

## UPWARD BOUND PROGRAMS

### (Classic & Math and Science)

The program serves low-income/first-generation students who reside in Milwaukee's central city as defined by zip codes 53204,-05,-06,-08,-09,-10,-12,-15,-16,-18 and 53233.

#### Information about the Student

Name: \_\_\_\_\_ Do you intend to go to college?  Yes  No  Unsure

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Student Cell Phone Number: \_\_\_\_\_

Student Email Address: \_\_\_\_\_  Male  Female

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - - \_\_\_\_\_ US Citizen:  Yes  No

Are you Hispanic or Latino?  Yes  No

Race (please check all that apply):  American Indian/Alaskan Native  Asian  White  Other: \_\_\_\_\_  
 Black/African American  Native Hawaiian or Other Pacific Islander

With whom does the student live? Please check only one:  Both parents  Mother  Father  Legal Guardian  Foster Care  
 Other (please specify) \_\_\_\_\_

Parents/Guardians marital status:  Married, living together  Married, living separately  Single  Divorced

#### Mother/Legal Guardian Information

Name: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_

Living  Deceased

Has Mother/Legal Guardian Earned a 4 Year College Degree?  
 Yes  No

#### Father/Legal Guardian Information

Name: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_

Living  Deceased

Has Father/Legal Guardian Earned a 4 Year College Degree?  
 Yes  No

Which Upward Bound Program is the student applying to?  (Classic) Upward Bound  Upward Bound Math & Science  
(Must currently be a 9<sup>th</sup> or 10<sup>th</sup> grader)

#### Financial Information

**Staff Initials:** \_\_\_\_\_

Did the parent(s) file an Income Tax Return for Tax Year 2018?  No  Yes (if yes, please include a copy of **all pages** of the FEDERAL return)

What was your **Taxable Income** for Tax Year 2018: \$ \_\_\_\_\_  
For **form 1040** this is line 43; for **Form 1040A** this is line 27; for **Form 1040EZ** this is line 6. If you were not required to file a Federal Return, your Taxable income is \$0.

Total number of members in household: \_\_\_\_\_

TRIO Income Guidelines:			
Family Size 1 - \$18,210	4 - \$37,650	7 - \$57,090	
(Taxable Income as of January 31, 2018)	2 - \$24,690	5 - \$44,130	8 - \$63,570
	3 - \$31,170	6 - \$50,610	

The information contained in this application is for the use of the Upward Bound Programs at Marquette University only and will be held in the strictest confidence. All records are kept in secure locked storage.

By signing below, you certify that all information contained in this application is correct, complete and accurate (this includes the educational attainment level of both parents, financial information, size of household, etc.) to the best of your knowledge.

Parent/Guardian Signature \_\_\_\_\_ Name (please print) \_\_\_\_\_ Date \_\_\_\_\_  
Student Signature \_\_\_\_\_ Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Application Form (continued)

**Please ensure that all parts of the application are completed and signed.  
This form must be completed using blue or black ink.**

**AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS & ADDITIONAL RELEASES**

**Please read the following information before signing. All information will be kept confidential.**

I hereby grant authorization for my educational records (grades, transcripts and test scores) to be released by the middle school, high school, district, and/or college to the Upward Bound Programs at Marquette University (MUUB). I understand that the Upward Bound Programs will request grades at the conclusion of each grading period and transcripts/test scores at least annually. I furthermore agree that Marquette University's Educational Opportunity Program's (EOP) Pre-College Division will also maintain records of performance in program classes and activities. EOP Pre-College Division may share academic information regarding participation in the Upward Bound Programs (grades, test scores, etc.) with my parents and/or high school.

I also authorize Marquette University's Educational Opportunity Program's (EOP) Pre-College Division to use photographs and/or videotape with my image in Upward Bound publications and/or news releases.

Permission is granted for the student to participate in all activities sponsored or attended by MUUB. Permission is granted for Upward Bound staff members to transport the above-named student to and from these activities.

Permission is granted to provide counseling services to the above-named student as necessary by the appropriate University and/or community resources (i.e. University Counseling Service).

We understand that the Upward Bound Programs are for students who are able to handle the responsibility of being away from home for the residential summer component.

We recognize that Upward Bound Programs are a major investment by the United States Department of Education and we understand that if the student is accepted and wishes to attend, he or she will be expected to fully participate in the program (both during the academic year and summer) and student not taking vacation or trips during the 6-weeks of the UB summer programming.

We understand that if MUUB accepts the applicant, he or she will have to adhere to the program's rules and regulations concerning student responsibility and behavior in the academic and residential life programs. We understand that the Upward Bound Director will have the right to dismiss any student whose behavior is incompatible with the goals and standards of MUUB.

