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?

<table>
<thead>
<tr>
<th>☐ Career Planning</th>
<th>☐ Financial Aid Planning</th>
<th>☐ Tutoring Assistance</th>
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<td>☐ College Tours/Info</td>
<td>☐ Admissions Application</td>
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<td>☐ Class Scheduling</td>
<td>☐ ACT/SAT Preparation</td>
<td>☐ Pre-College Curriculum</td>
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<td>☐ Study Skills</td>
<td>☐ Test-Taking Strategies</td>
<td>☐ Personal/Social Development</td>
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<td>☐ Other:</td>
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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.

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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.

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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.