

## University of Cincinnati Upward Bound Program Application

College of Education, Criminal Justice, and Human Services

260 E. University Avenue, P.O. Box 210118

Cincinnati, Ohio 45219

(513) 556-1625 (office); (513) 368-7606 (cell or text)

Email: upward.bound@uc.edu

Website: www.uc.edu/upwardbound

### STUDENT INFORMATION

DATE	GRADE	SCHOOL	NAME OF COUNSELOR OR FACILITATOR	
IF 8TH GRADER, PLEASE INDICATE SCHOOL OF CHOICE FOR NEXT YEAR:				
PROGRAM OF STUDY: <input type="checkbox"/> College Preparatory <input type="checkbox"/> General <input type="checkbox"/> Vocational <input type="checkbox"/> Special Education				
FIRST NAME		MI	LAST NAME	
HOME ADDRESS		CITY	STATE	ZIP
STUDENT HOME TELEPHONE NUMBER			STUDENT CELL TELEPHONE NUMBER	
STUDENT E-MAIL ADDRESS				
SOCIAL SECURITY NUMBER		BIRTH DATE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
ARE YOU A U.S. CITIZEN? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what is your VISA TYPE:				
<b>PLEASE INDICATE YOUR RACE:</b>				
<input type="checkbox"/> American Indian / Alaskan Native		<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> White	
What is your current grade point average? _____ What is your anticipated graduation year? _____				
<b>*Please attach a copy of your most recent grade transcript to this application.</b>				
Do you have an Individualized Education Program (IEP) with 504 accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>*If so, please attach a copy of your most recent Individualized Education Plan (IEP) to this application.</b>				

## PARENT INFORMATION

### PARENT(S) YOU ARE CURRENTLY LIVING WITH

*(Please indicate name and relationship of person(s) if other than legal mother and father)*

\_\_\_\_ MOTHER    \_\_\_\_ FATHER    \_\_\_\_ BOTH    \_\_\_\_ OTHER \_\_\_\_\_

### PARENT OR LEGAL GUARDIAN INFORMATION

(MOTHER OR GUARDIAN) FIRST NAME	LAST NAME		
HOME ADDRESS	CITY	STATE	ZIP
HOME TELEPHONE NUMBER	CELLULAR TELEPHONE NUMBER		
EMAIL ADDRESS			
COLLEGE DEGREE?	IF YES, CHECK DEGREE (S) RECEIVED.		
____ Yes    ____ No	____ ASSOCIATE	____ BACHELOR	____ MASTER    ____ DOCTORATE
Please indicate place of employment:	Title of position:		
Work Telephone Number:	Fax:	Annual Salary:	
<b>PARENT OR LEGAL GUARDIAN INFORMATION</b>			
(FATHER OR GUARDIAN) FIRST NAME	LAST NAME		
HOME ADDRESS	CITY	STATE	ZIP
HOME TELEPHONE NUMBER	CELLULAR TELEPHONE NUMBER		
EMAIL ADDRESS			
COLLEGE DEGREE?	IF YES, CHECK DEGREE (S) RECEIVED.		
____ Yes    ____ No	____ ASSOCIATE	____ BACHELOR	____ MASTER    ____ DOCTORATE
Please indicate place of employment:	Title of position:		
Work Telephone Number:	Fax:	Annual Salary:	

PARENT OR GUARDIAN INCOME VERIFICATION

**Student's Name** \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Mother's or Guardian's Name** \_\_\_\_\_

If guardian, please indicate your relationship with the student: \_\_\_\_\_

**Father's or Guardian's Name** \_\_\_\_\_

If guardian, please indicate your relationship with the student: \_\_\_\_\_

Please list the names of **everyone in the household (including parents)** and their relationship to the student:

Name	Relationship to the Student

Please indicate **last year's** source(s) of income for the household.

Employment (per year):	Annual Income (last year):
What is the household <b>adjusted gross income</b> for last year? The adjusted gross income is located on Page 1 of the IRS 1040 or 1040A form.	
What is the household <b>taxable income</b> for last year? The taxable income is usually located on Page 2 of the IRS 1040 or 1040A form.	
Other Income (per month):	Amount (per month) and # of months received:
ADC	
Supplemental Security Income (SSI)	
Unemployment	
Retirement	
Child Support	
Social Security	
Worker's Compensation	
TANF / OWF	
Food Assistance	
Other	

How many members of the household are supported by the above sources of income? \_\_\_\_\_

*I declare that all income information given is correct and complete to the best of my knowledge.*

\_\_\_\_\_  
Signature of Mother or Guardian

\_\_\_\_\_  
Signature of Father or Guardian

**UNIVERSITY OF CINCINNATI UPWARD BOUND  
CONFIDENTIAL PROFILE CHART**

TO BE COMPLETED BY A PRINCIPAL, COUNSELOR, OR TEACHER. PLEASE SEND WITH TRANSCRIPTS AND INCLUDE ALL GRADES, STANDARDIZED TEST SCORES and ATTENDANCE RECORDS.

