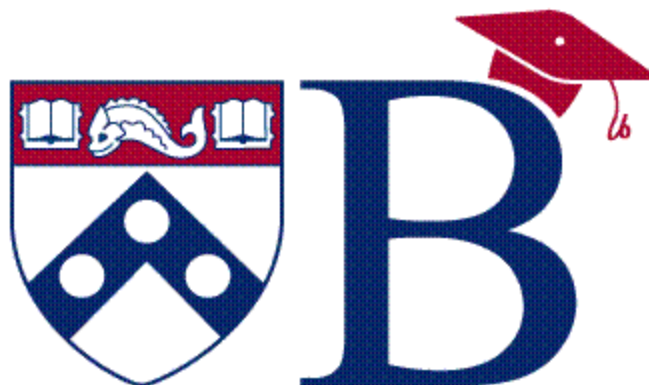


*UNIVERSITY OF PENNSYLVANIA*  
*VICE PROVOST FOR UNIVERSITY LIFE*  
*EQUITY & ACCESS PROGRAMS*



UNIVERSITY of PENNSYLVANIA  
**UPWARD BOUND**

**STUDENT APPLICATION**

UPWARD BOUND OFFICE  
220 SOUTH 40<sup>TH</sup> 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									
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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? \_\_\_\_\_



TRIO ELIGIBILITY CRITERIA

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 2<sup>ND</sup> PAGES) OR PROOF OF PUBLIC ASSISTANCE.\*\***

The 2015 TRiO Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family	Poverty guideline
1	\$17,820
2	\$24,030
3	\$30,240
4	\$36,450
5	\$42,660
6	\$48,870
7	\$55,095
8	\$61,335
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: \_\_\_\_\_





**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 to the scale below:*

	<b>Below Ave.</b>	<b>Average</b>	<b>Above Ave.</b>	<b>Superior</b>
Level of academic potential	1	2	3	4
Communication skills (verbal and written)	1	2	3	4
Level of positive leadership and community service, as seen in class or extra curricular activities	1	2	3	4
Level of emotional maturity	1	2	3	4
Level of parental support	1	2	3	4
Goal Orientation	1	2	3	4
Level of Motivation/Desire	1	2	3	4

*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: \_\_\_\_\_

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

	<b>Below Ave.</b>	<b>Average</b>	<b>Above Ave.</b>	<b>Superior</b>
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Level of parental support	1	2	3	4
Goal Orientation	1	2	3	4
Level of Motivation/Desire	1	2	3	4

*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.***



**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









### 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 8<sup>TH</sup>/ 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.**