

UPWARD BOUND PROGRAM

**Application for Admission**

**ABOUT UPWARD BOUND**

Upward Bound is a federally funded program designed to help students with limited financial resources prepare for college.

Upward Bound provides the following services:

Tutoring	Saturday Classes	A Summer Program
Counseling	Field Trips & College Visits	Career Exploration
ACT Test Preparation	Summer Internships	College & Financial Aid Application Assistance
	A Monthly Stipend	

**Philosophy statement:** Upward Bound believes in and values education. It is fully committed to helping its students develop both academically and personally. To accomplish this, the program requires a serious commitment of time and energy from both its students and their parents.

The following is required before you can be considered for the program:

1. You must completely fill out the application and return it to Upward Bound. If you have a question, ask an Upward Bound staff member. Address: Upward Bound Program, Columbia College, 600 S. Michigan Ave., Chicago, IL 60605. Phone: 312/344-8830.
2. You must submit current documentation of your family's income. Submit a complete copy of your family's federal tax form. A copy of a family's AFDC/Welfare (medical) card is also acceptable.
3. You must submit a copy of your transcript and most recent grades.
4. You and a parent or guardian must attend a conference.

**I. GENERAL INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I. Mo./Day/Yr.

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Division/Homeroom \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, list your Alien

registration number A- \_\_\_\_\_

(Attach a copy of your Alien registration card)

Name of High School \_\_\_\_\_

Name of Elementary or Middle School \_\_\_\_\_

Present Grade: \_\_\_\_\_ 8th \_\_\_\_\_ Fr. \_\_\_\_\_ Soph. \_\_\_\_\_ Jr.

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Student lives with (check all that apply) \_\_\_\_\_ Mother \_\_\_\_\_ Father  
Stepmother

\_\_\_\_\_ Stepfather \_\_\_\_\_ Other (Specify: \_\_\_\_\_)

Ethnic/Racial Background: \_\_\_\_\_ American Indian/Alaska Native

\_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Black/African American

\_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ White \_\_\_\_\_ Other

Further specification: \_\_\_\_\_

**II. EDUCATIONAL BACKGROUND**

Overall Grade Point Average (A=4, B=3, C=2, D=1)? \_\_\_\_\_

What is your favorite school subject? \_\_\_\_\_

What is your least favorite subject? \_\_\_\_\_

What do you think you would like to study in college? \_\_\_\_\_  
\_\_\_\_\_

What are your career goals/interests? \_\_\_\_\_  
\_\_\_\_\_

I declare that the information on this application is true, and I give my permission for the release of my academic records to Columbia College Upward Bound for the duration of my participation in the program.

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

Essay: Write at least a paragraph that describes you and explains why you want to be in this program. (Use the back of this page for additional space.)

**III. ELIGIBILITY INFORMATION** (Completed by Parent(s)/Guardian)

## A. Mother, Stepmother, Female Guardian

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Employed Yes \_\_\_\_\_ No \_\_\_\_\_

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

Which best describes your educational background? (Check one)

Elementary School \_\_\_\_\_

Some High School \_\_\_\_\_

High School Graduate (or GED equivalency) \_\_\_\_\_

Less than two years College \_\_\_\_\_

Two year College Degree \_\_\_\_\_

Four year Bachelor's Degree \_\_\_\_\_

## B. Father, Stepfather, Male Guardian

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Employed Yes \_\_\_\_\_ No \_\_\_\_\_

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

Which best describes your educational background? (Check one)

Elementary School \_\_\_\_\_

Some High School \_\_\_\_\_

High School Graduate (or GED equivalency) \_\_\_\_\_

Less than two years College \_\_\_\_\_

Two year College Degree \_\_\_\_\_

Four year Bachelor's Degree \_\_\_\_\_

Family's **Taxable** Income \_\_\_\_\_ (Line 40 on U.S. form 1040; Line 27 on form 1040A; Line 6 on form 1040 EZ; line K(1) on TeleFile)

Number of people in family who rely on this income (include self) \_\_\_\_\_

Source(s) of Income (Check all that apply)

_____ Pay from Work	_____ Social Security	_____ Other (pension, retirement, etc.)
_____ Unemployment	_____ Alimony/Child Support	
_____ Public Aid	_____ Veterans Benefits	

My signature below means that I understand and agree to the following:

1. The information here, to the best of my knowledge, is true, and I agree to provide a copy of an official document to verify my child's eligibility for participation in Upward Bound.
2. I give permission for my child to participate in Upward Bound and for the program to secure his/her academic records while in the program.
3. I authorize Columbia College Upward Bound to provide medical services (if necessary) to my child, \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: All income information provided by parents/guardians of Upward Bound applicants/participants is held in strict confidence by the project staff. Columbia College Upward Bound does not discriminate on the basis of age, race, color, creed, sex, religion, handicap, disability, sexual orientation, or national or ethnic origin. For more information, please feel free to call 312/344-8830.

**IV. RECOMMENDATION FORM** (To be completed by a teacher or counselor who knows student.)

Candidate's Name \_\_\_\_\_

Teacher/Counselor \_\_\_\_\_

School \_\_\_\_\_

To the teacher/counselor: The above named student is applying for Columbia College's Upward Bound Program. Please return this form to Upward Bound or give it to the student to return. Address: Upward Bound Program, Columbia College, 600 S. Michigan Ave., Chicago, IL 60605. Phone: 312/344-8830. Thank you very much.

Rate the student in the following categories:

Below Avg.          Average          Above Avg.          Superior

Academic  
Ability

Academic  
Achievement

Personal  
Qualities

I strongly recommend \_\_\_\_\_ I recommend \_\_\_\_\_ I recommend with reservations \_\_\_\_\_ I do not recommend \_\_\_\_\_ this student for participation in Upward Bound.

We would welcome any additional comments you think might help us.

Teacher/Counselor signature \_\_\_\_\_ Date \_\_\_\_\_