## Upward Bound / Upward Bound Math Science Program Notice to Applicant

Please read the following information carefully before completing this application package.

The University of Georgia Upward Bound/Upward Bound Math Science programs are federally funded projects with certain baseline eligibility guidelines which must be met by the applicant before further consideration can be given to the application. These criteria are as follows:

1.) Applicants must be potential first-generation college students, meaning both parents have not obtained a **4-year college** degree.

2.) Applicants must be from a **low-income** family. The term "low-income individual" means an individual from a family whose taxable income for the preceding year did not exceed 150 percent of the poverty level established by the Census Bureau. (See attached income guideline sheet, on page 6)

3.) Applicants must be currently enrolled in high school in one of the program target school listed below.

### UPWARD BOUND/ UPWARD BOUND MATH SCIENCE TARGET SCHOOLS

- **Banks County High School**
- **Cedar Shoals High School**
- **Clarke Central High School**
- **East Jackson Comprehensive High School**
- **Greene County High School**
- **Jackson County Comprehensive High School**
- **Lincoln County High School**
- **Madison County High School**
- **Oglethorpe County High School**
- **Washington-Wilkes Comprehensive High School**

**University of Georgia Upward Bound/Upward Bound Math Science Application Instructions**

Upward Bound is a federally funded TRiO program that provides academic support to low-income and/or first-generation college bound students. You may apply if you are currently in high school and you attend one of the ten schools that are supported by the funding. A completed application consists of:

❒ Completed Student Personal information including Student Academic Profile **(Page 3 & 4)**

❒ Completed Autobiographical Essay (written or typed) **(Page 4)**

❒ Completed Parent information **(Page 5)**

❒ Completed income verification and household information **(Page 6 & 7)**

- Income verification in the form of:
  a. a signed statement from the individual's parent or legal guardian; (**Page 6**)
  b. verification from another governmental source;
  c. a signed financial aid application; or
  d. a signed United States or Puerto Rico income tax return.

❒ Attached current photo of yourself for identification purposes only

❒ Completed **Counselor Evaluation Form** placed in a sealed envelope.

❒ Completed **Teacher Evaluation Forms (one Language arts and one Math or Science)** placed in a sealed envelope.

- Upward Bound Math Science applications (Lincoln and Greene students) must have Math, Science, English and Counselor evaluation forms completed and placed in a sealed envelope.

❒ Provide a copy of your **school transcript** (See School Guidance Counselor for assistance)

❒ Provide a copy of the results for **all standardized tests** you have taken. Including End of Course Testing Scores. (See School Guidance Counselor for assistance).

❒ 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.

Please feel free to contact our office at (706) 542-4128 with any questions and we look forward to receiving your application.

Sincerely,

Bria Carr
UB/UBMS Program Director

Type in your information click to select check boxes, when application is complete print

**New Student Application Form**

In order to be considered for program participation, each student must complete this application including having the appropriate signatures, completed teacher recommendation forms, most recent transcript, and complete essay question responses.

Attach Photo

Used for Identification Purposes Only

## Student Information:

Full Name: _____

First: Middle: Last:

Gender: ☐ Male ☐ Female

US Citizen: ☐ Yes ☐ No

Age: _____

Infinite Campus Login: _____

Infinite Campus Password: _____

Birth Date: _____ Student Cell Phone # _____

Current Grade: 9th ☐ 10th ☐ 11th ☐ 12th ☐

Mailing Address: _____ Home Phone # _____

_____ Ethnicity: _____

City: State Zip

School Name: _____ Student Email: _____

Place of Birth: _____ Emergency Contact Person: _____

City State

Emergency Contact Phone # _____ Emergency Contact Email # _____

**Education Plans:**

☐ I plan to continue my education after I graduate from high school.

☐ I do not plan to continue my education after high school.

☐ I plan to enter the Armed Forces.

