Welcome to your student’s future. Your student has made the decision to go to college and major in a STEM field. This is what we are all about:

The **Upward Bound Math & Science Center** encourages and assists participants to prepare for, enter, and complete a postsecondary education by facilitating their intellectual, cultural, social, financial, and emotional development. The goal of the program is to help participants recognize and develop their potential to excel in math and science and to support participants in obtaining degrees in science, technology, engineering, and math (STEM) fields of study.

The Math & Science Center 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 following must be included with the application:

- It is the **student’s** responsibility to obtain necessary documentation from the guidance department of their school.

  - [ ] Completed Application
  - [ ] Counselor & Math Teacher Recommendations
  - [ ] Recent Report Card/ Course Schedule
  - [ ] Most Report Card & Progress Report
  - [ ] Math State Assessment Scores (Current yr. & Last yr.)
  - [ ] Reading State Assessment Scores (Current yr. & Last yr.)
  - [ ] Science State Assessment Scores ___8th/___10th
  - [ ] Transcript (unofficial)

_All the above is **required** for consideration. Incomplete applications will not be considered._

The Application Process

Please return this completed application in the attached envelope or mail to UBMS/TRIO Programs, Delaware Technical Community College 21179 College Drive, Georgetown, DE 19947

The Math & Science Center staff will conduct interviews with eligible students & parent(s) / guardian(s)

Students & parents will be notified of recruitment status: acceptance into program, wait list, or ineligibility

Students not accepted into the Math & Science Center will be referred to similar programs

Thank you, **Upward Bound Math & Science Center**

For more information contact the Math & Science Center at (302) 259-6370 or you can view our webpage at [http://www.dtcc.edu/owens/ccp/SSS_Trio/Pages/UBMSC1.htm](http://www.dtcc.edu/owens/ccp/SSS_Trio/Pages/UBMSC1.htm)
Please answer ALL questions, use N/A (Not Applicable) rather than not answering a question or leaving the question blank.

Last Name: ___________________________ First Name: ___________________________ MI ___________

Soc. Sec. No.: __________-____-______ Date of Birth: __________________________ Gender Male ☐ Female ☐ (Required)

Mailing Address:
Street/Box No. ___________________________ City/Town ___________________________ State ______ ZIP ______

Home Phone: ___________________________ Cell: ___________________________ Student ☐ Parent ☐

Email Address: ___________________________ Student ☐ Parent ☐

Ethnicity and Race Verification
Race: Select one or more races from the five groups listed below
☐ American Indian/Alaskan Native ☐ Asian ☐ White ☐ Black/African American ☐ Native Hawaiian/Pacific Islander

Ethnicity: Hispanic/Latino Yes ☐ No ☐

Is the student a U. S. citizen? Yes ☐ No ☐
If the student is a permanent resident, what is the Alien Registration Number? ___________________________

Is English the student’s first/primary language? Yes ☐ No ☐
If not, what other language(s) is spoken in the household? ___________________________

Current Grade in school _______

Middle School you attend or attended: ___________________________

High School name or High School student plans to attend: ___________________________

If you require specialized accommodations based upon a disability, please bring this to the attention of the Program Manager, Mrs. Evaristo (302-259-6318) who will work with appropriate personnel to address individual needs. Disability documentation must be submitted for consideration of reasonable accommodation(s).

Do you currently qualify as a Disconnected Youth? Yes ☐ No ☐ If Yes, please specify ___________________________
Disconnected Youth is defined as an individual who is homeless, in foster care, or involved in the juvenile justice system.

Is the student currently enrolled in OR recently applied to another TRiO program (Educational Talent Search, Classic Upward Bound, and/or Upward Bound Math & Science)? 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 (Upward Bound Math & Science) and the school system to release transcripts, DCAS/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 ______
Parent/Legal Guardian Information

Student Name: ________________________________________________________________

With whom does the student live? Check one and provide information below:

☐ Both Parents  ☐ Parent and Step-parent  ☐ Legal Guardian  ☐ Grandparent  ☐ One Parent  ☐ Foster Parent  ☐ Other

Parent/ Guardian 1 ____________________________________________________________ Relation to student ____________________________

Address ___________________________________________________________ City _____________________________ ZIP ________________

Cell phone ________________________________________________________________ email ________________________________________________

Highest Grade Finished: __________

☐ High school diploma  ☐ some college  ☐ Associate’s degree  ☐ Bachelor’s degree  ☐ Master’s degree  ☐ Doctorate

