UNIVERSITY OF PENNSYLVANIA
VICE PROVOST FOR UNIVERSITY LIFE
EQUITY & ACCESS PROGRAMS

UNIVERSITY OF PENNSYLVANIA
UPWARD BOUND

STUDENT APPLICATION

UPWARD BOUND OFFICE
220 SOUTH 40TH STREET
SUITE 260
PHILADELPHIA, PA 19104
TEL: 215-898-3185
FAX: 215-898-9301
http://www.vpul.upenn.edu/aap/ub/

Return application to the UB Office by: ____________________________
PERSONAL INFORMATION

Student Full Name: ________________________________________________________________

Street Address: ___________________________________________ Apt. # _________________________

City: ___________________________ State ____________  Zip ____________

Phone #:  □  □  □  -  □  □  □  -  □  □  □  □  Please check □ Home □ Cell □ Parent Cell

Alternate Phone #:  □  □  □  -  □  □  □  -  □  □  □  □  Please check □ Home □ Cell □ Parent Cell

PARENT/GUARDIAN EMAIL Address: _________________________________

STUDENT EMAIL Address: __________________________________________

Student Social Security number required  □  □  □  -  □  □  □  -  □  □  □  □  □

Date of Birth: ___/___/____  Place of Birth (State): ______  U.S. Citizenship: Yes __ No __

If the student is not a U.S. citizen please provide the alien registration number below and a copy of the card.

A __________________________

Gender: male or female (circle one)

Ethnic/Racial Classification: (Please Circle): American Indian/Alaskan Native, Asian, Black or African American, Hispanic or Latino, White, Native Hawaiian or other Islander

Student lives with: (Please Circle all that Apply): Mother, Father, Stepmother, Stepfather, Grandmother, Grandfather, Legal Guardian, Other (Specify:___________________________)

SCHOOL INFORMATION

Student I.D.#:  □  □  □  □  □  □  Do you have an IEP: YES or NO

High School: ___________________________  Current Grade: ________________

Middle School(s) Attended: ____________________________

School or Community Activities involved in (i.e. athletics, honor society, chorus): ________________

EDUCATIONAL BACKGROUND

What is your favorite school subject? ____________________________

What is your current GPA? ____________________________

What is your least favorite school subject? ____________________________

What do you think you would like to study in college? ____________________________

What are your career goals/interests? ____________________________
The following section is to be completed by parent/legal guardian: Please CIRCLE ONE IN EACH COLUMN as it applies to your family size and income level for last year.

**FOR INCOME VERIFICATION, PLEASE INCLUDE A COPY OF YOUR LATEST 1040 TAX FORM (FRONT AND 2ND PAGES) OR PROOF OF PUBLIC ASSISTANCE.**

The 2015 TRiO Poverty Guidelines for the 48 Contiguous States and the District of Columbia

<table>
<thead>
<tr>
<th>Persons in family</th>
<th>Poverty guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$17,820</td>
</tr>
<tr>
<td>2</td>
<td>$24,030</td>
</tr>
<tr>
<td>3</td>
<td>$30,240</td>
</tr>
<tr>
<td>4</td>
<td>$36,450</td>
</tr>
<tr>
<td>5</td>
<td>$42,660</td>
</tr>
<tr>
<td>6</td>
<td>$48,870</td>
</tr>
<tr>
<td>7</td>
<td>$55,095</td>
</tr>
<tr>
<td>8</td>
<td>$61,335</td>
</tr>
</tbody>
</table>

For families with more than 8 persons, add $6,240 for each additional person

MOTHER/FEMALE GUARDIAN INFORMATION
Mother/Female Guardian’s Full Name: ______________________________________________
Mother/Female Guardian’s Address: ________________________________________________
City: __________________________ State ________ Zip ___________

Which best describes your educational background (Circle One): Elementary School, Some High School, High School Graduate or GED, less than two years College, Two Year College Degree, Certificate Program, Four year Bachelors Degree, Masters’ Degree or Higher

FATHER/MALE GUARDIAN INFORMATION
Father/Male Guardian’s Full Name: ________________________________________________
Father/Male Guardian’s Address: ________________________________________________
City: __________________________ State ________ Zip ___________

Which best describes your educational background (Circle One): Elementary School, Some High School, High School Graduate or GED, less than two years College, Two Year College Degree, Certificate Program, Four year Bachelors Degree, Masters’ Degree or Higher

I declare that the information provided on this application reflects my true family size unit, income level, and educational background.
Parent/Legal Guardian Signature:____________________________ Date: __________
STUDENT ESSAY

Please complete a TYPED essay of no more than three hundred (300) words that answers both of the following questions. Please answer each question on a separate sheet of paper.

