

# TRiO Upward Bound Math-Science (UBMS)

## 2018-2019 Application

The TRiO UBMS program provides participants with a six-week summer component with instruction and emphasis in math and science. During the academic year, students will attend college tours, receive school visits, mentoring, tutoring, college/SAT fee waivers and more.

### Instructions

*A completed application must consist of the following items:*

- Income verification**
  - Copy of parent's/guardian's signed Tax Form 1040 and W2 or verification from governmental source
- 100 word essay answering the following questions: (Please attach a separate sheet if needed)**
  - Why are you interested in math or science?
  - What are your future goals?
  - How can the Upward Bound Math-Science Program help you reach those goals?
- Needs Assessment**
- Parent Assessment**
- A copy of your most recent report card, DCAS and official transcript**
  - Cumulative GPA must be reported
- Two (2) completed recommendation forms**
  - One completed by a guidance counselor and the second by a math or science teacher

### Please double check the application before mailing.

- ✓ Complete the entire application with your parent(s)
- ✓ Fill in all parts/spaces of the application
- ✓ Provide copies of income verification (1040 and W-2, etc)
- ✓ 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
- ✓ Obtain parent signature on the UBMS Application to permit the counselor to release information regarding your grades and test scores

### Please note:

- It is strongly advised you return your application immediately
- Enroll early to take advantage of program services and activities
- Applications **will not** be reviewed unless they are filled in their entirety
- Applications **must** be completed in black or blue ink

### Mail your completed application to:

Delaware Technical Community College  
Upward Bound Math-Science Program, Room 430  
300 North Orange Street  
Wilmington, DE 19801

Phone 302.830.5220 | Fax 302.657.5104

### For Office Use:

Date Received \_\_\_\_\_

Project Entry Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Eligibility    \_\_\_\_\_ LI    \_\_\_\_\_ FG    \_\_\_\_\_ LIFG

# Applicant Information

Name \_\_\_\_\_

Male  Female DOB \_\_\_\_\_ Age \_\_\_\_\_

SS# \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about UBMS? \_\_\_\_\_  
\_\_\_\_\_

## Race and Ethnicity Verification

This section must be completed by a parent or guardian as required by the Department of Education.

Please indicate ethnic background by checking all that apply:  
Hispanic/Latino  yes  no

Select one or more races from the five racial groups listed below (if applicable):

- American Indian/Alaskan Native  Asian  
 Black or African American  White  
 Native Hawaiian or Other Pacific Islander

## Eligibility - U.S. Status

- U.S. Citizen  Permanent Resident\*  Visa  
 Other\* (please list) \_\_\_\_\_

\*Permanent Resident or other must provide official copies of support documentation.

# School Information

Name of current middle or high school \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Your counselor's name \_\_\_\_\_

Present grade level (check one)  Rising 9th Grader  
 9  10  11

You must have completed the eighth grade to be eligible and be at least 13 years of age. Please list the name of the school being attended in the fall if different from school above.  
\_\_\_\_\_

Are you currently in a TRiO program?  Yes  No

If you answered no, continue to the next page.

If you answered yes, continue with the questions below:

- Upward Bound Classic  
 Educational Talent Search  
 Are you transferring from another UBMS program?

Where did you attend? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Project Director \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

# U.S. Department of Education Reporting Requirements

Are you a person with a disability as defined by the Americans with Disability Act (42 U.S.C. 12101 et seq.)?  Yes  No

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 disability, please bring this to the attention of the Program Manager who will work with appropriate personnel to address individual needs. Disability documentations must be submitted for consideration of reasonable accommodation(s).

# Applicant Information

At the time of the initial UBMS enrollment, were you homeless as defined by the McKinney-Vento Homeless Assistance Act?  Yes  No

Please specify: \_\_\_\_\_

At the time of the initial UBMS enrollment, were you living in a foster care setting?  Yes  No

At the time of the initial UBMS enrollment, were you involved in the juvenile justice system for any of the following?

Truancy  No  Yes Violating curfew laws  No  Yes

Running away  No  Yes Violating underage liquor laws  No  Yes

Ungovernability/Incorrigibility  No  Yes Other, specify: \_\_\_\_\_

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## ADA Definitions of Qualified Disability

Under the ADA, an individual with a disability is a person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such impairment.

