

TRIO Programs Application

TRIO programs provide participants with a six-week summer component with academic instruction. During the academic year, students will attend college tours, receive school visits, mentoring, tutoring, college/SAT fee waivers and more.

I am applying to:

Upward Bound Classic

Upward Bound Math-Science

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 TRIO programs?
- What are your future goals?
- How can a TRIO program help you reach those goals?

Needs Assessment

Parent Assessment

A copy of your most recent report card, state test scores and official transcript

- Cumulative GPA must be reported

Two (2) completed recommendation forms

For Upward Bound Classic: One completed by a guidance counselor and the second by a teacher

For Upward Bound Math-Science: One completed by a guidance counselor and the second by a math or science teacher

Mail or fax your completed application to:

Upward Bound Classic

Delaware Technical Community College
300 North Orange Street, Room 408
Wilmington, DE 19801

Contact: Phone 302.657.5120 | Fax 302.657.5119

Upward Bound Math-Science

Delaware Technical Community College
300 North Orange Street, Room 430
Wilmington, DE 19801

Contact: Phone 302.830.5220 | Fax 302.657.5104

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 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

For Office Use:

Date Received _____

Project Entry Date _____

Applicant Name _____

Eligibility ___ LI ___ FG ___ LIFG

Academic Year _____

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 program enrollment, were you homeless as defined by the McKinney-Vento Homeless Assistance Act? Yes No

Please specify: _____

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

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

Truancy	<input type="checkbox"/> No <input type="checkbox"/> Yes	Violating curfew laws	<input type="checkbox"/> No <input type="checkbox"/> Yes
Running away	<input type="checkbox"/> No <input type="checkbox"/> Yes	Violating underage liquor laws	<input type="checkbox"/> No <input type="checkbox"/> Yes
Ungovernability/Incorrigibility	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other, specify: _____	

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.

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).

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 _____

Income Eligibility 34 CFR part 645.3 (b)(2)

Number of dependents 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

Parent/Guardian Questions or Concerns

This page is available for you to voice any questions or concerns regarding the TRIO 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. _____

2. _____

3. _____

4. _____

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

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 us 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. TRIO programs are designed to help students with current issues as they prepare for adult/college life.

1. Why do you want your son/daughter to participate in a TRIO program?

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

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?

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

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

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

7. Being aware that a TRIO program 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 TRIO program events, parent meetings) and assisting with tracking your child until they earn a four-year degree?

Parent I/Guardian I Signature

Date

Parent II/Guardian II Signature

Date

TRIO Programs Consent and Release Information Certification

By signing this application, I certify that I have read this application and the information given is accurate and factual. I/we give consent for my/our son or daughter to participate in a TRIO program during the academic school year and "Summer Program," if he or she is selected. I/we further understand that selection is the responsibility of the Admissions Committee and the decisions of this Committee are final. Additionally, I/we give consent for my/our child to participate in all program activities and to use private/public transportation to participate in on/off-campus activities. I/we also consent for my/our son/daughter to receive routine and/or emergency medical services (if necessary). Moreover, I/we give permission for my/our child to be photographed and/or interviewed by the press for program promotion only.

I/we authorize the TRIO program personnel to secure a copy of my/our child's Student Success Plan, report card, transcript, State Test Scores, PSAT, SAT, ACT, and the Home Access Center (HAC) which requires the user ID and password, as well as any other educational diagnostic assessment scores now and throughout the duration of his/her participation in the program. Communications with counselors and teachers regarding such matters as academic achievement, performance issues and/or behavioral issues will be submitted to the TRIO program office upon request. I/we also authorize a representative from the TRIO program personnel to visit my/our child at his/her high school bi-weekly to satisfy the requirements of the program. Falsifying this information will result in the participant being denied entrance into the program and/or expulsion from the program.

Parent/Guardian I - Name (print)

Parent/Guardian II - Name (print)

Parent/Guardian I Signature

Date

Parent/Guardian II Signature

Date

By signing this application, I certify that I have read and understand this application and that the information given is accurate and factual. To the extent required by law, I consent to the TRIO program office receiving my schedule from any post-secondary institution in which I may be enrolled.