☐ I am undecided about my educational plans

List any Colleges/Universities that interest you:

_____

**I live with:**

☐ Both Parents/Guardians

☐ Mother Only

☐ Father Only

☐ Other Relationship Type: _____

**Services Offered: (Select all that apply to you)**

☐ Academic Advising

☐ Summer Activities

☐ Tutoring

☐ Career Planning and Exploration

☐ Financial Aid & Scholarship Information

☐ College Visits and & Cultural Field Trips

☐ Computer & Other Technology Access

Staff Use

Date Received: _____

Low Income: ☐ First Generation: ☐

1040 Tax: ☐ Counselor Evaluation: ☐

Teacher Evaluations: ☐ Transcript: ☐

# Student Academic Profile

1. What course of study are you currently enrolled in at your high school?
   General ☐ Honors Classes ☐ Advance Placement (AP) ☐ Dual Enrollment ☐
2. Have you ever been placed on disciplinary probation or in-school suspension? Yes ☐ No ☐
3. What type of postsecondary school are you considering? 4 year ☐ 2 year ☐ Military ☐
4. What will your college major/minor most likely be?
   a. Major:_____ Minor:_____
5. Your best academic performance is in which subject? _____
6. Your worse academic performance is in which subject? _____
7. Are you currently enrolled in a TRiO program? Yes ☐ No ☐ (Educational Talent Search, Upward Bound/UBMS?
8. List any honors or awards that you have received since 8th grade: _____

   _____
9. List all extracurricular activities that you are presently involved in (i.e. sports, church, employment, clubs, etcetera.

| |
|---|
| |

10. If selected, I would attend the Saturday and Summer components of the program. Yes ☐ No ☐

**Summer Components of Upward Bound/Upward Bound Math Science are Mandatory!**

## *Autobiographical Essay*

Upward Bound was recommended to me by: _____

**Please type or write a 1-page essay on a separate sheet of paper and discuss two of the following topics:**

- Why do you want to become a part of Upward Bound/UBMS, and what will it mean to you?
- Who are you and the important factors concerning you and your environment?
- Discuss two of the most important people who have influenced you in your growth and development?
- Discuss your definition of education and why it is important?
- Discuss your future goals, including the college you plan to attend, your field of study, and future career4.

# Parent Information

*To be completed by parent/guardian*

## Parent/Guardian 1

Relationship to Student:_____ Employer: _____

Last Name:_____ First Name: _____

Address: _____

City State Zip

Phone #:_____ Email: _____

Employment Title:_____ Cell Phone#: _____

US Citizen: Gender:

Work Phone#:_____ Years Lived in GA: _____ ☐ Yes ☐ Male ☐ No ☐ Female

What is your salary: Gross:_____ Weekly:_____ Monthly:_____ Yearly:_____

Parent/Guardian Signature:_____ Date: _____

I certify that income listed above is accurate and true.

## Parent/Guardian 2

Relationship to Student:_____ Employer: _____

Last Name:_____ First Name: _____

Address: _____

Phone #:_____ Email: _____

Employment Title: _____ Cell Phone#: _____

US Citizen: Gender:

Work Phone#:_____ Years Lived in GA: _____ ☐ Yes ☐ Male ☐ No ☐ Female

What is your salary: Gross:_____ Weekly:_____ Monthly:_____ Yearly:_____

Parent/Guardian Signature: _____ Date:_____

I certify that income listed above is accurate and true.

