Math Science Upward Bound Program
A Federally funded TRIO program

STUDENT APPLICATION FOR ADMISSION
2017-2018

Serving: Philadelphia Public & Charter High School Students

Mail completed packet to:
College of Education Temple University
Math Science Upward Bound Program
1301 Cecil B. Moore Ave
Philadelphia, PA 19122

Phone: 215-204-3636
e-mail: upwardbound@temple.edu
Program Application Directions

It is essential to processing your application that all information is written clearly and completely. You may experience delays in the application process if you fail to submit the information or it is not legible. You also need to read the prompts before each space, to ensure that you fill in the appropriate information. PRINT all information in blue or black ink.

I. STUDENT INFORMATION & SCHOOL INFORMATION

It is important that you enter you complete address, home & cellular phone number and email address to avoid delays in getting you information about the application process. When listing your current classes, please include the name of the courses you have (rather than just the subject area).

II. PARENT INFORMATION

We will contact parents regarding any parts that are missing from the application packet, but may need to speak with students regarding academic information. Please, contact our office at 215-204-3636 to report any changes in your contact information during the application process.

“Highest degree obtained” – place a check next to the abbreviation that best describes the highest level of education completed by each parent/guardian

Below this section, we ask that information regarding parents/guardians’ education and current employment be included. Please, read the statements carefully and fill in the type of diploma/degree earned and the year in which it was issued.

III. STUDENT ESSAY and INCOME VERIFICATION FOR PARENTS/GUARDIANS

Please, type your answers to the questions listed in an essay, on a separate sheet of paper. Your response should not be more than 300 words. Please, use 10 pt font and format your essay so that it is single spaced.

There is no need to re-state the questions in your essay. Just be sure that you answer them with enough detail that we know which question you are responding to.

Here we ask that you indicate verification of your income to establish your primary eligibility for program services. This is based on the U.S. Department of Education’s low income guidelines if you file income taxes. If you do not file income taxes, you will need to submit verification of the type of income you receive from an official source. The following are NOT acceptable forms of income verification: pay stubs, W2s, and bank deposit statements. Please, place a check next to the type of income that best describes your situation and include copies of the required documents with your application packet.

IV. HIGH SCHOOL COUNSELOR VERIFICATION and REQUIRED SIGNATURES

Only records from performance in high school (or 8th grade if a current 9th grader) are required. It is not necessary to send any grades from 7th grade or below.

Below the list of information we request that the counselors provide to the students is an area where the counselor, student, and parent must sign to certify that the information provided in the application packet is true. Please, ensure that all signatures and dates are present before submitting your application packet.

V. ENGLISH TEACHER RECOMMENDATION

Give each of these to the appropriate teacher & make them aware of the deadline. They may either return the form to you to submit with the other required documents by the deadline or send it directly to us using the mailing address or email address on the front cover. If faxed, you must also submit the hard copy.
APPLICATION CHECKLIST

Please use this checklist to ensure that you have enclosed all of the required documents and signatures in your application packet. Failure to submit any documentation will delay the processing of your application.

☐ p. 3-6 of Student admission application with all sections completed
☐ High School Counselor verification
☐ Math teacher recommendation
☐ English teacher recommendation
☐ Science teacher recommendation
☐ 8th grade PSSA scores
☐ Full transcript including previous year’s final report card
☐ Current report card
☐ Student essay
☐ Current class schedule
☐ Copy of most recent 1040 tax form

OR one of the following
☐ Copy of DPA access card
☐ Other verification of income (W2s and pay stubs are not acceptable)

REMEMBER to **sign** AND **date** your application!