I hereby give permission to TRIO personnel, the access to and/or the release of information from the National Student Clearing House and/or any of the higher educational institutions in which I attend, or have attended. The exchange of this information may include - but is not limited to; course schedules, transcripts, counselor or advisor reports, degree obtained, financial aid reports and any other information necessary for the purpose of tracking my college enrollment, persistence, progression and degree completion.

Student Name (print)

Student Signature

Date

Counselor Recommendation Form

The student noted below has applied to a TRIO program at Delaware Technical Community College. Please assess the student in the areas of overall academic potential and motivation. In making your assessment, compare the student with others of similar levels of experience and education. This program is for students with high academic potential. Please return this form to the address or fax below. This recommendation is crucial to the application process.

Student Name _____

School _____

Assessed by _____

Position _____

Phone _____

Email _____

Cumulative GPA _____ (9th through 11th grade only)

Current grade in core subjects:

_____ English

_____ Math

_____ Lab Science

_____ Social Science

_____ Foreign Language

_____ Fine Arts

Educational Track:

General College Prep Honors AP

Overall academic potential:

Excellent Good Needs Improvement

Please provide transcript, report cards, state test scores, PSAT, student success plan and all academic assessment scores (Copies of physical test if available, please)

Motivation _____

Attitude towards education _____

Comments _____

Your overall assessment of this student. This portion is a measuring rubric for acceptance and enrollment. Please check the appropriate box.

Highly recommended

Recommended

Recommend with reservation

Not recommended

I certify that the above information is factual and accurate according to the student's records.

Signature

Date

To complete your TRIO program application return this form immediately to the appropriate address or fax below:

Upward Bound Classic, Room 408

Delaware Technical Community College
300 North Orange Street, Wilmington, DE 19801

Contact: Phone 302.657.5120 | Fax 302.657.5119

OR

Upward Bound Math-Science, Room 430

Delaware Technical Community College
300 North Orange Street, Wilmington, DE 19801

Contact: Phone 302.830.5220 | Fax 302.657.5104

Math or Science Teacher Recommendation Form

The student noted below has applied to the TRIO Upward Bound Math-Science Program at Delaware Technical Community College. Please assess the student in the areas of overall academic potential and motivation. In making your assessment, compare the student with others of similar levels of experience and education. This program is for students with high academic math/science potential. Please return this form to the address or email below. This recommendation is crucial to the application process.

Student Name _____

School _____

Assessed by _____

Position _____

Phone _____

Email _____

Current grade _____

Overall academic potential:

Excellent Good Needs improvement

Logic/Thinking Skills:

Excellent Good Needs improvement

Completion of homework/Follows directions:

Excellent Good Needs improvement

Math/Science ability _____

Motivation _____

Comments _____

Your overall assessment of this student. This portion is a measuring rubric for acceptance and enrollment. Please check the appropriate box.

Highly recommended

Recommended

Recommend with reservation

Not recommended

I certify that the above information is factual and accurate according to the student's records.

Signature

Date

The student's TRIO Upward Bound Math-Science application is not complete without this recommendation form. Return this form by mail or fax immediately to:

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

Contact:
Phone 302.830.5220 | Fax 302.657.5104

Teacher Recommendation Form

The student noted below has applied to the TRIO Upward Bound Classic Program at Delaware Technical Community College. Please assess the student in the areas of overall academic potential and motivation. In making your assessment, compare the student with others of similar levels of experience and education. This program is for students with high academic math/science potential. Please return this form to the address or email below. This recommendation is crucial to the application process.

Student Name _____

School _____

Assessed by _____

Position _____

Phone _____

Email _____

Current grade _____

Overall academic potential:

Excellent Good Needs improvement

Logic/Thinking Skills:

Excellent Good Needs improvement

Completion of homework/Follows directions:

Excellent Good Needs improvement

Math/Science ability _____

Motivation _____

Comments _____

Your overall assessment of this student. This portion is a measuring rubric for acceptance and enrollment. Please check the appropriate box.

Highly recommended

Recommended

Recommend with reservation

Not recommended

I certify that the above information is factual and accurate according to the student's records.

Signature

Date

The student's TRIO Upward Bound Classic application is not complete without this recommendation form. Return this form by mail or fax immediately to:

Delaware Technical Community College
Upward Bound Classic, Room 408
300 North Orange Street
Wilmington, DE 19801

Contact:

Contact: Phone 302.657.5120 | Fax 302.657.5119