A. What are your educational/career plans after you graduate from high school?

B. How do you think the Upward Bound Program can help you achieve your educational and professional goals?

From whom did you hear about Upward Bound? You may check more than one.
___ Counselor   ___ Teacher   ___ Fellow Student   ___ Family Member
___ Upward Bound Student   Name: __________________________________________
___ Other (specify): _________________________________________________________

*** IMPORTANT SIGNATURES ***

I hereby certify that all statements in this application are true to the best of my knowledge and understanding.

Student Signature: __________________________________________ Date: _____________

Parent/ Legal Guardian Signature: _________________________________ Date: ___________
RELEASE OF ACADEMIC INFORMATION

Student’s Name: ________________________________________________________________

I hereby authorize the School District of Philadelphia and/or the high school that my child
currently attends to release the following information necessary for compliance with the United States
Department of Education annual performance report and to chart student academic progress:

- Standardized test scores
- Transcript
- Report card grades
- Attendance
- IEP
- Information pertaining to student academic progress

The Upward Bound staff (Director, Assistant Director and/or Counselor) also have permission to visit the
school to meet with the above named student.

__________________________________________  _______________________________________
Signature of Student                          Signature of Parent/Guardian of Student

______________________________
Student I.D.#: □ □ □ □ □ □ □

Date
**PROSPECTIVE STUDENT RECOMMENDATION FORM**

**APPLICANT’S NAME** _______________________________  **GRADE**__________________

**HIGH SCHOOL** _______________________________________________________________

Recommender’s Name: ________________________  Relationship to Student: _____________________________

*Please rate the applicant in the following categories according the scale below:*

<table>
<thead>
<tr>
<th></th>
<th>Below Ave.</th>
<th>Average</th>
<th>Above Ave.</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of academic potential</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Communication skills (verbal and written)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Level of positive leadership and community service, as seen in class or extra curricular activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Level of emotional maturity</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Level of Motivation/Desire</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
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Include the following items in your comments:
- Post-Secondary Potential
- Academic Strengths and Weaknesses

**Comments:**

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

**Recommenders Signature:** _______________________________  **Date:** _________________________

*Please place this form in an envelope, seal and write your signature across the seal.*
# PROSPECTIVE STUDENT RECOMMENDATION FORM

**APPLICANT’S NAME _______________________________**  **GRADE________________**

**HIGH SCHOOL ______________________________________________________________**

---

Recommender’s Name: ____________________________Relationship to Student: ______________________

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**Comments:**
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Recommenders Signature: ____________________________ Date: ____________________________

*Please place this form in an envelope, seal and write your signature across the seal.
MODEL RELEASE FORM
(please check one box)

☐ I hereby grant permission to reporters, photographers, film crews, or others associated with or participating in an Upward Bound activity/program to take recorded statements, photographs or film of myself and/or the person for whom I am granting permission. I understand that these recorded statements, photographs or film may be used by the news media or as a part of the University of Pennsylvania/Vice Provost for University Life marketing effort, or any other medium of communication (including newspapers, magazines, television, radio, pamphlets, brochures, reports, etc.), without any liability on the part of the University of Pennsylvania/Vice Provost for University Life, its departments, including Upward Bound, and/or its employees. I understand that the interviewing and photographing/filming are being carried out with my permission and consent and I assume full responsibility for the release of information about myself and/or the person for whom I am granting permission which will result.

I hereby waive any right to inspect or approve quotes prior to publication, or to inspect and approve any printed or recorded matter that may be used in connection with an interview, photograph, video, or sound recording.

This permission shall remain in effect as long as the participant is participating in this program.

☐ I hereby opt out of this form and by doing so do not give permission to the University of Pennsylvania/Vice Provost for University Life to use my picture, video or voice in any marketing efforts, or any other medium of communication including newspapers, magazines, television, radio, pamphlets, brochures, reports, etc.