# Financial Information – Statement of Confidentiality

The information contained in this application is for the purpose of determining applicants' eligibility for UB/UBMS. All information received is confidential. A requirement of UB/UBMS is that you meet federal income guidelines. This is based on the last year's income. Please use the following table to answer the next questions. This is based on taxable income. For specifics please visit http://www2.ed.gov/about/offices/list/ope/trio/incomelevels/html

**If either parent does not contribute to the family income, then no information from that parent is needed.**

Taxable Income: $_____Number of persons supported by income: _____

| | |
|---|---|
| Does the Student Receive Free Lunch?<br>☐ Yes **or** ☐ No | Please check your TAXABLE income from the prior year (line 43 on 140 form, line 27 on 1040 a form, line 6 on 1040EZ form). This information may be helpful in notifying the student about financial aid, scholarships, and other special programs. |
| Do you participate in public programs? (TANF, SNAP, or etc.…)<br>☐ Yes **or** ☐ No | Check the appropriate yearly income range.<br>☐ $0.00 - $18,735<br>☐ $18,736 - $25,365<br>☐ $25,366 – $31,995<br>☐ $31,996 – 38,625<br>☐ $38, 626 - $45,255<br>☐ $45, 256 -$51,585<br>☐ $51,256 – $58,515<br>☐ $58,516 - $65,145 |

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: _____

**Please check the box that best describes your financial circumstances.**

| Number of Exemptions Claimed on Income Tax | Taxable Income | Check One Box Please |
|---|---|---|
| 1 | $18, 735 | [ ] |
| 2 | $25,365 | [ ] |
| 3 | $31,995 | [ ] |
| 4 | $38,625 | [ ] |
| 6 | $45,255 | [ ] |
| 7 | $58,515 | [ ] |
| 8 | $65,145 | [ ] |

[ ] Our taxable income is above the amount listed for the number of exemptions claimed.

[ ] I need more information, please contact me.

**Certification:** All of the information on this application is true and correct to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that we have given on this application. I also realize that purposely giving false or misleading information on this application may result in a fine, a prison sentence, or both. I also realize that if do not give proof when asked, that my child can be denied admittance to Upward Bound/ Upward Bound Math- Science at the University of Georgia.

Parent/Guardian Signature: _____ Date: _____

## Supplemental Income

List amounts below

| | Parent/Guardian 1 | Parent/Guardian 2 |
|---|---|---|
| Social Security Payments | | |
| Social Services Payments | | |
| Vocational Rehabilitation | | |
| Veteran's Benefits | | |
| Child Support | | |
| Other | | |

## Income Verification

Attach parent or guardian's ***signed*** 1040 or 1040A Income Tax Return Form to this application.

*(AFDC, Supplemental Security Income, Social Security, etc.) if unemployed.*

## Parent/Guardian Educational Background

## Other Family Information

Did **Parent/Guardian 1** finish high school?
[ ] Yes [ ] No

Did **Parent/Guardian 1** attend College?
[ ] Yes [ ] No

Does your **Parent/Guardian 1** have a four-year college degree? [ ] Yes [ ] No

Did **Parent/Guardian 2** finish high school?
[ ] Yes [ ] No

Did **Parent/Guardian 2** attend College?
[ ] Yes [ ] No

Does your **Parent/Guardian 2** have a four-year college degree? [ ] Yes [ ] No

❖ Does your child suffer from any physical problems, learning disabilities, or are they currently on an IEP?

❖ Please describe any hardships or circumstances which you feel we should consider?

Office for Student Success and Achievement
UNIVERSITY OF GEORGIA | TRIO

# Program Releases

**Academic Record**

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 / Upward Bound Math & Science 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: _____/_____/_____

**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 / Upward Bound Math & Science for the purpose of verifying any information provided on the application.

**Parent/Guardian Signature:**_____ Date: _____/_____/_____

**Permission and Release**

I hereby give permission for,_____ if selected, to participate in the
*Student Name*

Upward Bound / Upward Bound Math & Science approved activities (college tours, field trips, etc.). I understand that, if selected, he/she will be required to attend four Saturday Academies during the regular academic year and to attend the Upward Bounds / Upward Bound Math & Science summer program held at the University of Georgia. I also agree to support his/her compliance with rules and regulations of the University of Georgia and the Upward Bound / Upward Bound Math & Science program and staff. I relieve the University of Georgia and the Upward Bound / Upward Bound Math & Science 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 / Upward Bound Math & Science in reports, other public information materials and venues including the Program's newsletter, social media, and official websites.