Parent / Guardian 2 Name: ____________________________________________________ Relation to student ____________________________

Parent / Guardian Address: ____________________________________________________

(If different from applicant) City/Town _____________________________ State ___________ ZIP ________________

Cell phone ________________________________________________________________ email ________________________________________________

Highest Grade Finished: __________

☐ High school diploma  ☐ some college  ☐ Associate’s degree  ☐ Bachelor’s degree  ☐ Master’s degree  ☐ Doctorate

Instructions: Please complete the following income affidavit using your 2015 income tax form. Use taxable income after all deductions (it will be less than your net income). All information will be kept confidential. Parents will need to provide a copy of most recent 1040 during the interview process.

Taxable Income $ ___________________________ This amount is after all allowable deductions and must match exactly as the amount on tax form.

Taxable income is found on: Line 43 – Form 1040; Line 27 – Form 1040A; Line 6 – Form 1040EZ.

☐ Documentation provided (date of interview) _______ Program Manager Signature __________________________

Is the applicant a Free or Reduced Lunch Recipient? Yes ☐ No ☐

Number of people currently residing in the student’s home, including the student: __________

Certification: I hereby certify that all of the information provided on this application 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 _________________
Student Assessment Questions

Please answer the following questions. Your answers should be thoughtful and well organized. Please write neatly and proof read your work. You may type or add additional space, if needed.

1. Why do you want to be a member of the Math & Science Center program?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. List three career choices in order of importance to you and why you want to explore them:

A. ________________________________________________________________

B. ________________________________________________________________

C. ________________________________________________________________

3. Why do you want to go to college and have you thought about what major you are interested in?

____________________________________________________________________________
____________________________________________________________________________

4. What do you plan to do in the fall immediately following high school graduation? (Check one)

☐ 4-year College  ☐ 2-year College  ☐ Trade School  ☐ Job  ☐ Armed Forces  ☐ Undecided

Do you intend to obtain a college degree?  ☐ Yes  ☐ No

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

____________________________________________________________________________
____________________________________________________________________________

Student Signature _____________________________________________  Date ____________________

Parent/Legal Guardian, please initial here after reading: ___________________________  Date ____________________
Student Packet

Needs Identification

Student Last Name ________________________ First Name ________________________ MI ___

From the list of offered TRiO services below, please check all that apply to the following question:
Which services would you benefit from to be more successful in high school and college?

☐ Academic enrichment & tutoring ☐ Parent workshops/family activities
☐ Academic support to take rigorous courses ☐ Language assistance for LEP/ESL students
☐ Professional mentoring & job shadowing ☐ College & cultural visits
☐ Assistance with college admission ☐ Study skills & critical thinking
☐ Standardized test preparation (DCAS, SAT, ACT) ☐ Career awareness - STEM career info
☐ Personal counseling & encouragement ☐ Research procedures
☐ Computer literacy & technology assistance ☐ Financial literacy/personal finance
☐ Activities to build confidence, self-esteem, social skills ☐ College financial aid/scholarships

Other:

________________________________________________

________________________________________________

Service Provision

I understand that Upward Bound Math & Science 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

(M-F approximately 8:00 a.m. to 3:00 p.m.)

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 an exchange of information to the TRiO programs: Upward Bound Math & Science, Classic Upward Bound. 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.

Student Signature ___________________________ Date ______________

Delaware Technical Community College
Jack F. Owens Campus
21179 College Drive, Georgetown, Delaware 19947 Phone: (302) 259-6370 Fax: (302) 259-6770
Equal Opportunity/Affirmative Action In
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 focused on academics, college, and career.
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.

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/unmotivated attitude towards staff, guests, or fellow participants
- Foul language
- Disruptive behavior (ex. backtalk, sleeping during presentations or during class)
- Being disrespectful to Delaware Tech staff, teachers, guests, and other participants
- Unexcused lateness
- Violation of the respect and trust expected of program members
- Drinks and snacks brought into the computer lab
- Use of all cell phone, CD or iPod even with headphones during program.

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

- Fighting/bullying
- 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, if I am eligible for the program.

Student Signature ____________________________________________________ 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 activities 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 academic sessions, come prepared and bring all necessary classroom assignments.

4) I agree to attend the six-week summer program and to participate in Work Study to enhance my career awareness.

5) I agree to take rigorous high school course work, including 4 years of math and science instruction, in preparation for college STEM (science, technology, engineering and math) majors and careers.

