regarding my son/daughter \_\_\_\_\_ between the Delaware Technical Community College TRIO program (Classic Upward Bound) and the school system to release transcripts, Smarter/SAT/ACT scores, medical history, counselor's reports, and any other information deemed necessary for the purpose of counseling, placement, and/or evaluation.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date Student Signature Date

**Student Name:** \_\_\_\_\_  
Last First M.I.

**Instructions:** The parent who claimed the student applicant, please complete the following income affidavit using your **2017 income tax form**. ***All information will be kept confidential.***

Use **taxable income** after all deductions (it will be less than your net income).

**Taxable income** is found on: Line 43 – Form 1040; Line 27 – Form 1040A.

**Taxable Income** \$ \_\_\_\_\_ (The amount after all allowable deductions, enter exact amount)

**Does student receive free lunch or attend a school participating in the Community Eligibility Provision** (i.e. all student receive free breakfast/lunch)? ( ) No ( ) Yes

**Total number of exemptions claimed on tax form - found on Line 6d of either form:** \_\_\_\_\_

**Total Number of persons living in the household -** \_\_\_\_\_

**With whom does the student live? Check one and indicated parent(s) name below**

- ( ) Both Parents ( ) Parent and Step-parent ( ) Legal Guardian  
( ) One Parent ( ) Foster Parent ( ) Other \_\_\_\_\_

**Information on Parent (s)/Guardian(s) With Whom Student Lives:**

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_  
Last First

**Parent/Guardian Address:** \_\_\_\_\_  
(if different from applicant) Street/Box No. City/Town State ZIP

**Highest Grade Finished:** ( ) high school diploma ( ) some college ( ) Associate's degree ( ) Bachelor's degree  
( ) Master's degree ( ) Doctorate ( ) highest grade completed: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_  
Last First

**Parent/Guardian Address:** \_\_\_\_\_  
(if different from applicant) Street/Box No. City/Town State ZIP

**Highest Grade Finished:** ( ) high school diploma ( ) some college ( ) Associate's degree ( ) Bachelor's degree  
( ) Master's degree ( ) Doctorate ( ) highest grade completed: \_\_\_\_\_

**Certification:** I hereby certify that all of this information is true and correct to the best of my knowledge, and that all income is reported.

Parent /Legal Guardian Printed Name \_\_\_\_\_

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

\_\_\_\_\_  
Date

# Short Answers

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

Please answer the following questions. Your answers should be thoughtful and well organized. Please write neatly and proof read your work.

1. What would you like to do after you graduate from high school? \_\_\_\_\_

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2. What type of people do you think go to college? \_\_\_\_\_

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Are you this type of person? \_\_\_\_\_

3. Who encourages you to go to college? What do they say and/or do to encourage you?

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4. What is the one thing you really like about yourself and why? \_\_\_\_\_

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5. Please list other school or community activities that you are currently involved in:

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6. Please list three careers that interest you: 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

Parent/Legal Guardian please initial here after reading \_\_\_\_\_ Date \_\_\_\_\_

# Needs Assessment

**Student Name:** \_\_\_\_\_  
Last First M.I.

Which services would you benefit from to be more successful in high school and college?  
 Please check all that apply.

- Tutoring
- Academic advisement
- Professional mentoring
- Assistance with college admission
- Test preparation (Smarter, SAT, ACT)
- Personal counseling
- Assistance using technology
- Activities to build confidence, self-esteem &/or social skills
- Parent workshops/family activities
- Language assistance (LEP/ESL students)
- College & cultural visits
- Study skills
- Career awareness
- Research procedures
- Financial/Economic Literacy
- College Financial Aid/Scholarship
- Other needs: \_\_\_\_\_

Why do you think you need the services of Classic Upward Bound? **Please check all that apply.**

- My Grade Point Average (GPA) is low
- My Smarter/DCAS score is below '3' in English, math, and/or writing
- I don't think I'm college material but I may want to go
- I won't have help if I take challenging courses
- I'm not sure what career is best for me and/or I need more information about my career choice
- English is not my native language and I have difficulty speaking, reading, writing or understanding English
- I need to improve my confidence, self-esteem and/or social skills
- I live in a low-income community with few opportunities
- I live in a rural community with few opportunities
- I'm interested in careers in math and science
- I have a diagnosed learning disability
- Other reason: \_\_\_\_\_

