**Upward Bound Math and Science Program**

**Application for Admission**

Dear Applicant:

The Upward Bound Math and Science (UBMS) Program at Central Carolina Community College is a federally funded educational program which provides **FREE** services to high school students in preparation for college and careers in the fields of math and science. The UBMS Program at CCCC serves Harnett County students attending the following high schools: Harnett Central High School, Overhills High School, STAR Academy, Triton High School, and Western Harnett High School. **Students may apply to the program in 8th, 9th, or 10th grade, but must be in the 9th or 10th grade to enroll in the program.**

If you are interested in participating in the Upward Bound Math and Science Program, please follow the instructions below in order to complete the application process. Please note that your application cannot be processed without completing all of the requested information.

1. **Complete the entire application by supplying all required information as outlined.**
2. **Complete the Family Income section and submit a copy of 1040, 1040A, or 1040EZ Income Tax Return for parent(s)/legal guardian(s) for the previous year.**
3. **Include a typed, one-page personal statement about your interests, ambitions, and goals after high school.**
4. **Sign the Release of Information Authorization.**
5. **Sign the Parent/Guardian Certification indicating that your application is complete and accurate.**
6. **Submit one (1) Counselor Recommendation Form from a guidance counselor including a recent report card, transcript, and copy of test scores.**
7. **Submit one (1) Teacher Recommendation Form from a math or science teacher.**
8. **Return the completed application to: Upward Bound Math and Science, TRIO Programs, Central Carolina Community College, 1105 Kelly Drive, Sanford, NC 27330.**

Once your application has been received, you will be notified by mail of your application status. If you have any questions, please contact our office at (919) 718-7463. Thank you for your interest in the Upward Bound Math and Science Program!

Sincerely,

Ashley Tittemore, M.A.

Director of TRiO Programs

**PRIVACY ACT STATEMENT:**

The personal information that you give to the Upward Bound Math and Science Program is sent to the federal government (Department of Education). The information is protected by the Privacy Act. No one may see the information unless they work with or for the Upward Bound Math and Science Program or are specifically authorized to see the information. The information is necessary to determine if you are eligible to participate in the program and helps the government to measure your success. The Department of Education has the authority to gather information to help make Upward Bound Math and Science a better program (20 USC 1231a).

**Upward Bound Math and Science**

**Application for Admission**

**Staff Use Only:**

**Low-Income**

**First-Generation**

**High Risk of Academic Failure**

**I. Student Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Address 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: € Male € Female

Number & Street or P.O. Box

Address 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone Parent(s) Cell Phone(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Email Address (es) Student Email Address

Race/Ethnicity (check all that apply): € American Indian/Alaskan Native; € Asian;

€ Black or African American; € Hispanic; € Native Hawaiian or Pacific Islander; € White

Native language other than English? € Yes € No

Disconnected Youth (check all that apply): € In Foster care; € Homeless; € Involved in Juvenile Justice System; € Neither enrolled in school nor employed

**II. Academic Profile**

Current Year in School: € 8 € 9 € 10

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guidance Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any extra-curricular activities in which you participated in 8th, 9th, or 10th grade (sports, clubs, church, employment, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any honors or awards you received in 8th, 9th, or 10th grade:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please be sure to ask a guidance counselor to include a recent report card, transcript, and copy of test scores with his/her Counselor Recommendation Form.*

**III. Parent/Legal Guardian Information**

I live with: € Both Mother and Father € Mother Only € Father Only

€ Mother and Stepfather € Father and Stepmother

€ Foster Parents € Other Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please provide information below* ***only for parent(s) or guardian(s) currently in your household.***

1. Father’s Name (or step) Last First Middle

Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College Completed 1 2 3 4 5+

Name of College, if applicable

Degree(s) Earned (circle all that apply): Associate’s Bachelor’s Master’s Doctoral

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone

Employer Name Complete Address

1. Mother’s Name

(or step) Last First Middle

Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College Completed 1 2 3 4 5+

Name of College, if applicable

Degree(s) Earned (circle all that apply): Associate’s Bachelor’s Master’s Doctoral

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone

Employer

Name Complete Address

**IV. Household Information**

How many people, including you, are currently living in your household? \_\_\_\_\_\_\_\_\_

Please list below the names of ALL persons living in your household, ages, and their relationship to you.

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **Relationship** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**V. Eligibility**

The Upward Bound Math and Science Program is supported by a federal grant which asks individual programs to verify the eligibility of all applicants. Therefore, students applying to the program are required to answer the following questions regarding U.S. status and family income.

**U.S. Status**

Are you a citizen of the United States? € YES € NO

Are you a permanent resident of the United States? € YES € NO

Are you in the United States for other than a temporary purpose? € YES € NO

*Please provide evidence from the Immigration and Naturalization Service of your intent to become a permanent resident.*

Social Security # \_\_\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_

Birthplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If applicable:*

Permanent Resident # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immigrant Visa # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Income**

1. Check only one box below. Tax returns include the IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return for the most recent calendar year. If parent(s)/legal guardian(s) did not keep a copy of their tax return(s), please request a copy from the tax preparer or order a FREE transcript from the Internal Revenue Service by calling 1-800-908-9946 or visiting <http://www.irs.gov/individuals/> and selecting “Tools”.