**Student's Signature:**_____ Date: _____/_____/_____

**Parent/Guardian Signature:** _____ Date: _____/_____/_____

**Read this Section before completing the remaining documents!**


The following four pages are forms that consist of:

- ❖ A Counselor Recommendation
- ❖ Math Teacher Recommendation
- ❖ Science Teacher Recommendation
- ❖ Language Arts Teacher Recommendation

These pages are perforated to make it easier to tear out the individual pages. Please be careful when tearing out the forms then, give to the School Counselor, the Math and the Language Arts, and Science Teachers to complete.

**Forms must be returned to Upward Bound / Upward Bound Math Science in a sealed envelope.**

*Upward Bound/Upward Bound Math Science*

103 Hooper Street | Athens, GA 30602 | ☎ (706) 542-4128 | Fax (706) 542-4592

# SCHOOL COUNSELOR EVALUATION

_____ _____ (_____)_____

Student Name School Phone

School Counselor Name_____ Title _____

**INSTRUCTIONS:** Please fill in this evaluation form.

## Academic Background

[ ] Yes [ ] No Is the applicant enrolled in college preparatory curriculum?

[ ] Yes [ ] No Does the applicant have attendance problems? If so, please explain.

_____

_____

[ ] Yes [ ] No Does the applicant have an Individual Education Plan? If so, please explain.

_____

_____

[ ] Yes [ ] No Does the applicant have a discipline problem at school? (Any office referrals)? Please explain.

_____

_____

[ ] Yes [ ] No Does the applicant possess the academic potential to continue education beyond high school?

## Recommendation for Participation

[ ] Strongly Recommend [ ] Recommend With Reservation [ ] Do Not Recommend

**PLEASE** provide comments on strengths and limitations that you feel are pertinent to the student's performance in college readiness program. Additional comments can be written on the back:

_____

_____

_____

Counselor Signature: _____ Date: _____/_____/_____

Office for Student Success and Achievement
UNIVERSITY OF GEORGIA | TRIO

*Upward Bound/Upward Bound Math Science*

103 Hooper Street | Athens, GA 30602 | ☎ (706) 542-4128 | Fax (706) 542-4592

# Language Arts Teacher Evaluation Form

(To be completed by your **current** Language Arts Teacher)

**To be completed by student and parent/guardian.**

I, _____, request that any information relative to my academic
Student's Name
progress be made available to the Upward Bound Program at the University of Georgia.

School_____ Grade_____

Student Signature_____ Date _____/_____/_____

Parent/Guardian Signature_____ Date _____/_____/_____

Dear Language Arts Teacher:

The above student has applied to the Upward Bound/Upward Bound Math Science program at the University of Georgia. UB/UBMS is a pre-college program designed to encourage **qualified students** to further their education pursuits beyond high school. One of the most important factors in considering a student for UB/UBMS is that a student **must have post-secondary/college potential. The student may or may not be living up to the potential; however, the potential must be present**. Your honest and straightforward evaluation will be of great assistance to UB/UBMS in determining the student's suitability to our program. When evaluating the student keep in mind the following criteria:

- Academic Strengths and Weaknesses
- Potential for Growth
- Behavior in Class
- Level of Motivation
- Work Quality
- Achievement(s)

This assessment should contain your considered opinion as to whether or not you think this student possess the potential to succeed in post-secondary education. Please feel free to attach another sheet of paper if needed.

_____
_____
_____
_____
_____
_____
_____
_____
_____

Teacher Signature _____ Date _____/_____/_____

*Please return to student in a sealed envelope*

*Upward Bound/Upward Bound Math Science*

103 Hooper Street | Athens, GA 30602 | ☎ (706) 542-4128 | Fax (706) 542-4592

# Math Teacher Evaluation Form

(To be completed by your **current** Math Teacher)

**To be completed by student and parent/guardian.**

I, _____, request that any information relative to my academic
Student's Name
progress be made available to the Upward Bound Program at the University of Georgia.