## Service Provision

I understand that Classic Upward Bound is a year-round program and that full participation is expected. I am able and willing to participate in:

Monthly meetings during the school day	_____yes	_____no	_____unsure
After-school tutoring	_____yes	_____no	_____unsure
1-2 Saturday workshops each month	_____yes	_____no	_____unsure
6-week summer program at Delaware Tech	_____yes	_____no	_____unsure

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**Parent/Legal Guardian please initial here after reading \_\_\_\_\_ Date \_\_\_\_\_**



# ***TRiO PROGRAM***

## ***Student Information Release Form***

*I hereby give permission for the college system to release information to the TRIO programs (Classic Upward Bound and Upward Bound Math & Science). This exchange of information includes: course schedule, transcripts, counselor's reports, degree attained, financial aid information, and any other information deemed necessary for the purpose of tracking my college enrollment, persistence, progression, and completion.*

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**Student Signature**

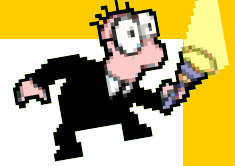
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**Date**

**JACK F. OWENS CAMPUS**

21179 College Drive, Georgetown, DE 19947 | 302.259.6000 | [www.dtcc.edu](http://www.dtcc.edu)

*An Equal Opportunity/Affirmative Action Institution*



## TRIO Follow-up Contact

According to funding guidelines, Classic Upward Bound is required to follow-up on program alumni for six years after high school graduation. To assist in the process the programs request that you identify four individuals, such as grandparent, aunt/uncle, older sibling, or cousin, who are likely to know the whereabouts of the applicant in case parents/guardians identified in this application cannot be located due to change of address or phone number.

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

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

Address \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_



## Academic Monitoring

To enable Classic Upward Bound (CUB) to better monitor the student's schoolwork, attendance, grades, etc., CUB requests access to your student's Home Access Center account, if available.

### HOME ACCESS INFORMATION

USERNAME: \_\_\_\_\_

PASSWORD: \_\_\_\_\_

I am unaware of what Home Access is or do not currently have this access information: \_\_\_\_\_

# TRIO Program Student Participation Agreement

**The following code of conduct outlines the behavior expected of me when I participate in all activities.**

1. Keep a positive attitude.
  2. Arrive mentally, physically, and emotionally prepared to work towards my goal.
  3. Arrive on time and be where I belong at all times.
  4. Treat others and myself with respect and courtesy.
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**Inappropriate behavior in the program will be addressed as follows:**

- ◆ The first offense will result in a conference with the teacher/counselor/program manager and a phone call to the parent(s)/guardian(s).
- ◆ Participants may be excluded from attending field trips, work study program and other special events or activities.
- ◆ Continued inappropriate behavior could result in expulsion from the program.

**Inappropriate Behavior:**

- ◆ Displaying an uncooperative attitude towards program staff, guests, or fellow participants
- ◆ Foul language
- ◆ Disruptive behavior (ex. backtalk, sleeping during presentations or during class)
- ◆ Use of an iPod or cell phone even with headphones during classroom instruction
- ◆ Being disrespectful to a teacher, chaperone, staff member, and other participant, guest, or Delaware Tech staff.
- ◆ Excessive lateness (3-4 times)
- ◆ Extreme violation of the respect and trust expected of program members
- ◆ Drinks and snacks brought into the computer lab

***Issues Not Negotiable: These issues will result in immediate expulsion from the program.***

- ◆ Fighting
- ◆ Use and/or possession of alcohol or drugs
- ◆ Use and/or possession of tobacco products
- ◆ Possession of any firearms and/or weapons
- ◆ Leaving campus without permission

**Dress Code:**

- ◆ No halter, midriff or tank tops (stomach and lower back should be completely covered)
- ◆ No sagging pants
- ◆ No short shorts
- ◆ No hats/caps in class

**I have read and understand the expectations of being a program member and agree to accept the obligation of this Agreement.**

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Student Name

Date

Parent/Legal Guardian please initial here after reading \_\_\_\_\_ Date \_\_\_\_\_