A **physical impairment** is defined by the ADA as: Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.

A **mental impairment** is defined by the ADA as: Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**NOTE:** The ADA does not list all conditions or diseases that make up physical, mental, and emotional impairments, because it would be impossible to provide a comprehensive list given the variety of possible impairments.

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## McKinney-Vento Homeless Assistance Act

SEC. 725.DEFINITIONS.

For purposes of this subtitle:

(2) The term homeless children and youths' means —

(A) Individuals who lack a fixed, regular, and adequate nighttime residence; and

(B) Includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

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## Involvement in the Juvenile Justice System

**Juvenile delinquency cases.** These cases involve minors who have committed crimes -- meaning that if the crime had been committed by an adult, the matter would be tried in regular criminal court.

**Juvenile dependency cases.** Cases involving minors who are abused or neglected by their parents or guardians -- called "juvenile dependency" cases -- are also heard in juvenile court. In a juvenile dependency case, the judge will ultimately decide whether or not a minor should be removed from a problematic home environment.

**Cases involving status offenses.** A status offense is a violation that only applies to minors. Examples include truancy (skipping school), ungovernable/incorrigible, curfew violations, running away, and underage drinking.

# Parent/Guardian Information

Who does the applicant live with? (check all that apply)

Both natural parents

Mother

Father

Stepmother

Stepfather

Grandparent

Legal guardians (support documentation required)

Foster parent

Relative

Other: Explain \_\_\_\_\_

## Parent/Guardian I

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

### **CFR part 645.3 (b)(1)**

Did you graduate from college with a 4-year degree?  Yes  No

If no, what is the highest level of education you completed?  
\_\_\_\_\_

If yes, what is the name of the college?  
\_\_\_\_\_

Occupation \_\_\_\_\_

Employer phone \_\_\_\_\_

## Parent/Guardian II

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

### **CFR part 645.3 (b)(1)**

Did you graduate from college with a 4-year degree?  Yes  No

If no, what is the highest level of education you completed?  
\_\_\_\_\_

If yes, what is the name of the college?  
\_\_\_\_\_

Occupation \_\_\_\_\_

Employer phone \_\_\_\_\_

## **Eligibility** 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?

Yes  No  Unknown

If you answered yes, what was your filing status?

Single with dependents (Head of Household)

Single with no dependents

Married filing separately

Married filing jointly

What was the total family income \*before taxes last year? \_\_\_\_\_

\*This figure must match supporting documents such as those from your income tax returns or W2 forms. Income may include wages, AFDC and/or public assistance, unemployment or workman's compensation, social security benefits, V.A. benefits or pensions.

**You must provide copies of your signed income tax returns and W2 forms or verification of income from a government source.**

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

\_\_\_\_\_  
Date



# Student Needs Assessment Information

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 math or science related)

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 available to assist you 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 and/or if you qualify as disabled under the ADA definitions. \_\_\_\_\_

\_\_\_\_\_

Is there any additional information you would like Upward Bound Math Science to consider in determining your admission to the program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Parent/Guardian Assessment Information

Your answers are kept confidential and are used to assess your child's need for help and potential. Upward Bound Math-Science is a program to help a student with current issues as they prepare for adult/college life.

1. Why do you want your son/daughter to be in the Upward Bound Math-Science (UBMS) program?

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2. Are you willing to support our goal of having your child pursue academic excellence with classes in high school and extra work with UBMS classes? How will you assist in ensuring your child studies and completes all assigned school and UBMS work?

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3. How do you think your child could do better in school? What are some difficult subjects for her/him? What are the reasons why she/he is not always focused on academics?

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4. What are some special qualities your son/daughter possesses?

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5. What are some personal or motivational issues/problems for your child?

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6. What chores and/or responsibilities does your child have around the house?

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7. Being aware that UBMS is a seven-year commitment, are you willing to make the necessary arrangements for your child and your family to participate in all aspects of the program (i.e. transportation, homework time, communication with staff, planning family events around UBMS events, parent meetings) and assisting UBMS with tracking your child until they earn a four-year degree?

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Parent I/Guardian I Signature

Date

Parent II/Guardian II Signature

Date

## Parent/Guardian Questions or Concerns

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

**Please print (use black or blue ink) or type.**

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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4. \_\_\_\_\_

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