



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)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 4-yr college | <input type="checkbox"/> Armed services |
| <input type="checkbox"/> 2-yr college | <input type="checkbox"/> Job |
| <input type="checkbox"/> Trade school | <input type="checkbox"/> 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

**UNIVERSITY OF DELAWARE
UPWARD BOUND CLASSIC**

CONFIDENTIAL

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)

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.

	POOR	_____	EXCELLENT		
Overall academic potential:	1	2	3	4	5
Motivation:	1	2	3	4	5
Self-discipline:	1	2	3	4	5
Self-reliance:	1	2	3	4	5
Perseverance:	1	2	3	4	5
Cooperativeness:	1	2	3	4	5
Ability to get along with others:	1	2	3	4	5
Regard for rules/regulations:	1	2	3	4	5

Your overall assessment of this student:

- Highly Recommend** **Recommend with reservation** **Do not recommend**

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!