Please complete and send directly to:  
University of Cincinnati Upward Bound Program  
College of Education, Criminal Justice, and Human Services  
260 E. University Avenue, P.O. Box 210118  
Cincinnati, Ohio 45219

\_\_\_\_\_ has applied for admission to the Upward Bound Program. Please check the rating that best describes his or her character.

		Excellent	Very Good	Good	Fair	Poor
1.	Mental Abilities					
2.	Academic Achievement					
3.	Interest Academic Work					
4.	Perseverance					
5.	Social Behavior/Citizenship					
6.	Emotional Stability					
7.	Outlook in Life					
8.	Physical Health					
9.	Cleanliness and General Appearance					

**ATTENDANCE (Please provide attendance dates for current school year and previous year):**

Times Absent                  Times Tardy

Current Year \_\_\_\_\_

Previous Year \_\_\_\_\_

**SUSPENSIONS/EXPULSIONS:**

Please indicate if the student has been suspended and/or expelled from school year and previous year):

\_\_\_\_\_ Yes                  \_\_\_\_\_ No                  If yes, please state the reason:

Reference Signature \_\_\_\_\_

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

Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Completed by: (please check one):    Principal \_\_\_\_\_    Counselor \_\_\_\_\_    Teacher \_\_\_\_\_

**UNIVERSITY OF CINCINNATI UPWARD BOUND  
STATEMENT FOR RELEASE  
OF HIGH SCHOOL AND COLLEGE TRANSCRIPTS**

**I HEREBY AUTHORIZE THE RELEASE OF MY HIGH SCHOOL AND COLLEGE TRANSCRIPTS:**

- I. All high school grades, attendance, punctuality, schedules, truancy, and disciplinary records;
- II. PSAT, ACT, SAT, Ohio Graduation Test and other Standardized Test Scores; and
- III. All college grades, test scores, course schedules, financial aid records, progress reports, and billing information held by colleges/universities attended and those on record with the Ohio Department of Education and the National Student Clearinghouse.

I hereby give permission for the University of Cincinnati Upward Bound Program to have access to all of my school records to determine academic eligibility for the program and to monitor my status and progress during my elementary, middle, secondary, and post-secondary education.

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

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

\_\_\_\_\_  
Student Date of Birth

**UNIVERSITY OF CINCINNATI UPWARD BOUND PROGRAM  
PHOTO RELEASE**

I hereby acknowledge that pictures will be taken throughout the program by Upward Bound staff, students, and others. I hereby give Upward Bound permission to place my child's image on Upward Bound, University of Cincinnati, and TRIO Program-related publications, public displays, and websites.

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

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

UNIVERSITY OF CINCINNATI UPWARD BOUND  
MEDICAL EVALUATION

**TO BE COMPLETED BY PARENT OR GUARDIAN**

I hereby give permission for my child to receive medical services at the University of Cincinnati Student Health Services Center or at the nearest hospital during the time he/she is in the Upward Bound Program at the University of Cincinnati. I understand that these services must be covered by my insurance policy. Upward Bound does not pay for medical or dental services.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Student's First Name Middle Last Name

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Home Phone Number Student Cell # Parent Cell #

\_\_\_\_\_  
Social Security Number Birth Date Male \_\_\_\_\_ Female \_\_\_\_\_

**PAST MEDICAL INFORMATION:**

Have you ever been hospitalized? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, indicate the reason: \_\_\_\_\_

Are you on any medication(s)? \_\_\_\_\_ YES \_\_\_\_\_ NO

List medications: \_\_\_\_\_

Indicate any current medical problems: \_\_\_\_\_

Name of family physician, clinic and/or hospital: \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BY THE PHYSICIAN**

Normal

Abnormal

Normal

Abnormal

Skin \_\_\_\_\_ Blood Vessels \_\_\_\_\_

Nose \_\_\_\_\_ Abdomen \_\_\_\_\_

Teeth \_\_\_\_\_ Liver \_\_\_\_\_

Chest \_\_\_\_\_ Spleen \_\_\_\_\_

PHYSICIAN'S SECTION: CONTINUED

If abnormal, describe briefly in space below:

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Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

ENT Exam: \_\_\_\_\_

Eyes: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

If abnormal, please indicate your recommendations: \_\_\_\_\_

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Laboratory:

Urine: \_\_\_\_\_ Protein: \_\_\_\_\_

Hematocrit: \_\_\_\_\_ Sugar: \_\_\_\_\_

Chest x-ray: \_\_\_\_\_

Immunizations:

Polio: Date \_\_\_\_\_ Tetanus: Date \_\_\_\_\_

Diphtheria: Date \_\_\_\_\_ Other(s): Date \_\_\_\_\_

Final recommendations \_\_\_\_\_

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Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_



## STUDENT QUESTIONNAIRE

1. What is your career goal?
2. What is the name of your school?
3. What is the name of your community (Avondale, Lincoln Heights, etc.)?
4. Please rank the following statements in order of importance from 1 through 10 (1 being the most important, 10 being the least important). Please use the numbers from 1 through 10 only once (for example: 3, 10, 1, 4, 8, 6, 9, 5, 7, 2).

	I need to improve my grade point average.
	I need to improve my achievement test scores.
	I need more opportunity, encouragement, and counseling to take the challenging courses that will prepare me for college.
	I am unsure of my career goals and need more information on careers.
	I need to improve my use of the English language.
	I need to have more confidence in my abilities.
	I need to understand, accept and like myself better.
	I need to improve how I interact with others socially.
	I need to improve my behavior in the classroom.
	I need to become a more disciplined person in regards to my homework and test preparation.



## **What is the University of Cincinnati Upward Bound Program?**

**Upward Bound** is a pre-college program administered by the U.S. Department of Education and the University of Cincinnati. It is designed to motivate and provide academic skills for eligible students interested in education beyond high school.

## **What does Upward Bound offer?**

### *Summer Program for Grades 9 through 12*

Each Upward Bound student spends six weeks of the summer at the University of Cincinnati, living in the college dormitories with other Upward Bound students. They attend academic classes and personal development activities aimed at equipping them with the skills necessary to succeed in college. Courses are taught by skilled instructors whose primary concern is the student. Students receive guidance, tutoring, room and board, recreation, and travel. The Ohio Summer Food Program is also available to all students regardless of race, national origin, sex, or disability.

### *Academic Year Program for Grades 9 through 12*

The Academic Year Program which convenes from October to May is the second phase of Upward Bound. During this period students come to the University of Cincinnati campus for tutoring and academic counseling. Tutoring sessions are conducted by U.C. juniors, seniors, and graduate students. Student also attend classes on Saturday mornings, receiving instruction in reading, mathematics, science, and writing proficiency. Personal, career, and academic counseling are also provided.

## **Summer Bridge Program for High School Graduates**

Upward Bound high school graduates (Bridge students) are eligible to take courses free of charge at the University of Cincinnati. They may register for a college course and live in one of the dormitories. Bridge students receive tuition, room and board, books, academic guidance, recreation, cultural exposure, and travel free of charge.

## **Work Program**

During the Upward Bound summer program, eligible students participate in work/study programs sponsored by the City of Cincinnati, Hamilton County, and the University of Cincinnati. The Upward Bound Program places students at various job sites throughout the campus and nearby communities.

## **Upward Bound Eligibility Requirements**

1. The applicant must be an excellent school citizen with a good attendance record.
2. Priority is given to applicants who are enrolled or scheduled to enroll in grades 9<sup>th</sup>-11<sup>th</sup> at the following targeted high schools:

Aiken	North College Hill	Western Hills
Hughes STEM	Princeton Withrow	Taft
Mt. Healthy	Shroder	Woodward

3. The applicant must also:
  - a. Meet Federal "Low Income" guidelines;
  - b. Be a first-generation college-bound student (parent(s) living in the household have less than a Bachelor's Degree); or

- c. Be at high risk of academic failure
  - 1. less than a 2.5 grade point average;
  - 2. have below average grades in English and/or Math courses; or
  - 3. score below the national or state average in English and/or Math testing.

## **How to Apply**

Secure an application form from the school counselor, the Upward Bound office, or the Upward Bound website ([www.uc.edu/upwardbound](http://www.uc.edu/upwardbound)).

Submit the completed application forms and a school transcript to the Upward Bound office. **Failure to provide complete information will delay processing of the application.**

All applications will receive a response by mail, email, or phone. Those who meet the program requirements will be invited to an orientation in October or March.