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 all of the academic component workshops and all of the summer program class/field trip/Work Study days.

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 2.5, I may be placed on academic probation or 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. Cell phone use is prohibited during programs. 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 Delaware Tech TRIO Permission 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, followed by a permission letter signed by parent/guardian.

13) Behavior problems and student responsibilities are fully described on the Participation Agreement.

14) I agree to provide access to my son’s/daughter’s Home Access Center account, if requested.

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 TRIO program, myself 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.

Student Signature/Date ___________________________ Parent/Legal Guardian Signature/Date ___________________________
TRiO Follow-up Contact

Student’s Name: _____________________________________

According to funding guidelines, Upward Bound Math & Science Center is required to follow-up on program alumni for six years after high school graduation.

To assist in the process, the program requests 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.

1. Name: ___________________________________________ Relationship: __________________
   Address________________________________________________________________________
   Phone: ____________________________

2. Name: ___________________________________________ Relationship: __________________
   Address________________________________________________________________________
   Phone: ____________________________

3. Name: ___________________________________________ Relationship: __________________
   Address________________________________________________________________________
   Phone: ____________________________

4. Name: ___________________________________________ Relationship: __________________
   Address________________________________________________________________________
   Phone: ____________________________

ACADEMIC MONITORING
UBMS requests access to your student’s Home Access account to enable Upward Bound Math & Science Center (UBMS) to better monitor the student’s school work, attendance, and grades. Your school will be able to provide this information if you do not know it.

*HOME ACCESS INFORMATION*:

USERNAME: ________________________________

PASSWORD: ________________________________
## PARTICIPANT INFORMATION 2016-2017

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARTICIPANT NAME</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>__________________</td>
</tr>
<tr>
<td>AGE</td>
<td>______</td>
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<tr>
<td>SCHOOL</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>GRADE</td>
<td>_____                        SCHOOL YEAR: 2016-2017</td>
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<tr>
<td>HOME ADDRESS</td>
<td>____________________________________________________</td>
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<tr>
<td>PRIMARY PHONE #</td>
<td>_________________________________</td>
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<tr>
<td>STUDENT’S CELL PHONE #</td>
<td>___________________________</td>
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<tr>
<td>MOTHER’S NAME</td>
<td>______________________________________</td>
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<tr>
<td>FATHER’S NAME</td>
<td>______________________________________</td>
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<tr>
<td>MOTHER’S PLACE OF EMPLOYMENT</td>
<td>_______________________________________</td>
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<tr>
<td>MOTHER’S E-MAIL ADDRESS</td>
<td>_____________________________________</td>
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<tr>
<td>MOTHER’S CELL PHONE #</td>
<td>___________________________</td>
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<tr>
<td>FATHER’S PLACE OF EMPLOYMENT</td>
<td>___________________________</td>
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<tr>
<td>FATHER’S E-MAIL ADDRESS</td>
<td>_____________________________________</td>
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<tr>
<td>IF PARENTS CANNOT BE REACHED CALL</td>
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<tr>
<td>Emergency Contact (1)</td>
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<tr>
<td>Name and Relationship</td>
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<td>PHONE #</td>
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<tr>
<td>Emergency Contact (2)</td>
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<td>Name and Relationship</td>
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<td>PHONE #</td>
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<tr>
<td>FAMILY PHYSICIAN</td>
<td>____________________________________________________</td>
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<td>PHONE #</td>
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<tr>
<td>FAMILY DENTIST</td>
<td>____________________________________________________</td>
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<tr>
<td>PHONE #</td>
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<tr>
<td>OUR CHILD HAS THE FOLLOWING HEALTH PROBLEM(S):</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>OUR CHILD NEEDS THE FOLLOWING MEDICATION/HEALTH SERVICES:</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>OUR CHILD IS ALLERGIC TO:</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>CAN THE COLLEGE PROVIDE YOUR CHILD WITH TRANSPORTATION TO AND FROM TRIO EVENTS?</td>
<td>_____ Yes _____ No</td>
</tr>
<tr>
<td>SPECIAL NEEDS OF CHILD DURING TRANSPORTATION PROVIDED BY THE COLLEGE FOR TRIO EVENTS:</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>MEDICAL INSURANCE:</td>
<td>MEDICAID POLICY #: ______________________________________________________</td>
</tr>
<tr>
<td>BLUE CROSS/BLUE SHIELD ID #:</td>
<td></td>
</tr>
<tr>
<td>OTHER: NAME &amp; POLICY #:</td>
<td></td>
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</tbody>
</table>

In cases of emergency evacuation, is your child permitted to drive his/her vehicle off campus? _____Yes _____No _____NA
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: ___________________________ Date: ___________________________

Legal Guardian

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)
The student named above has expressed interest in our program. Please complete this recommendation form on their behalf and return it in the envelope provided. Thank you for your cooperation. Your responses will be factored into the selection process.

