TRIO Upward Bound College Prep Academy

Student Application for Admission
2017-2018
We are pleased that you are interested in the University of Illinois at Urbana-Champaign’s Upward Bound College Prep Academy. It is extremely important that this application is accurately and neatly completed. All applications will be evaluated on the information presented. Please return the application to the Upward Bound office along with a copy of the following information:

- Parent’s most recent Federal Income Tax Forms (i.e. 1040, 1040A, 1040EZ)
- Student’s most recent grade report
- Standardized Test Scores
- Counselor Recommendation Form (to be completed by the student’s counselor)

All information on this application is strictly confidential and will be maintained in the Upward Bound office. Should you have any questions or concerns please do not hesitate to contact the Upward Bound via phone at (217) 333-1889 between the hours of 8:30am-5:00pm Monday through Friday.

STUDENT PERSONAL INFORMATION

Name: __________________________ Date of Birth: ___/___/_____

  Last        First        Middle Initial

Last Four Digits of Social Security Number: ____ Ethnic Background: __________________________

Address: __________________________________________________________ City: __________________________

State: ______ Zip Code: _______ E-mail Address __________________________

Telephone Number: (____)________________________ Cell Phone Number: (____)________________________

Sex (Circle One): Male Female Place of Birth: __________________________

Are you a U.S. Citizen?____ Yes ____ No If no, are you a permanent resident?____ Yes ____ No

If no, do you currently have an application in progress for permanent residence ______ Yes ____ No
(You must present evidence of your status from the Department of Immigration and Naturalization Services.)

Do you have any special needs due to any physical disability?____ Yes ____ No

If yes, please explain: ________________________________________________
ACADEMIC INFORMATION

Middle School Name: ____________________________  Location: ______________

High School Name: ______________________________  Grade Level: ______________

High School Counselor: __________________________

Extra-Curricular Activities: _______________________

High School Honors/Awards: _______________________

What is your current GPA? ____________  How many credits have you earned? ____________

What are your present grades in the following subjects?

- English ______  Math ______  Science ______  Social Studies ______
- Foreign Language ______  PE ______  Other _____________________________

Are you having academic difficulty in any classes? _____ Yes _____ No

Have you failed any subjects? _____ Yes _____ No  If yes, please list the subjects:

__________________________________________________________________________________

Do you participate in any of the following services at your school?

- Math lab ______  Reading/Writing Lab ______  Tutoring ______  ESL Program ______
- Other __________________________________________

Are you employed part-time?  Yes  No  If yes, Days and Hours you work: __________________________

Employer's Name: ____________________________  Address: ____________________________

The six week SUMMER RESIDENTIAL COMPONENT combined with the ACADEMIC YEAR COMPONENT serves to make the Upward Bound College Prep Academy a year round experience. If accepted, you will be required to participate in both the summer and the academic year components throughout your high school experience.

Do you understand and accept this commitment? _____ Yes_____ No

Do you plan to attend college?  Yes  No

If No, what are your plans or goals after high school graduation? __________________________________________

__________________________________________________________________________________
How did you find out about the Upward Bound College Prep Academy?

___ Friend    ___ Relative    ___ High School Counselor

___ Upward Bound Staff person came to my school    ___ Other

FAMILY INFORMATION

Mother/Female Guardian Name: _______________________________________________________

Last Four Digits of Mother’s Social Security Number: ________ Lives with family?  Yes  No

If not living with family: ________________________________________/____________________

  Address                  Phone

Employed? ____________________/____________________

  Employer’s Name                  Position Title

                                /____________________

  Street Address               City               Work Phone Number

Father/Male Guardian Name: _______________________________________________________

Last Four Digits of Father’s Social Security Number: ________ Lives with family?  Yes  No

If not living with family: ________________________________________/____________________

  Address                  Phone

Employed? ____________________/____________________

  Employer’s Name                  Position Title

                                /____________________

  Street Address               City               Work Phone Number

List the names and ages of all persons living in your household:

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<td>5.</td>
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</table>
FIRST GENERATION COLLEGE ELIGIBILITY

Has either parent received Bachelor Degree?  ______ Yes  ______ No

If Yes, please specify: Mother/Guardian  ______ Yes  ______ No
Father/Guardian       ______ Yes  ______ No

This section must be notarized. Do not sign until you are in the presence of a notary public.

I understand the goals, objectives and requirements of the Upward Bound College Prep Academy (as it pertains to the program fact sheet) and agree to support my child in fulfilling them. I also understand that if my son/daughter does not fulfill the required goals and objectives, he/she will be terminated from the Program. I certify that all the information I have provided is valid and correct to the best of my knowledge.

Parent/Legal Guardian's Signature: ______________________________________

Notary Public: ____________________________    Commission Expires: __________

Seal: ____________________________    Today's Date: ________________

For Office Use Only

Date Received: _________________________

Interview Scheduled For: __________________ at __________________

Date  Time

rev: September 25, 2017
**PARENT/GUARDIAN INCOME VERIFICATION FORM**

One of the criteria for admission into the Upward Bound Program is meeting the income guidelines established by the Department of Education. Before we can determine your eligibility, please answer the following questions and attach a copy of your federal income tax return or appropriate documentation which reflects your income.