€ Check here if you are attaching a signed copy of your parent(s)/legal guardian(s)’ tax return.

€ Check here if a signed tax return will be submitted to Upward Bound Math and Science by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

€ Check here if your parent(s)/legal guardian(s) did not file and are not required to file an income tax return for the most recent calendar year. *Please complete #2 below.*

1. If your parent(s)/legal guardian(s) did not file and are not required to file an income tax return for the most recent calendar year, list below your parent(s)/legal guardian(s) untaxed income as well as employer(s) and any income they received in last year.

|  |  |
| --- | --- |
| Source of Untaxed Income | Amount |
| 1. Child Support |  |
| 1. Worker’s Compensation |  |
| 1. Untaxed Pension |  |
| 1. Supplemental Security Income (SSI) |  |
| 1. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |
| --- | --- |
| Source/Employer | Income |
|  |  |
|  |  |
|  |  |

**VI. Personal Statement**

**Please submit a typed, one-page personal statement.** In your personal statement, please address the following questions and be sure to include information about your interests, your plans, and your ambitions. Especially comment on your goals concerning your education and career plans after high school. Be sure to attach your personal statement to this application.

What are your educational goals?

What are your career plans and how to you plan to achieve them?

Why do you wish to enroll in the Upward Bound Math and Science Program?

In your own words, describe your need for the program and the reasons that you should be selected to participate in Upward Bound Math and Science.

**\*\*If selected, I will attend ALL UBMS Saturday sessions and summer activities until I graduate from high school and enroll in a college or university.**

**Yes\_\_\_\_\_ No\_\_\_\_\_**

My **T-Shirt size** is Adult: □ Small

□ Medium

□ Large

□ X-Large

□ XX-Large

Upward Bound Math and Science

TRiO Programs

Central Carolina Community College

1105 Kelly Drive

Sanford, NC 27330

Phone: (919) 718-7463

Fax: (919) 718-7290

# Release of Information Authorization

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School

I hereby authorize the release of my child’s high school academic records, including test data, report cards, transcripts, and access to PowerSchool, to the Upward Bound Math and Science Program at Central Carolina Community College through his/her high school graduation, with the understanding that this information will be used solely for the purpose of assessment, academic planning, and/or reporting.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Parent/Guardian (please print)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Parent/Guardian Date*

**PARENT/GUARDIAN CERTIFICATION**

I declare that the information provided in this application is complete and accurate to the best of my knowledge.

I understand that, if selected, my child will be expected to regularly attend all Upward Bound Math and Science Program activities including Saturday sessions and summer activities and participate fully throughout high school until he/she graduates and enrolls in a college or university.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Parent/Legal Guardian (please print)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Parent/Legal Guardian Date*

*All information on this application will be held in strict confidence. This information is necessary to ensure that the applicant meets the criteria for admission to Upward Bound Math and Science as established by the U.S. Department of Education.*

Upward Bound Math and Science Counselor Recommendation Form

Please complete this form and return to applicant in a sealed envelope marked “Counselor Recommendation” with **standardized test scores, a recent report card, and a high school transcript**. Thank you for your assistance in evaluating this applicant for the Upward Bound Math and Science Program!

**STUDENT’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Academic Skills/Performance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very Low**  **1** | **Low**  **2** | **Medium**  **3** | **High**  **4** | **Very High**  **5** |
|  |  |  |  |  |

Academic Potential for College Success

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very Low**  **1** | **Low**  **2** | **Medium**  **3** | **High**  **4** | **Very High**  **5** |
|  |  |  |  |  |

Motivation to Complete High School and Attend College

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very Low**  **1** | **Low**  **2** | **Medium**  **3** | **High**  **4** | **Very High**  **5** |
|  |  |  |  |  |

Need for Academic Support and Career Development

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very Low**  **1** | **Low**  **2** | **Medium**  **3** | **High**  **4** | **Very High**  **5** |
|  |  |  |  |  |

Interest Level in Math and Science

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very Low**  **1** | **Low**  **2** | **Medium**  **3** | **High**  **4** | **Very High**  **5** |
|  |  |  |  |  |

Comments / Additional Information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upward Bound Math and Science Teacher Recommendation Form

Please complete this form and return to applicant in a sealed envelope marked “Teacher Recommendation.” Thank you for your assistance in evaluating this applicant for the Upward Bound Math and Science Program!

**STUDENT’S NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **COURSE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate the applicant on the following factors, from 1 (low) to 5 (high):

1. Academic Skills € 1 € 2 € 3 € 4 € 5
2. Motivation to learn € 1 € 2 € 3 € 4 € 5
3. Self-discipline € 1 € 2 € 3 € 4 € 5
4. Timely assignment completion € 1 € 2 € 3 € 4 € 5
5. Preparation for tests € 1 € 2 € 3 € 4 € 5
6. Performance on tests € 1 € 2 € 3 € 4 € 5
7. Punctuality € 1 € 2 € 3 € 4 € 5
8. Overall attendance € 1 € 2 € 3 € 4 € 5

Please provide specific comments regarding the applicant’s academic strengths:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide specific comments regarding the areas in which the applicant needs to improve:

In specific detail, please comment on the student’s demonstrated need for the academic support provided by the Upward Bound Math and Science Program in preparation for college and a career in Math or Science:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_