

Application Packet Check List

Please use this Check List to ensure that you have completed the application process.

- Complete Student Application Form. Please acquire all required signatures.
- Make certain you and your Parents/Guardians have carefully read, then signed, the Release of Information Form.
- Attach a copy of your Parent's/Guardian's Federal Income Tax form and/or transcript from the Department of Social Services, as required by the Eligibility Information Form.
- Answer all questions on the Student Questionnaire Form.
- Make certain that one of your Parents or Guardians complete and sign the Parent/Guardian Questionnaire Form.
- Have two (2) Teachers—one English or Social Studies, and one Math or Science—complete a Teacher Recommendation Form, as indicated, and place in a sealed envelope.
- Have your Guidance Counselor complete the Counselor Recommendation Form and place this Form in a sealed envelope. This Form may also be mailed under separate cover, apart from the application packet.
- Provide a copy of your school transcript and the results of all standardized tests you have taken.
- Complete the Medical Information and Consent Form.
- Check to ensure that all Forms are completed, are easy to read, and have all the required signatures. We cannot process applications for the program until all Forms are completed and signed.
- Send all Forms and information to the Upward Bound Math & Science Center in the provided postage-paid, pre-addressed envelope.

Thank you very much for your interest in Upward Bound Math & Science Center!

ANTONIO ROBINSON
DIRECTOR

Application

Please read carefully and complete accurately. Print legibly with black or blue ink.

Student Information

Name: _____
(Last) (First) (Middle)

Permanent Address: _____
(Street) (City, State, Zip)

Mailing Address: (if different from above) _____

Phone Number: _____ Social Security No. (required): _____

E-Mail Address (*optional*) _____

Birthdate: _____ Age: _____ Grade (please circle) : 8 9 10 11

Name of School: _____

For statistical purposes, as required by Dept. of Education: Sex: _____

Race/Ethnicity: _____

Are you a U.S. Citizen? Yes No

Note: If you checked "No," please provide your Resident Alien Number _____
and attach a copy of your RA Card.

Parental Information

Mother's Name: _____

Father's Name: _____

Are you the natural parents of the applicant? Yes No

If you checked "No," please explain _____

Has either parent graduated from a four-year college or university? Yes No

If you checked "Yes," please provide name of school and the degree earned:

Release of Information

Please read carefully and make certain that you have acquired all signatures.

I. Academic Records

My signature below indicates that, to the best of my knowledge, the information provided on this application is true, complete and accurate. I also authorize Upward Bound Math & Science Center to obtain copies of any of my academic records from the educational institutions I now attend, have attended in the past, or will attend in the future, including the college or university in which I enroll following my high school graduation.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

II. Financial Records

I hereby give permission to the school named on this application to release a copy of our application for free and reduced meals to the Upward Bound Math & Science Center for the purpose of verifying any information provided on the application.

Parent/Guardian Signature: _____ Date: _____

III. Permission and Release

I hereby give permission for _____, if selected, to participate in the Upward Bound Math & Science Center's approved activities (college tours, field trips, etc.). I understand that, if selected, he/she will be required to attend four Discovery Saturdays during the regular academic year and to attend the six-week Discovery Summer Session held on TTC's Berkeley Campus (Moncks Corner) during the months of June and July. I also agree to support his/her compliance with rules and regulations of Trident Technical College and the Upward Bound Math & Science Center's program and staff. I relieve Trident Technical College and the Upward Bound Math & Science Center program of any claims and liabilities which may arise directly or indirectly when participating in the program. I agree that all photographs of the student taken during the program, papers written by the student during the program, and similar items may be used by the Upward Bound Math & Science Center in reports, other public information materials and venues including the Program's newsletter and the official UBMSC Web site.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Eligibility Information

Please read carefully, and provide all required documents.

The following section must be completed and signed by the applicant's parent or guardian. The information is required by the U.S. Department of Education, which provides funding for UBMSC, for participation in the Program. It will be used solely for the determination of the applicant's eligibility for acceptance into the Program. It will be kept in the strictest confidence.