**NOTE:** Candidates will be interviewed if they are found to meet the basic criteria for eligibility. A parent must also attend this interview.
**I. STUDENT INFORMATION & SCHOOL INFORMATION**

Full Name: ________________________________________________  Date: ______________

Complete Address: __________________________________________ Home Phone: ______________

City: _______________ State: ___  Zip Code: _______ Cell phone: ______________

Gender: M or F  Ethnicity: ___________________________ email: __________________________
(circle one)

Date of Birth: _______________  Age: __________  U.S. Citizen? Yes _______ No ______

Your primary language: ____________________________

With whom do you reside? (i.e. Mother, Father, Grandparent, other-specify) _______________

**SCHOOL INFORMATION:**

Name of School: ___________________________________________  Current Grade: ____________

Complete School Address: _______________________________________________________________

City: _______________  State: _______________  Zip Code: _______________

Counselor’s Name: ___________________________  Principal’s Name: ___________________________

High School Curriculum: College Prep _________  General ____________  Other _________

Career Goal: __________________________________________

Current classes (Be Specific – instead of Math, list the type of math course you are taking ie. Geometry):

1. ________________________  5. ________________________
2. ________________________  6. ________________________
3. ________________________  7. ________________________
4. ________________________  8. ________________________

Note: The information requested in this application is necessary and will be treated in a confidential manner. The student applicant and his/her parents/guardians must complete all items to be considered for entrance into the program.
II. PARENT INFORMATION

________________________________________
Student’s Name (Print)

MOTHER/FEMALE GUARDIAN INFORMATION:

Mother/Female Guardian’s Full Name: _____________________________________________

If guardian, state relationship _____________________________________________________

Mother/Female Guardian’s Address: ________________________________________________

City: ___________________ State: ___________________ Zip Code: _____________________

Day Time Phone: ___________________________ Cell Phone: ___________________________

email address: _________________________________________________________________

Primary language: ____________________________

Highest degree earned: Less than HS: _____ HS diploma: _____ AS: _____ BS: _____ MS: _____ PhD: _____

School where earned: ___________________________ Date obtained: ___________________

Place of Employment: ___________________________ Occupation: ______________________

Other Source of Income (check all that apply):  □ DPA  □ Social Security  □ Disability

□ Other (specify): ______________________________________________________________

FATHER/MALE GUARDIAN INFORMATION:

Father/Male Guardian’s Full Name: _________________________________________________

If guardian, state relationship _____________________________________________________

Father/Male Guardian’s Address: __________________________________________________

City: ___________________ State: ___________________ Zip Code: _____________________

Day Time Phone: ___________________________ Cell Phone: ___________________________

email address: _________________________________________________________________

Primary language: ____________________________

Highest degree earned: Less than HS: _____ HS diploma: _____ AS: _____ BS: _____ MS: _____ PhD: _____

School where earned: ___________________________ Date obtained: ___________________

Place of Employment: ___________________________ Occupation: ______________________

Other Source of Income (check all that apply):  □ DPA  □ Social Security  □ Disability

□ Other (specify): ______________________________________________________________
III. STUDENT ESSAY and INCOME VERIFICATION FOR PARENTS/GUARDIANS

_____________________________
Student’s Name (Print)

The Department of Education provides funding for the Math Science Upward Bound Program based on specific eligibility requirements. In order to be considered for participation, the parents/guardians of all Math Science Upward Bound applicants must provide copies of their most recent tax (1040) form, or a copy of their DPA access card or other official verification of income.

NOTE: W2s and pay stubs are not acceptable verification of income.

Check all that apply and provide appropriate verification:

__________ I have attached a copy of my most recent 1040 tax form
__________ I have attached a copy of my DPA Access Card
__________ I have attached other verification of income (i.e. Social Security/Disability Status). Please specify ________________________________

Including yourself, give the total number of people in your household: __________________________

Taxable Household Income $___________ Parent Signature __________________________

STUDENT ESSAY

Attach a typewritten essay (300 words, 12pt font, single spaced) that answers the following questions:

A. What are your educational/career plans after you graduate from high school?
B. Where do you plan to be five years from now and how do you plan to accomplish these objectives?
C. How do you think the Math Science Upward Bound Program can help you achieve your educational and professional goals?

