Student Application

Our mission is to promote each young scholar’s learning experience by providing a series of specialized college preparatory services including: tutoring, mentoring, advising, programming, and on-campus experiences to increase low-income first-generation student persistence and graduation from high school, and a realistic chance to enter and graduate from a College or University.

Upward Bound Classic
12 W. Delaware Avenue
Newark, DE 19716
Tel: 302-831-6667
Fax: 302-831-6684

www.sites.udel.edu/upwardbound

Upward Bound is Federally funded through the U.S. Department of Education
Application Checklist

Please ensure that all items are included with your application:

- The application (this packet) all sections must be completed and returned
- Recommendation form from the applicant’s high school counselor (pink form included in this packet)
- A copy of the applicant’s most recent transcript including DCAS/standardized test scores
- Verification of income: pages ONE and TWO of the most recent federal 1040 tax form showing the applicant as a claimed dependent.

Applications are due on: ________________________

All applications should be emailed, mailed or faxed to:

University of Delaware
Upward Bound Classic
12 W. Delaware Avenue
Newark, DE 19716
Fax: (302) 831-6684 Email: nafatari@udel.edu

If you have any questions or concerns, please call us at (302) 831-6667.

IMPORTANT NOTES

Submission of a completed application does not guarantee acceptance into the program. If you are eligible, but not selected to be a participant or alternate, you will be placed on a waiting list.

Applications are not considered complete until all required documents have been returned to the Upward Bound office. Incomplete applications will not be considered.

Tax information & Social Security Numbers are always kept confidential under FERPA (Family Educational Right & Privacy Act) and are used to determine an applicant’s program eligibility.
**PARENT INFORMATION**
*to be completed by parent(s)/legal guardian(s)*

**With whom does the applicant live?** *(check one)*

☐ BOTH PARENTS       ☐ FATHER       ☐ MOTHER       ☐ OTHER____________________

**Father/Guardian**

Name __________________________
Address __________________________
Phone (   ) _______________________
Employer __________________________
Work Phone (   ) ___________________
Email: ____________________________

**Mother/Guardian**

Name __________________________
Address __________________________
Phone (   ) _______________________
Employer __________________________
Work Phone (   ) ___________________
Email: ____________________________

**ELIGIBILITY INFORMATION**

The UBC program is a Federally funded TRIO educational program. We are required to determine whether our applicants meet the criteria of first-generation college and/or low-income status prior to their acceptance into the program.

**Has either of the student’s parent(s) received a bachelor's degree from a four-year college or university?**

☐ NO       ☐ YES *(if yes, check all that apply)*       ☐ Father       ☐ Mother

**Do you receive any of the following?** *(check all that apply)*

☐ Public Assistance       ☐ Social Security       ☐ Foster Child Support       ☐ AFDC

A signed copy of your current U.S. Individual Income Tax Return *(Form 1040, Pages 1 & 2)*, is required to verify income status. The application is not considered complete until this information has been received. If you do not file an Income Tax return, we must receive either a signed statement from the student’s parent or legal guardian regarding family income or verification of family income from another governmental source *(i.e. Social Security statement or signed statement from a case worker)*.
**STUDENT INFORMATION**

Name ________________________________________________________________

(Last) (First) (MI)

Home Address ________________________________________________________

(Number & Street) 

(City) (State) (Zip Code)

E-Mail ________________________________________________________________ Student cell: ____________________________

**Social Security No.*** ___________ - ___________ - ___________

US Citizen (check one) ☐ Yes  ☐ No (If no, include a copy of your Green Card, Resident Alien or Permanent Resident Card)

Birthdate _____ / _____ / _____ Place of Birth __________________________

Gender (check one) ☐ Male  ☐ Female

Ethnicity ☐ White (not Hispanic)  ☐ Black/African American  ☐ Hispanic/Latino

☐ Asian  ☐ American Indian/Alaskan Native

☐ Native Hawaiian/Other Pacific Islander  ☐ Other, please specify ____________________________

**Health Information:**

Please list any health or learning issues we should know about:

_____________________________________________________________________________

____________________________________________________

**SCHOOL INFORMATION**

High School ____________________________________________________________, if is choice option, provide feeder school student would attend ____________________________.

Guidance Counselor ___________________________ Phone: __________________

Current Grade (check one)  ☐ 8th  ☐ 9th  ☐ 10th  ☐ 11th

Expected graduation year _____________ Course of Study __________________ (College Prep, Vo-Tech, Honors, or A.P.)

*Social Security information will be used only when necessary in administrative recordkeeping and program reporting. It is considered confidential, and will be handled as such.
TO BE COMPLETED BY STUDENT

What extracurricular and/or volunteer activities are you participating in? (clubs, athletics, do you work, etc.)
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

What are your hobbies/special interests?
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

What do you plan to do upon graduation from high school? (check one)
☐ 4-yr college ☐ Armed services
☐ 2-yr college ☐ Job
☐ Trade school ☐ Undecided

Please list three career choices in order of importance to you:
1. ___________________________ 2. ___________________________ 3. ___________________________

Please explain in 75 words or more why you wish to become a participant in the University of Delaware Upward Bound Classic program. (You may type your essay and attach it if preferred)
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

PLEASE SIGN TO ACKNOWLEDGE THE FOLLOWING:

“I hereby certify that the information given by me in this application is true to the best of my knowledge. If accepted into the program, I agree to adhere to all rules and regulations specified by program staff.”

Student Signature ___________________________ Date ____________

Parent/Guardian Signature ___________________________ Date ____________
**Counselor Recommendation Form for Upward Bound Classic**

The student noted below has applied to the Upward Bound Classic program at the UNIVERSITY OF DELAWARE. Please assess the student in the following areas. In making your assessment, compare this student with other students of similar levels of experience and education.

Student: __________________________________________________________

(Name) (School)  

Counselor: ________________________________________________________

(Name) (School Phone) (Email)

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<th>POOR</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>EXCELLENT</th>
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</thead>
<tbody>
<tr>
<td>Overall academic potential:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Motivation:</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Self-discipline:</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Self-reliance:</td>
<td>1</td>
<td>2</td>
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<td>Perseverance:</td>
<td>1</td>
<td>2</td>
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<td>Cooperativeness:</td>
<td>1</td>
<td>2</td>
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<td>Ability to get along with others:</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>Regard for rules/regulations:</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
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Your overall assessment of this student:

☐ Highly Recommend ☐ Recommend with reservation ☐ Do not recommend

Current Unweighted GPA: __________ GPA Scale: __________

Did the student meet the State Academic Standards: *(circle one response for each subject)*

1. Reading/Language Arts Meets standard No, Did not meet standard Did not take assessment
2. Comprehension Meets standard No, Did not meet standard Did not take assessment
3. Math Meets standard No, Did not meet standard Did not take assessment

*STUDENT TRANSCRIPT MUST BE ATTACHED*

The U.S. Department of Education requires us to include the above information for each student in our Annual Performance Report.
Please provide additional comments, as appropriate. We would appreciate comments concerning the student’s potential for college-level work and a career in mathematics or science. We are also interested in the student’s ability to adapt to dormitory and university living. Further, if student has been a participant in UBC, please comment on any effects the program appears to have had to date.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Counselor’s Signature: __________________________________ Date: _____ / _____ / ______

Please return recommendation to: UBC, 12 W. Delaware Avenue, University of Delaware, Newark, DE, 19716, email: nafatari@udel.edu or fax to 302/831-6684. If you have any questions, please call us at 302/831-6667. Thank you for your help!