Is the applicant eligible for the school lunch program? Not Eligible Free Reduced

Did either parent graduate from a **four-year** college or university? Yes No

Number of people in your household: _____

Your total TAXABLE Income: \$ _____ (From appropriate line on Federal Form 1040, 1040A, or 1040EZ)

Please attach a copy of your MOST RECENT Federal Income Tax Return. (Only that portion indicating your Total Taxable Income and Number of Dependents is needed.)

Does your household receive assistance from any of the following sources?

Aid to Families with Dependent Children (AFDC) Yes No

Social Security Yes No

Veterans Benefits Yes No

Food Stamps Yes No

Unemployment Compensation Yes No

Other (Please specify.): _____

If your family receives a major portion of its annual income from one of these benefit sources, please attach a photocopy of a check stub or a summary statement.

Please provide any additional comments, if applicable, regarding your financial situation on a separate sheet of paper.

By signing below, you certify that the above information and income data is correct to the best of your knowledge. Furthermore, your signature verifies your understanding that all information you have provided is confidential.

Parent/Guardian Signature: _____ Date: _____

Student Questionnaire

Applicant's Name: _____

I. Needs Evaluation

In which of the following areas do you feel you need additional information or assistance?

<input type="checkbox"/> Career Planning	<input type="checkbox"/> Financial Aid Planning	<input type="checkbox"/> Tutoring Assistance
<input type="checkbox"/> Personal Counseling	<input type="checkbox"/> College Tours/Info	<input type="checkbox"/> Admissions Application
<input type="checkbox"/> Class Scheduling	<input type="checkbox"/> ACT/SAT Preparation	<input type="checkbox"/> Pre-College Curriculum
<input type="checkbox"/> Study Skills	<input type="checkbox"/> Test-Taking Strategies	<input type="checkbox"/> Personal/Social Development
<input type="checkbox"/> Other:		

II. Applicant's Interests

Use additional pages, if necessary.

1. Briefly tell us about your interest in science or mathematics—i.e., how did you become interested in math and/or science? Are there any particular fields in math or science that seem exciting to you?

2. Do you know what you wish to do after graduating from college? What kind of career would you like to pursue, and why does it interest you?

3. What do you think are the most important fields in science and math for the future? Why do you think they are so important?

4. If you could select a math or science topic to study, what do you think would be the most exciting area, and why?

Parent/Guardian Questionnaire

Please respond to the following questions, then sign and date below. Return this form in the envelope provided.

1. Why do you wish for your son or daughter to participate in Trident Technical College's Upward Bound Math & Science Center?

2. UBMSC requires that at least one parent or guardian attend an orientation for Discovery Summer. The orientation is usually held in May. Are you willing to attend? Yes No

3. Please describe your son's or daughter's study habits.

4. List three career areas in which you feel your son or daughter has an interest.

5. Please list any factors about your son or daughter that would assist us in providing services. Such factors might include health problems, behavior, special diet, religious observations, learning disabilities, etc.

Your Signature: _____ **Date:** _____

Science or Math Teacher Recommendation

(Two Teacher Recommendations Required in Total—i.e., one Math or Science, and one English or Social Studies)

Name of Student _____

Please use the following checklist to assist us in the evaluation of this applicant for the Trident Technical College Upward Bound Math & Science Center. Please check the appropriate column that best describes the student as he or she performs each attribute. Upon completion, please place this Recommendation in a sealed envelope to be returned with the applicant’s application. Thank you for your assistance in helping us determine whether this applicant is a good candidate for UBMSC.

Attribute	Unsatisfactory	Satisfactory	Outstanding
Current academic performance			
Academic potential			
Motivation			
Leadership Aptitude			
Initiative			
Classroom Cooperation			
Dependability in completing tasks			
Social maturity			
Perseverance completing difficult tasks			
Regular Attendance			
Punctuality			
Ability to follow directions			
Ability to work well with others			
Good listening skills			
Willingness to accept challenges			

In what academic area do you instruct this applicant?