If you have any questions please contact UBMS Student Enrichment Coordinator Laurel Davis, ldavis58@dtcc.edu @302-259-6322.

Counselor Recommendation Form for ___________________Grade Level ___________School_________

Counselors, please attach the following with your completed form:

- Copy of most recent Report Card __
- Copy of most recent Progress Report __
- Copy of Transcript (if available) __

How do you rate this student in terms of:

A. Honesty
   - Poor 2 3 4 5
B. Maturity
   - Poor 2 3 4 5
C. Responsibility
   - Poor 2 3 4 5
D. Consideration and concern for others
   - Poor 2 3 4 5
E. Desire to learn
   - Poor 2 3 4 5
F. Originality and independence
   - Poor 2 3 4 5
G. Academic Potential
   - Poor 2 3 4 5
H. Appropriate classroom behavior
   - Poor 2 3 4 5

From the TRIO services listed below please check all services that would assist this student with their successful completion of high school followed by enrollment and graduation from a program of post-secondary education in a STEM (Science, Technology, Engineering and Math) major:

- Academic enrichment & tutoring
- Academic support to take rigorous courses
- Professional mentoring & job shadowing
- Assistance with college admission
- Standardized test preparation (DCAS, SAT, ACT)
- Personal counseling & encouragement
- Computer literacy & technology assistance
- Activities building confidence, self-esteem, social skills
- Parent workshops/ family activities
- Language assistance for LEP/ESL students
- College & cultural visits
- Study skills & critical thinking
- Career awareness & STEM career information
- Research procedures
- Financial literacy / personal finance
- College financial aid / Scholarships
- Other needs: ____________________________

Please provide additional comments you feel may be helpful in the selection process (i.e., student strengths, weakness, areas that need improvement): ____________________________

________________________________________
Print Name

________________________________________
Signature

________________________________________
Date

Thank you for your consideration. Your responses will be factored into the selection process. If you have any questions please contact UBMS Student Enrichment Coordinator Laurel Davis @302-259-6322.
Teacher Recommendation Form for ___________________ Grade Level ________ School______

The student named above has expressed interest in our Program. Please complete this recommendation form on their behalf and return it in the envelope provided. Thank you for your cooperation.

Teacher's Name: ____________________________

Specific Subject: ____________________________

CP   AP   IB   Honors (circle one)

Current Class Grade:

How do you rate this student in terms of:

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
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</thead>
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<tr>
<td>A. Honesty</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. Maturity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. Responsibility</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. Consideration and concern for others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. Desire to learn</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F. Originality and independence</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G. Academic Potential</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>H. Appropriate classroom behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

From the TRIO services listed below please check all services that would assist this student with their successful completion of high school followed by enrollment and graduation from a program of post-secondary education in a STEM (Science, Technology, Engineering and Math) major:

- [ ] Academic enrichment & tutoring
- [ ] Academic support to take rigorous courses
- [ ] Professional mentoring & job shadowing
- [ ] Assistance with college admission
- [ ] Standardized test preparation (DCAS, SAT, ACT)
- [ ] Personal counseling & encouragement
- [ ] Computer literacy & technology assistance
- [ ] Activities building confidence, self-esteem, social skills
- [ ] Parent workshops/ family activities
- [ ] Language assistance for LEP/ESL students
- [ ] College & cultural visits
- [ ] Study skills & critical thinking
- [ ] Career awareness & STEM career information
- [ ] Research procedures
- [ ] Financial literacy / personal finance
- [ ] College financial aid / Scholarships
- [ ] Other needs: ____________________________

Please provide additional comments you feel may be helpful in the selection process (i.e., student strengths, weakness, areas that need improvement): __________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Print Name ____________________________ Signature ____________________________ Date ____________

Thank you for your consideration. Your responses will be factored into the selection process.

If you have any questions please contact UBMS Student Enrichment Coordinator

Laurel Davis @ ldavis58@dtcc.edu 302-259-6322.