# TRIO Program

## Student & Parent/Legal Guardian Participation Contract

- 1) I agree to participate in all meetings with the Student Enrichment Coordinator at my high school.
- 2) I agree to attend all program classes punctually and regularly and to complete all academic and summer component class projects and assignments on time and to the best of my ability.
- 3) I agree to attend all tutoring sessions and bring all necessary classroom assignments with me to these sessions.
- 4) I agree to attend the six-week summer program.
- 5) I agree to give my full cooperation to the program staff.
- 6) I agree to provide a written excuse, signed by my parent or guardian, to the program office for any absence during the academic component and summer programs. I understand that I am expected to attend at least 80% of the academic component workshops and 80% of the summer program class/field trip days, unless an exception has been requested and approved.
- 7) I understand that no drugs (except by doctor's prescription) or alcoholic beverages are allowed on campus. I also understand that smoking is prohibited. I further understand that once on the Delaware Tech campus I am not permitted to leave without consent from a program staff person. Violation of this rule (#7) will cause automatic dismissal from the program.
- 8) I understand that I must strive to achieve/maintain a minimum 2.5 GPA and that I will be placed on probation if I fall below that average. If my GPA falls below a 2.0, I may be dismissed from the program.
- 9) I understand that open drinks and snacks are not permitted in the Delaware Tech computer labs, hallways and lecture halls. Use of cell phones and iPods is prohibited in Delaware Tech classrooms and lecture halls. I understand that I am not permitted in the computer lab without an instructor present.
- 10) I understand that I will be paid a stipend during the academic and summer components according to my attendance. Lost or damage to program textbooks, equipment or facilities will require the partial forfeit of my stipend in order to reimburse the program for the replacement or repair cost. Any debts owed to Delaware Tech, the program and/or its committees will be deducted from my stipend.
- 11) I understand that I am not allowed to bring small children, friends, or visitors to program activities.
- 12) I understand that I must have on file, a signed parental consent form in order to attend all off-campus activities. I agree to ride only the program bus to all off-campus activities unless special permission is granted by the program manager.
- 13) Behavior problems and student responsibilities are fully described on the Participation Agreement.
- 14) I agree to provide access to my son/daughters Home Access Center account..
- 15) I agree to keep the program current regarding changes in my address, phone numbers and email address.
- 16) A parent or family representative will attend parent workshops and special events and will RSVP in a timely manner.

I, \_\_\_\_\_ understand that this is a Student & Parent/Legal Guardian Participation Contract between Delaware Technical Community College's TRIO program, me and my parent/guardian. I hereby acknowledge that I have read, do understand, and accept the obligation of the contract. I further understand that my continued participation in this program is contingent upon my compliance to the aforementioned terms and conditions.

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Student Signature/Date

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Parent/Legal Guardian Signature/Date

**DELAWARE TECH TRIO AUTHORIZATION FORM**

**PARTICIPANT INFORMATION**

PARTICIPANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL YEAR: **2017-2018**

HOME ADDRESS: \_\_\_\_\_  
City State Zip

PRIMARY PHONE #: \_\_\_\_\_ STUDENT'S CELL PHONE #: \_\_\_\_\_

STUDENT'S E-MAIL ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MOTHER'S E-MAIL ADDRESS: \_\_\_\_\_ MOTHER'S CELL PHONE #: \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FATHER'S E-MAIL ADDRESS: \_\_\_\_\_ FATHER'S CELL PHONE #: \_\_\_\_\_

IF PARENTS CANNOT BE REACHED CALL:  
Emergency Contact (1) \_\_\_\_\_ PHONE #: \_\_\_\_\_  
Name and Relationship

Emergency Contact (2) \_\_\_\_\_ PHONE #: \_\_\_\_\_  
Name and Relationship

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FAMILY DENTIST: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OUR CHILD HAS THE FOLLOWING HEALTH PROBLEM(S): \_\_\_\_\_