(PLEASE PRINT)

________________________________________________________________________
Name of participant Age (if under 18 years)*

________________________________________________________________________
Address (include city, state, and zip code)

________________________________________________________________________
Signature of participant Area code and phone number

*Name and address of parent or guardian granting permission if the person named above is a minor

*Relationship of person granting permission

________________________________________________________________________
Signature of parent Date Signed
PROGRAM PARTICIPATION AGREEMENT

PLEASE PRINT IN INK: ____________________________________________
DATE:________________

STUDENT NAME: _____________________________________________________________
LAST FIRST MIDDLE

PARENT/GUARDIAN: _____________________________________________________________

Relationship to student: __________________________ WORK PHONE: __________
AREA CODE NUMBER

CELL PHONE: __________________________ AREA CODE NUMBER

Does the Parent/Guardian speak English?: YES ______ NO _______

If NO, provide the name of an English speaking contact for emergency situations:

ENGLISH SPEAKING CONTACT: __________________________ PHONE#: __________

I, the parent/guardian of the above mentioned student, hereby give my permission for my son/daughter to participate in the University of Pennsylvania Upward Bound Program, and any and all of its activities. This authorization shall remain in effect as long as my child is participating in Upward Bound. By signing this form, I acknowledge that I have read the Student Handbook and I and my child agree to all the terms and condition.

In addition, I hereby grant permission for my child to participate in field trips in connection with the University of Pennsylvania Upward Bound Program. This authorization shall remain in effect as long as my child is participating in Upward Bound.

I further agree, that I shall indemnify and hold harmless the University of Pennsylvania, its officers, agents, employees, and servants (including, but not limited to) parents or other adults, who drive or otherwise transport or provide transportation to students, to and from program-sponsored activities, from all claims, suits, or actions of every name, kind and description, brought for, or on account of, injuries to, death of any person or damage to property resulting from the performance of any activity permitted or required by this agreement.

________________________________________     ______________________
Student Signature                                Date

________________________________________     ______________________
Parent Signature                                Date
APPLICATION CHECKLIST

TO THE STUDENT APPLICANT:

THIS APPLICATION SHOULD BE COMPLETED BY YOU. HAVE YOUR PARENT OR GUARDIAN FILL IN THE INFORMATION PERTINENT TO THEM.

1. PLEASE CHECK (✓) OFF EACH ITEM UPON COMPLETION TO INSURE THAT YOU HAVE ANSWERED ALL QUESTIONS. ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED FOR INTERVIEWS AND ADMISSION TO THE HIGH SCHOOL UPWARD BOUND PROGRAM.

2. MAKE A COPY OF YOUR COMPLETED APPLICATION FOR YOUR PERSONAL RECORD.

3. YOUR APPLICATION SHOULD BE RETURNED BY______________________________

APPLICATION INCLUDES:

☐ PERSONAL INFORMATION

☐ MOTHER/FEMALE GUARDIAN INFORMATION

☐ FATHER/MALE GUARDIAN INFORMATION

☐ ELIGIBILITY CRITERIA/INCOME VERIFICATION AND FAMILY SIZE

Please provide a copy of your latest 1040 tax form, proof of SSI/SS or public assistance; whichever applies.

☐ SCHOOL INFORMATION ☐ RELEASE of ACADEMIC INFORMATION

☐ RELEASE OF INFORMATION SIGNED BY PARENT AND STUDENT ☐ MODEL RELEASE FORM

☐ INCLUDE COPY OF CURRENT REPORT AND 8TH/9TH GRADE FINAL REPORT CARD WITH PSSA, TERRA NOVA OR KEYSTONE SCORES. (Which ever applies)

☐ TWO LETTERS OF RECOMMENDATION (THESE ARE TO BE SUBMITTED BY COUNSELORS, TEACHERS, CLERGYPERSONS OR PROFESSIONALS; NOT PARENTS OR RELATIVES)

☐ THREE HUNDRED (300) WORD ESSAY TYPED DOUBLE SPACE

☐ FRONT & BACK COPY OF STUDENT HEALTH INSURANCE CARD

☐ COPY OF STUDENT SOCIAL SECURITY CARD

Funded by the U.S. Department of Education.