1. Total number of exemptions claimed on the last federal income tax return or total number in the household. 

2. **Taxable income** from IRS form 1040, 1040A or 1040EZ

3. Income and benefits (enter monthly amounts where applicable)

<table>
<thead>
<tr>
<th>Monthly Income</th>
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</thead>
<tbody>
<tr>
<td>a. Social Security Benefits</td>
</tr>
<tr>
<td>b. Aid to Families with Dependent Children</td>
</tr>
<tr>
<td>c. General Assistance</td>
</tr>
<tr>
<td>d. Child Support</td>
</tr>
<tr>
<td>e. Unemployment Compensation</td>
</tr>
<tr>
<td>f. Workman's Compensation</td>
</tr>
<tr>
<td>g. Veteran's Benefits (except Educational Benefits)</td>
</tr>
<tr>
<td>h. Other (Please explain: ____________________________ )</td>
</tr>
</tbody>
</table>

4. Foster Child: List the Child's monthly personal use income 

5. Who does the student live with?

   |   |   |   |   |
   |___|___|___|___|
   | Mother & Father | Mother only | Father only | Mother & Stepfather |
   | Father & Stepmother | Foster parent | State approved guardian |
   | Other close relative | State parental institution | Private orphanage |

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Parent/Guardian Signature  
Upward Bound Staff Signature

This information is strictly confidential and will be maintained in the Upward Bound office ONLY. The General Education Provision Act (Private Rights of Parents and Students) or more generally known as the Buckley Amendment, offers parents the option of sending their financial information under a separate cover (i.e. this page may be detached and sent separately from the student's application) and such information shall be confidential and not available to the student.

**NOTE:** ONLY IF YOU ELECT TO MAIL THIS PAGE SEPARATELY, YOU MUST ALSO HAVE THIS FORM NOTARIZED.

Notary Public: ____________________________  
Commission Expires: __________

Seal:  
Today's Date: ________________

University of Illinois at Urbana-Champaign Upward Bound College Prep Academy  6
TO BE COMPLETED BY PARENT/GUARDIAN

INSURANCE PROVIDER

Student's Name: _________________________________________________

Address: ________________________________________________________ Telephone Number: ______________

Parent's Name: _____________________________ Work Telephone #: __________

Emergency Contact Person: ____________________________ Telephone #: __________

Is student covered by health insurance?  _____Yes  _____No

Policy type: __________________________________ Insurance Company: ________________________________

Policy Number: __________________________________ Expiration Date: ________________________________

*If your child is covered through welfare or S.R.S, please attach a copy of your medical card to this form.

MEDICAL RELEASE

I authorize the Upward Bound College Prep Academy at the University of Illinois at Urbana-Champaign to provide emergency medical services for my child ___________________________________________.

I will not in any way hold the University of Illinois at Urbana-Champaign or the Upward Bound College Prep Academy responsible for any treatment deemed necessary for medical services.

_______________________________________  ___________________________________________
Parent/Guardian Signature  Date

PARENTAL RELEASE FOR STUDENT TRAVEL

I authorize the Upward Bound College Prep Academy at the University of Illinois at Urbana-Champaign to provide transportation for my child ____________________________________________ to program activities. I hereby release the Upward Bound College Prep Academy from any responsibility for any criminal act of malice, vandalism, theft and any other unlawful behavior during his/her trips sponsored by the Upward Bound College Prep Academy.

_______________________________________  ___________________________________________
Parent/Guardian Signature  Date
COUNSELOR RECOMMENDATION FORM

Applicant's Name: ________________________________________________

The student named above is applying for admission to the Upward Bound College Prep Academy. We would appreciate your recommendation. The student has indicated that you know him/her well and he/she respects your opinion. This recommendation is of considerable importance to us.

This student, as of last semester, is: ________Behind _____At ____Ahead of grade level.

Student's class rank: _________ Student's GPA: ____________

Scheduled graduation date from high school is ___________________/____________

Month Year

Which of the following best describes the student's current academic program:

1. Vocational ____  2. General ____  3. College Preparatory ___

(The Upward Bound College Prep Academy is designed to aid students to attend college; therefore, ALL students are required to be currently enrolled in a college preparatory curriculum to gain admittance to the program.)

Briefly outline this student's need for academic services.

________________________________________________________________________

________________________________________________________________________

Briefly describe this student's potential for post-secondary success.

________________________________________________________________________

________________________________________________________________________

Briefly describe student=s behavior in the school environment.

________________________________________________________________________

________________________________________________________________________

Name: ____________________________ Signature: ______________________________

Date: ___________ School: __________________________________ Phone: ____________

This student comes from you with the following recommendation:

____ Fair ______ Good _______ Excellent _______ Superior
APPLICANT QUESTIONNAIRE AND ESSAY
Please answer each question

1. What type of education do you plan to pursue after high school?
   _____ 4-Year College   _____ 2-Year College   _____ Vocational Training

2. List three post-secondary institutions (Colleges or Universities) that you are interested in attending:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. List three careers that interest you:
   __________________________________________________________________________
   __________________________________________________________________________

4. What are your career goals and how do you plan to reach them?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

5. List clubs, sports and organizations you belong to at school, church, community, etc.
   __________________________________________________________________________

6. Why is education important to you?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

7. STUDENT ESSAY
   Write an essay on "Why You Want to Be In the Upward Bound College Prep Academy"
   (no less than 75 words). Continue your essay on the next page.