We agree that the student, if accepted into MUUB, may participate in answering questionnaires and other appropriate and approved research projects done as a part of the program's evaluation.

If you are a **current 8<sup>th</sup> grade student**, what is your prospective high school? \_\_\_\_\_

Student's Career goals? \_\_\_\_\_

Is student in any other pre-college program, if yes which program(s)? \_\_\_\_\_

Please list the name of a teacher (only list teacher of these subjects: English, math, social studies, or science) and the student's school counselor who will be providing the recommendation for this student:

Teacher: \_\_\_\_\_ Subject: \_\_\_\_\_

Counselor: \_\_\_\_\_

By signing below, you are agreeing to all statements on this page, as well as providing permission for the Upward Bound Programs at Marquette University to acquire recommendation forms from a teacher and your school counselor.

Parent/Guardian Signature \_\_\_\_\_ Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

**UPWARD BOUND PROGRAMS**  
(Classic & Math and Science)

Counselor Recommendation Form

The student listed below is applying to join the Upward Bound Programs at Marquette University (MUUB). We seek recommendations from a guidance counselor at the school the student attends to ensure that we are admitting the best students to our program. The questions on this recommendation will help us assess the student's willingness and ability to attend all services offered as well as to learn more about their academic ability. We appreciate your honest and candid answers to all questions, and all information on this form will be held in confidence.

Please email recommendation form to [ub@marquette.edu](mailto:ub@marquette.edu) or mail to: Marquette University EOP Pre-College Division P.O. 1881, Milwaukee, WI 53201. If you have any questions, please contact our office using the contact information listed in the header of this form.

**General Information**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Please check if the student completed the following courses by the end of 10<sup>th</sup> grade:  Pre-Algebra  Algebra  Geometry

**\*Please attach most recent standardize test scores to form.**

Student achieved a GPA of 2.5 or higher for the most recent school year?  Yes  No

Does the student have an IEP?  Yes  No  
If yes, please attach a copy.

**Recommendation**

Would you recommend admitting this student to Upward Bound?  Yes  No

Explanation of your recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate the student on each of the following:

	Excellent	Good	Fair	Poor
Academic performance				
Motivation				
Maturity				
Dependability and reliability				
Problem solving skills				
Attendance				
Ability to live away from home				

Is this student interested in attaining a 4-year college/university degree?  Yes  No  Unsure

Do you feel this student has the ability/potential to do college level work?  Yes  No  Unsure

Do you feel this student would attend?  Yes  No  Unsure

Tutoring; Saturday UB Classes  Yes  No  Unsure

UB Summer Programming  Yes  No  Unsure

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



Educational Opportunity Program

UPWARD BOUND PROGRAMS
(Classic & Math and Science)

Marquette University
1303 W. Wisconsin Ave
Coughlin Hall Suite 225
Milwaukee, WI 53233
Office (414) 288-7368
ub@marquette.edu

Teacher Recommendation Form

The student listed below is applying to join the Upward Bound Programs at Marquette University (MUUB). We seek recommendations from a teacher and a guidance counselor at the school the student attends to ensure that we are admitting the best students to our program.

MUUB is operated under grants from the US Department of Education, and our ultimate goal is to prepare students to enter and complete post-secondary education. Everything we do is at no cost to the student's family. We offer many services, including: school visits at high schools; state and national college tours; cultural trips; a six-week summer program during the months of June and July; tutoring; UB academic classes during the Fall and Spring, and academic advising. The questions on this recommendation will help us assess the students willingness and ability to attend all services offered as well as to learn more about their academic ability. We appreciate your honest and candid answers to all questions, and all information on this form will be held in confidence.

Please email or this recommendation form to ub@marquette.edu or mail to: Marquette University EOP Pre-College Division P.O. 1881, Milwaukee, WI 53201. If you have any questions, please contact our office using the contact information listed in the header of this form.

General Information

Student Name: School:
Teacher Name: Subject in which you've taught student:

Recommendation

Would you recommend admitting this student to Upward Bound? Yes No

Explanation of your recommendation:

Table with 4 columns: Excellent, Good, Fair, Poor. Rows include Academic performance, Motivation, Maturity, Dependability and reliability, Problem solving skills, Attendance, Ability to live away from home.

Is this student interested in attaining a 4-year college/university degree? Yes No Unsure
Do you feel this student has the ability/potential to do college level work? Yes No Unsure
Do you feel this student would attend? College Tours Yes No Unsure
Tutoring; UB Classes Afterschool Yes No Unsure
UB Summer Programming Yes No Unsure

What are some challenges this student faces in preparing for, getting admitted to and succeeding in education after high school?

Additional comments:

Teacher Signature Date