



Upward Bound Math and Science 2016-2017 Participant Application

Application Date: _____

STUDENT APPLICANT INFORMATION

Student Name: _____
Last First Middle Initial

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Social Security Number: _____ I do not have a Social Security Number

Home Phone: _____ Cell Phone: _____

Gender: Male Female Date of Birth: _____

Student Email: _____

ETHNICITY (Optional): *The information below is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for acceptance into the UBMS program.*

- American Indian/Alaskan Native Asian Black/African American
 Hispanic/Latino White/Caucasian Native Hawaiian/Other Pacific Islander
 Other (please specify): _____

Do you have a documented disability? Yes No

If yes, please indicate type and attach documentation from a doctor: _____

If yes, please describe any special assistance or accommodations you require (IEP, test taking, note taking, etc.): _____

RESIDENCY INFORMATION

U.S. Citizen U.S. Permanent Resident

Non-U.S. Citizens, please provide your Alien Registration Card ID # (A#): _____

HIGH SCHOOL INFORMATION

High School Attending: Fond du Lac High School Horace Mann High School

Class Level: 9 10 11 12 What is your GPA? Cumulative: _____ Last Semester: _____
(Please note, one of these must be a 2.0 to enter our program)

School Counselor Name: _____ Counselor Phone: _____

PROGRAM ELIGIBILITY CRITERIA

The UBMS 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 [financially qualified status](#) prior to their acceptance into the program. The information below is personal and will be kept confidential.

This page is to be filled out by parent(s)/legal guardian(s) of the student applying to the program

FIRST GENERATION STATUS

Do you have a Bachelor's, Master's, or Doctorate degree?

Yes No, my student is a first-generation student (neither of their parents have earned a bachelor's degree)

Highest grade the student's mother/legal guardian has completed? _____

Highest grade the student's father/legal guardian has completed? _____

INCOME STATUS

I (We) _____, parent(s)/guardian(s) of _____, understand that the UBMS program at Marian University is a program funded by the U.S. Department of Education. I (We) also understand that in order to comply with federal income eligibility guidelines, that we must provide specific financial information as part of my (our) child's application package.

INCOME VERIFICATION: To verify income status, **a signed copy** of your Income Tax Return (Form 1040, 1040A, or 1040EZ) for the calendar year preceding this year is preferred. If this is not available you may fill out the bottom half of this sheet. The application is not considered complete until this information has been received/completed. The income to be considered is the **taxable income** of the household that has custody of the student.

If you have questions about this form, please be in contact with the UBMS program to determine eligibility.

How many family members (including the applicant) are living at home? _____

Did you file a federal income tax return for last year? Yes No

What was your family's total annual **taxable income** for last year? \$ _____

Please see the chart below to determine if you are eligible based on [federal guidelines](#).

Size of Family Unit	Taxable income
1	\$17,820
2	\$24,030
3	\$30,240
4	\$36,450
5	\$42,660
6	\$48,870
7	\$55,095
8	\$61,335

MAKE CERTAIN YOU CHECK YOUR "TAXABLE INCOME"

- IRS Form 1040 - Line 43
- IRS Form 1040A - Line 27
- IRS Form 1040 EZ - Line 6

(NOT federal adjusted gross income)

I understand that by signing below I am stating that my family is a "low income family." The term "low-income family" means a family whose taxable income for the preceding year did not exceed 150% of the poverty level amount.

Parent Signature _____

Do not sign if your income is above the amount listed for your family size.

STUDENT RESPONSE QUESTIONS

INSTRUCTIONS: Please answer the following questions using complete sentences. Considerable thought and effort should be given to the responses.

**** You may use a separate sheet to write or type your responses.**

1. Why do you want to participate in the Upward Bound Math and Science Program?
2. What do you want to study or major in when you go to college?
3. What career do you want to have when you graduate from college?
4. What do you feel is the greatest academic challenge you face?
5. What is one thing you have done for which you are most proud of?
6. Who encourages you the most to take challenging classes?

EXTRACURRICULAR ACTIVITY OVERVIEW

INSTRUCTIONS: Please answer the following questions using complete sentences. Considerable thought and effort should be given to the responses.

**** You may use a separate sheet to write or type your responses.**

1. List school and community clubs, organizations, and sports that you have been involved in since 7th grade. Identify awards or honors you have received.
2. Identify jobs or volunteer work you have done. You should include any church work, community service, and school or family jobs. Describe what kind of skills you learned.
3. Describe any special interests or hobbies that you have. What do you do after school and on the weekends?

PARENT/LEGAL GUARDIAN INFORMATION

PARENTS/LEGAL GUARDIANS LIVING AT THE SAME ADDRESS:

Mother/Guardian Name: _____
Last *First* *M.I.*

Email: _____ Cell Phone: _____

Home

Employer: _____ Phone: _____

Work

Occupation: _____ Phone: _____

Father/Guardian Name: _____
Last *First* *M.I.*

Email: _____ Cell Phone: _____

Home

Employer: _____ Phone: _____

Work

Occupation: _____ Phone: _____

PARENTS/LEGAL GUARDIANS NOT LIVING AT THE SAME ADDRESS:

Name: _____ Relationship: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City*

_____ *State*

_____ *ZIP Code*

Email: _____ Cell Phone: _____

Home

Employer: _____ Phone: _____

Work

Occupation: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

Please provide the information for three **additional** contacts (in addition to parents/legal guardians listed above):

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

RECOMMENDATION FORMS

Recommendation forms are very important components of your application to the UBMS Program. Therefore, you must submit three recommendation forms. One of these recommendations must be from a school counselor, administrator, or student services staff member, and the remaining must be by two previous or current teachers (at least one of them must teach science or math).

You are highly encouraged to speak directly to your prospective recommenders about your interests in applying for the UBMS Program. This would help them adequately assess your potential to succeed as a participant.

For administrative records, please list the names of the two teachers and the counselor who will recommend you to the UBMS Program.

Three Recommendations – include one of each type:

1. School counselor: _____
(This may be a previous counselor, including from Middle School)
2. Teacher from any discipline: _____

STUDENT AND PARENT APPROVAL AND SIGNATURE

Please understand that the Marian University Upward Bound Math and Science administrative staff respects the confidentiality of each applicant and his or her family. Considerable care is taken to ensure that personal and family information is not publicly accessible.

- *We understand that the Marian University Upward Bound Math and Science program will use the data provided on this application for to assist in assessing the student's academic and career planning needs.*
- *We understand that all information provided on this form will be kept and used in the strictest confidence.*
- *We certify that all information provided on this form is correct to the best of our knowledge.*
- ***By signing this form I give permission for Upward Bound Math and Science staff to access the aforementioned student's academic records and give permission for any school that my student attends to release those records to UBMS Staff. The information will be used to determine student eligibility and potential for success in the project.***

Student Applicant Signature: _____ Date: _____

Print Student Name: _____ Date: _____

Parent/Legal Guardian
Signature: _____ Date: _____

Print Parent Name: _____ Date: _____

As we work toward the continued improvement and effectiveness of our program we'd like to know:

How did you hear about our program? _____