Students: You must provide…

• a copy of your current report card
• a copy of all previous high school grades
• 8th grade Keystone scores
• A copy of your current roster
  (contact your High School Counselor, if necessary).
IV. HIGH SCHOOL COUNSELOR VERIFICATION and REQUIRED SIGNATURES

HIGH SCHOOL COUNSELOR VERIFICATION:

Last grade level completed by student: ________________ Current grade level: ____________

Please provide the following items:

✓ A final report card from each year of high school the student has completed or a full transcript. If the student has yet to complete the ninth grade, include a copy of their 8th grade report card.
✓ A current report card.
✓ 8th grade Keystone scores.

✓ Most recent standardized test scores.

List all Math and Science courses taken at the high school level:

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<thead>
<tr>
<th>MATH</th>
<th>SCIENCE</th>
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***IMPORTANT SIGNATURES***
(all signatures are required to process the application)

I hereby certify that all statements in this application are true to the best of my knowledge and understanding. Any misleading information may be cause for immediate rejection of the application or dismissal from the program.

Student Signature: ___________________________ Date: __________________

Parent/Guardian: _____________________________ Date: __________________

Counselor Signature: ___________________________ Date: __________________

Student/Parent Please Return to: College of Education
Temple University Math Science Upward Bound
1301 Cecil B. Moore Ave
Philadelphia, PA 19122

PLEASE NOTE: The application will be considered incomplete if it does not have all of the requested information, attachments and signatures.

PLEASE DO NOT WRITE IN THE SHADeD SECTION

AI $_________________________ Ex _______ LI FG Both E1: _____ E2: ______

☐ At Risk ________________________________
V. ENGLISH TEACHER RECOMMENDATION

Please fax to 215-204-2131, scan & email to upwardbound@temple.edu or mail to College of Education, Temple University Math Science Upward Bound, 1301 Cecil B. Moore Ave, Philadelphia, PA 19122.

Student’s Name: _______________________________ Grade: ________________

High School: _______________________________ Date: ________________

Please rate the student on each of the criteria listed below by circling a number from 1 to 10. Please note that 1 is strongly disagree and 10 is strongly agree.

This student displays:

1. Motivation in completing classwork 1 2 3 4 5 6 7 8 9 10
2. Effort in approaching difficult tasks 1 2 3 4 5 6 7 8 9 10
3. Cooperation when working with others 1 2 3 4 5 6 7 8 9 10
4. Productivity 1 2 3 4 5 6 7 8 9 10
5. A positive attitude toward learning 1 2 3 4 5 6 7 8 9 10

This student:

6. Completes assignments on time 1 2 3 4 5 6 7 8 9 10
7. Has excellent class participation 1 2 3 4 5 6 7 8 9 10
8. Has excellent attendance 1 2 3 4 5 6 7 8 9 10
9. Is rarely late for class 1 2 3 4 5 6 7 8 9 10
10. Is inquisitive about subject matter 1 2 3 4 5 6 7 8 9 10
11. Participates in extracurricular activities 1 2 3 4 5 6 7 8 9 10
12. Is active in his/her community 1 2 3 4 5 6 7 8 9 10

13. Please list any specific content with which the student would benefit from academic assistance:
__________________________________________________________________________________

14. In which of the following ways can the Math Science Upward Bound program provide support for this student? (check all that apply):
   _____ Raising educational aspirations
   _____ Increasing achievement scores (list the exam and score if you know them) _________________
   _____ Provide opportunity, support or guidance to take challenging college preparation courses.
   _____ Assist in setting career goals or need for more accurate information on careers
   _____ Improve confidence, self-esteem, and/or social skills
   _____ Increase proficiency in English

Additional comments may be helpful in evaluating the qualifications of this applicant.

Teacher’s Name ___________________________ Subject area __________________
(Print)

Is this student currently enrolled in your class? Yes _______  No _________

Teacher’s Signature __________________________
VI. SCIENCE TEACHER RECOMMENDATION

Please fax to 215-204-2131, scan & email to upwardbound@temple.edu or mail to College of Education, Temple University Math Science Upward Bound, 1301 Cecil B. Moore Ave, Philadelphia, PA 19122.