OUR CHILD NEEDS THE FOLLOWING MEDICATION/HEALTH SERVICES: \_\_\_\_\_

OUR CHILD IS ALLERGIC TO: \_\_\_\_\_

CAN THE COLLEGE PROVIDE YOUR CHILD WITH TRANSPORTATION TO AND FROM TRIO EVENTS? \_\_\_\_\_ Yes \_\_\_\_\_ No

SPECIAL NEEDS OF CHILD DURING TRANSPORTATION PROVIDED BY THE COLLEGE FOR TRIO EVENTS: \_\_\_\_\_

MEDICAL INSURANCE: MEDICAID POLICY #: \_\_\_\_\_

BLUE CROSS/BLUE SHIELD ID #: \_\_\_\_\_

OTHER: NAME & POLICY #: \_\_\_\_\_

In cases of emergency evacuation, is your child permitted to drive his/her vehicle off campus? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ NA

I, the undersigned legal guardian of \_\_\_\_\_ (Print Name) hereby give my consent to the Delaware Technical Community College for my child to attend and participate in all TRIO activities including, but not limited to, Workshops at Delaware Technical Community College, College Field Trips, College Fairs, Career Field Trips, Career Fairs, Leadership Conferences, Summer Programs, Academic Enhancement Trips, Delaware State TRIO Activities, Tutoring Activities, and Cultural Trips. My permission extends to all TRIO activities, including those off of property owned or controlled by the College, in which my child is a participant. My permission also includes the transportation that the College provides to my child for TRIO activities unless I have indicated otherwise on this form. In the event that I have declined to permit the College to transport my child to and from TRIO activities, I understand that it is my responsibility to arrange for my child's transportation to and from TRIO activities and I acknowledge that the College, its employees, agents, and trustees, have no liability arising out of and from the transportation of my child to and from these TRIO events.

**TRIO Programs, Delaware Technical Community College**  
21179 College Drive, Georgetown, DE 19947  
(302) 259-6355 (Talent Search), (302) 259-6370 (Classic Upward Bound and UB Math & Science Center)



I understand that my child's participation in TRIO activities carries with it the possible risk of physical injury, including serious disabling injury or even death, to my child. I acknowledge that my child has no physical or psychological problems that would prohibit his/her participation in TRIO activities, and I understand that my child is expected to follow the instructions of TRIO personnel during all TRIO activities. On behalf of my child, I expressly assume all such risk of physical injury or death and hereby release and will hold the Delaware Technical Community College, its trustees, employees and agents, harmless for any and all liability, including negligence actions, claims, debts and demands of every kind whatsoever which arise directly or indirectly from my child's participation in the TRIO program and the transportation provided by the College for my child's participation in TRIO activities. Moreover, I understand that I am fully responsible for any and all losses or damages that my child inflicts upon any person or upon property, whether on or off of College grounds, during my child's participation in all TRIO activities.

In the event that I, my emergency contacts, or my family physician/dentist that I have listed on this form cannot be contacted in an emergency, I give my consent to Delaware Technical Community College to arrange for or provide all emergency medical and dental care necessary to preserve the health of my child during all TRIO activities, including while my child is being transported by the College to and from TRIO events. My consent also includes the transportation necessary for the College to preserve the health of my child. I acknowledge that I am responsible for all charges in connection with any care and treatment rendered. On behalf of myself and my child, I release Delaware Technical Community College, its trustees, officers, faculty, and employees from any and all claims arising from the emergency treatment and/or administration of medical care with respect to my child as well as from the transportation provided by the College to preserve the health of my child.

Moreover, I give Delaware Technical Community College consent to use the name, written work, and/or photograph/video of my child for inclusion in TRIO promotional, informational and other materials which the College or its staff in its sole discretion consider to be of benefit to the College and/or the TRIO program. This includes (but is not limited to) newspaper, television, and brochures. On behalf of my child, I waive the right to approve such uses and I release Delaware Technical Community College, its trustees, employees, and agents, from any liability in connection therewith.

**I HAVE CAREFULLY READ ALL OF THE INFORMATION ON THIS FORM AND VOLUNTARILY AGREE TO ALL TERMS AND CONDITIONS. I AM THE LEGAL GUARDIAN OF THE TRIO PARTICIPANT, AND I UNDERSTAND THAT THE INFORMATION, TERMS, AND CONDITIONS CONTAINED ON THIS FORM SHALL SERVE AS A RELEASE AND ASSUMPTION OF LIABILITY FOR MY HEIRS, EXECUTORS, AND ADMINISTRATORS.**

Signature: \_\_\_\_\_  
Legal Guardian

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