Does this applicant show a strong interest in your academic area? How is this interest or lack of interest apparent to you?

According to what you have ascertained about this participant’s academic abilities and motivation, do you think this student is a good candidate for a high-performance academic enrichment program like UBMSC? Why or why not?

Other comments or observations?

Instructor’s Signature

Date

English or Social Studies Teacher Recommendation

(Two Teacher Recommendations Required in Total—i.e., one Math or Science, and one English or Social Studies)

Name of Student _____

Please use the following checklist to assist us in the evaluation of this applicant for the Trident Technical College Upward Bound Math & Science Center. Please check the appropriate column that best describes the student as he or she performs each attribute. Upon completion, please place this Recommendation in a sealed envelope to be returned with the applicant’s application. Thank you for your assistance in helping us determine whether this applicant is a good candidate for UBMSC.

Attribute	Unsatisfactory	Satisfactory	Outstanding
Current academic performance			
Academic potential			
Motivation			
Leadership Aptitude			
Initiative			
Classroom Cooperation			
Dependability in completing tasks			
Social maturity			
Perseverance completing difficult tasks			
Regular Attendance			
Punctuality			
Ability to follow directions			
Ability to work well with others			
Good listening skills			
Willingness to accept challenges			

In what academic area do you instruct this applicant?

Does this applicant show a strong interest in your academic area? How is this interest or lack of interest apparent to you?

According to what you have ascertained about this participant’s academic abilities and motivation, do you think this student is a good candidate for a high-performance academic enrichment program like UBMSC? Why or why not?

Other comments or observations?

Instructor’s Signature

Date

Medical Information and Consent

Name of Student: _____

Home Address: _____ City, State, Zip _____

Mother's Employer (if applicable): _____ PH: _____

Father's Employer (if applicable): _____ PH: _____

Person to contact if we're unable to reach Mother or Father:

Name: _____ PHONE: _____

Relationship of this person to applicant: _____

Do you have medical insurance? Yes No

If yes, name of insurance plan: _____ Membership No: _____

Family Doctor: _____ Office Phone: _____

List all health problems of which we should be aware.

List all medications your child is presently taking.

List all foods your child should not eat.

List all physical challenges or limitations.

List all learning disabilities.

Are there any religious restrictions that would prohibit emergency health care services of which we should be aware? Yes No If Yes, please attach explanation.

I hereby grant permission to the Upward Bound Math & Science Center at Trident Technical College to arrange for needed medical services in emergency situations for _____. I further agree to pay any and all such dental and medical costs, expenses and charges, and do hereby release, discharge and hold harmless the State of South Carolina, Trident Technical College, Upward Bound Math & Science Center, and its employees and agents of any liability of any claim or demand arising from or connected with such medical treatment or care.

Parent/Guardian Signature

Date

Guidance Counselor Recommendation

Applicant's Full Name _____
(Last) (First) (Middle)

Present Grade (circle): 8 9 10 11 First generation college bound student? Yes No

Curriculum: College Prep Tech Prep General Other

Class Rank (Provide actual numerical ranking, if available; if not, indicate rank to the nearest quartile):

_____ out of _____ OR Top Quartile
 Second Quartile
 Third Quartile
 Fourth Quartile

According to your knowledge of the applicant's academic abilities and motivation, do you think this applicant is a good candidate for Upward Bound Math & Science Center? Why do you draw this conclusion?

Please provide an evaluation of this applicant, focusing on his or her potential in pursuing a college degree in math or science.

Has this applicant ever been dismissed from school for academic or disciplinary reasons? Yes No If yes, please explain.

Has this student missed excessive school days because of medical or personal reasons? Yes No If yes, please explain.

Has this student taken the PSAT? Yes No

Has this student taken the SAT? Yes No

Has this student taken the ACT? Yes No

If yes, please attach scores.

Counselor's Signature

Date

Please attach a copy of the student's transcripts and all available standardized test scores.