School_____ Grade_____

Student Signature_____ Date _____/_____/_____

Parent/Guardian Signature_____ Date _____/_____/_____

Dear Math Teacher:

The above student has applied to the Upward Bound/Upward Bound Math Science program at the University of Georgia. UB/UBMS is a pre-college program designed to encourage **qualified students** to further their education pursuits beyond high school. One of the most important factors in considering a student for UB/UBMS is that a student **must have post-secondary/college potential. The student may or may not be living up to the potential; however, the potential must be present**. Your honest and straightforward evaluation will be of great assistance to UB/UBMS in determining the student's suitability to our program. When evaluating the student keep in mind the following criteria:

- Academic Strengths and Weaknesses
- Potential for Growth
- Behavior in Class
- Level of Motivation
- Work Quality
- Achievement(s)

This assessment should contain your considered opinion as to whether or not you think this student possess the potential to succeed in post-secondary education. Please feel free to attach another sheet of paper if needed.

_____
_____
_____
_____
_____
_____
_____
_____
_____

Teacher Signature _____ Date _____/_____/_____

*Please return to student in a sealed envelope*

Office for Student Success and Achievement
UNIVERSITY OF GEORGIA | TRIO

*Upward Bound/Upward Bound Math Science*

103 Hooper Street | Athens, GA 30602 | ☎ (706) 542-4128 | Fax (706) 542-4592

# Science Teacher Evaluation Form

(To be completed by your **current** Science Teacher)

**To be completed by student and parent/guardian.**

I, _____, request that any information relative to my academic
Student's Name
progress be made available to the Upward Bound Program at the University of Georgia.

School_____ Grade_____

Student Signature_____ Date _____/_____/_____

Parent/Guardian Signature_____ Date _____/_____/_____

Dear Science Teacher:

The above student has applied to the Upward Bound/Upward Bound Math Science program at the University of Georgia. UB/UBMS is a pre-college program designed to encourage **qualified students** to further their education pursuits beyond high school. One of the most important factors in considering a student for UB/UBMS is that a student **must have post-secondary/college potential. The student may or may not be living up to the potential; however, the potential must be present**. Your honest and straightforward evaluation will be of great assistance to UB/UBMS in determining the student's suitability to our program. When evaluating the student keep in mind the following criteria:

- Academic Strengths and Weaknesses
- Potential for Growth
- Behavior in Class
- Level of Motivation
- Work Quality
- Achievement(s)

This assessment should contain your considered opinion as to whether or not you think this student possess the potential to succeed in post-secondary education. Please feel free to attach another sheet of paper if needed.

_____
_____
_____
_____
_____
_____
_____
_____
_____

Teacher Signature _____ Date _____/_____/_____

*Please return to student in a sealed envelope*

# Forms Check List

Please complete the application and make sure that all forms are complete prior to submission.

Student Name _____ School Name _____

☐ **PART A:** Student Information

- **Please submit a copy of your most recent transcript. Transcripts submitted directly to the student must be in an unopened envelope sealed by your school Registrar's Office.**

☐ **PART B:** Placement Information

- **A short essay about yourself and why you want to be in the program.**

☐ **PART C:** Family Income Information

☐ **PART D:** Student Recommendation(s)

- **The enclosed recommendation forms must be completed by your current school counselor, math and science teachers. Upon completion of the form, please ask the counselor to attach the student's transcript and return both items to the applicant in a sealed envelope. This information should be mailed to the project or given to the school counselor as a completed packet.**

Please return to your School Upward Bound representative, your school counselor or mail the attached application along with all requested attachments to the following address below:

**UNIVERSITY of GEORGIA**

**Upward Bound/Upward Bound Math-Science Program**

**103 Hooper Street**

**321 Milledge Hall**

**Athens Georgia 30602**

PRINT

CLEAR