Student’s Name: _________________________________________ Grade: ________________

High School: ____________________________________________ Date: _________________

Please rate the student on each of the criteria listed below by circling a number from 1 to 10. Please note that 1 is strongly disagree and 10 is strongly agree.

This student displays:

1. Motivation in completing classwork 1 2 3 4 5 6 7 8 9 10
2. Effort in approaching difficult tasks 1 2 3 4 5 6 7 8 9 10
3. Cooperation when working with others 1 2 3 4 5 6 7 8 9 10
4. Productivity 1 2 3 4 5 6 7 8 9 10
5. A positive attitude toward learning 1 2 3 4 5 6 7 8 9 10

This student:

6. Completes assignments on time 1 2 3 4 5 6 7 8 9 10
7. Has excellent class participation 1 2 3 4 5 6 7 8 9 10
8. Has excellent attendance 1 2 3 4 5 6 7 8 9 10
9. Is rarely late for class 1 2 3 4 5 6 7 8 9 10
10. Is inquisitive about subject matter 1 2 3 4 5 6 7 8 9 10
11. Participates in extracurricular activities 1 2 3 4 5 6 7 8 9 10
12. Is active in his/her community 1 2 3 4 5 6 7 8 9 10

13. Please list any specific content with which the student would benefit from academic assistance:
   ____________________________________________________________
   ____________________________________________________________

14. In which of the following ways can the Math Science Upward Bound program provide support for this student? (check all that apply):
   _____ Raising educational aspirations
   _____ Increasing achievement scores (list the exam and score if you know them) ________________
   _____ Provide opportunity, support or guidance to take challenging college preparation courses.
   _____ Assist in setting career goals or need for more accurate information on careers
   _____ Improve confidence, self-esteem, and/or social skills
   _____ Increase proficiency in English

Additional comments may be helpful in evaluating the qualifications of this applicant.

Teacher’s Name ___________________________ Subject area ___________________________
(Print)

Is this student currently enrolled in your class? Yes _________ No ___________

Teacher’s Signature ___________________________
VII. MATH TEACHER RECOMMENDATION

Student’s Name: _________________________________________ Grade: _________________

High School: _____________________________________________ Date: __________________

Please rate the student on each of the criteria listed below by circling a number from 1 to 10. Please note that 1 is strongly disagree and 10 is strongly agree.

This student displays:

1. Motivation in completing classwork 1 2 3 4 5 6 7 8 9 10
2. Effort in approaching difficult tasks 1 2 3 4 5 6 7 8 9 10
3. Cooperation when working with others 1 2 3 4 5 6 7 8 9 10
4. Productivity 1 2 3 4 5 6 7 8 9 10
5. A positive attitude toward learning 1 2 3 4 5 6 7 8 9 10

This student:

6. Completes assignments on time 1 2 3 4 5 6 7 8 9 10
7. Has excellent class participation 1 2 3 4 5 6 7 8 9 10
8. Has excellent attendance 1 2 3 4 5 6 7 8 9 10
9. Is rarely late for class 1 2 3 4 5 6 7 8 9 10
10. Is inquisitive about subject matter 1 2 3 4 5 6 7 8 9 10
11. Participates in extracurricular activities 1 2 3 4 5 6 7 8 9 10
12. Is active in his/her community 1 2 3 4 5 6 7 8 9 10

13. Please list any specific content with which the student would benefit from academic assistance:
___________________________________________________________________________________

14. In which of the following ways can the Math Science Upward Bound program provide support for this student? (check all that apply):

_____ Raising educational aspirations
_____ Increasing achievement scores (list the exam and score if you know them) _________________
_____ Provide opportunity, support or guidance to take challenging college preparation courses.
_____ Assist in setting career goals or need for more accurate information on careers
_____ Improve confidence, self-esteem, and/or social skills
_____ Increase proficiency in English

Additional comments may be helpful in evaluating the qualifications of this applicant.

Teacher’s Name _________________________________________ Subject area ____________________

(Print)

Is this student currently enrolled in your class? Yes _________ No ____________

Teacher’s Signature ___________________________________________