

APPLICATION FOR ADMISSION

University of Cincinnati Upward Bound Program
 College of Education, Criminal Justice, and Human Services
 Teachers Dyer Complex, Room 631
 2610 McMicken Circle, P.O. Box 210118
 Cincinnati, Ohio 45221-0118
 (513) 556-1625 (office) (513) 556-3007 (fax)
 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: (X where appropriate) <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:	
_____ - _____ - _____		_____ - _____ - _____	
		<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:	
PLEASE INDICATE YOUR RACE:			
<input type="checkbox"/> American Indian / Alaskan Native		<input type="checkbox"/> Asian	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Black or African American	
		<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? _____

***Please attach a copy of your most recent grade transcript to this application.**

Do you have an Individualized Education Program (IEP) with 504 accommodations? ☐ Yes ☐ No

***If so, please attach a copy of your most recent Individualized Education Plan (IEP) to this application.**

PARENT INFORMATION

PARENT(S) YOU ARE CURRENTLY LIVING WITH		
<i>(Please indicate name and relationship of person(s) if other than legal mother and father)</i>		
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, CHECK DEGREE (S) RECEIVED. <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELOR <input type="checkbox"/> MASTER <input type="checkbox"/> DOCTORATE	
Please indicate place of employment:		
Title of position:		
Work Telephone Number:	Fax:	Annual Salary:
PARENT OR LEGAL GUARDIAN INFORMATION		
(FATHER OR GUARDIAN) FIRST NAME		LAST NAME
HOME ADDRESS	CITY	STATE ZIP
HOME TELEPHONE NUMBER		CELLULAR TELEPHONE NUMBER
EMAIL ADDRESS _____		
COLLEGE DEGREE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, CHECK DEGREE (S) RECEIVED. <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELOR <input type="checkbox"/> MASTER <input type="checkbox"/> DOCTORATE	
Please indicate place of employment:		
Title of position:		
Work Telephone Number:	Fax:	Annual Salary:

Student's Name_____

Mother's or Guardian's Name_____

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:

[illegible]

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

Employment (per year):	Annual Income (last year):
What is the household adjusted gross income for last year? The adjusted gross income is located on Page 1 of the IRS 1040 or 1040A form.	
What is the household taxable income 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

**I UNDERSTAND THAT MY APPLICATION CANNOT BE PROCESSED
WITHOUT THE FOLLOWING INFORMATION: Copy of the IRS 1040 form, documentation
of the above sources of income, and the student's most recent school transcript.**

A NOTARY PUBLIC MUST COMPLETE THIS FORM

I, _____, DECLARE THAT ALL
INFORMATION GIVEN IS CORRECT AND COMPLETE TO THE BEST OF MY
KNOWLEDGE.

PARENT OR GUARDIAN'S SIGNATURE

SUBSCRIBED AND SWORN TO ME THIS DAY _____ 20 _____

AT _____ COUNTY, STATE OF _____.

NOTARY PUBLIC'S SIGNATURE

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
Teachers Dyer Complex, Room 631
2610 McMicken Circle, P.O. Box 210118
Cincinnati, Ohio 45221-0118

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

ATTENDANCE (Please provide attendance date 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 within the past two years?

☐ Yes ☐ No

If yes, please state the reason:

Reference Signature

Name of School

Street Address

City

State

Zip

Telephone

Completed by (please check one):

Principal

☐

Counselor

☐

Teacher

☐

*The application will not be processed without this form.

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 A 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	MI	Last Name	
Home Address	City	State	Zip
Current Phone Number _____-____-_____			
Social Security Number _____-____-_____	Birth Date ____-____-_____	Male <input type="checkbox"/>	Gender Female <input type="checkbox"/>

PAST MEDICAL INFORMATION

Have you ever been hospitalized? ____ Yes ____ No
If yes, indicate the reason:
Are you on any medication? ____ Yes ____ No
Indicate any current medical Problems:
Name of family physician, clinic, and/or hospital:

THIS SECTION MUST BE COMPLETED BY THE PHYSICIAN

Please check appropriate box

	Normal	Abnormal
Skin		
Nose		
Teeth		
Chest		
Heart		

	Normal	Abnormal
Blood Vessels		
Abdomen		
Liver		
Spleen		
Skeletal		

If abnormal, describe briefly in space below:

Weight:	Height:	Blood Pressure:
ENT Exam		
Eyes: ___ Normal ___ Abnormal		
If abnormal, please indicate your recommendations:		

LABORATORY:

Urine:	Protein:
Hematocrit:	Sugar:
Chest X-Ray:	

IMMUNIZATIONS:

Immunization	Date
Polio	
Diphtheria	
Tetanus	
Other(s)	

Final Recommendations:

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.

PERSONAL STATEMENT

In your own words and handwriting, please use all of the space below to explain why you want to become a member of the Upward Bound Program. How will the program help you to meet your college and career goals?

[illegible]

ELIGIBILITY CERTIFICATION

(Office Use Only)

Student Name: _____

Eligibility:

- | | |
|--|--|
| <input type="checkbox"/> 1 = Low-income and first-generation | <input type="checkbox"/> 5 = Low-income and at high risk for academic failure |
| <input type="checkbox"/> 2 = Low-income only | <input type="checkbox"/> 6 = First generation and at high risk for academic failure |
| <input type="checkbox"/> 3 = First-generation only | <input type="checkbox"/> 7 = Low-income, first-generation, and at high risk for academic failure |
| <input type="checkbox"/> 4 = At risk for academic failure only | |

Academic Need:

- ☐ 01 Low high school grade point average
(grade point average of 2.5 or less, weighted or unweighted)
- ☐ 02 Low achievement test scores
(student achieved below the proficient level on state or national high school reading/language or math assessments)
- ☐ 03 Low educational aspirations
- ☐ 04 Low high school GPA and low educational aspirations
- ☐ 05 Low high school GPA and low achievement test scores
- ☐ 06 Low achievement test scores and low educational aspirations
- ☐ 07 Lack of opportunity, support, and/or guidance to take challenging college preparation courses
(eg., at the beginning of 10th grade, student had not successfully completed Pre-Algebra or Algebra 1)
- ☐ 08 Lack of career goals and/or need for accurate information on careers
- ☐ 09 Limited proficiency in English
- ☐ 10 Lack of confidence, self-esteem, and/or social skills
- ☐ 11 Predominately low income community
- ☐ 12 Rural isolation
- ☐ 13 Interest in careers in math and science
- ☐ 15 Diagnosed learning disability

***Certification:**

My signature certifies that the above student meets the eligibility criteria for membership in the Upward Bound Program as established by the U.S. Department of Education and is hereby accepted into the program.

Director: _____

Date: _____

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. A 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. Students 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 Univ. of Cincinnati. The Upward Bound

Program places students at various job sites throughout the campus and nearby community.

Upward Bound Eligibility Requirements

- 1) The applicant must be an excellent school citizen with a good attendance record.
- 2) To receive consideration, the applicant must be enrolled or scheduled to enroll in the 9th-11th grades at the following targeted high schools or attend school in the targeted school areas:

Aiken	Western Hills
Hughes Center	Withrow
Mt. Healthy	Woodward
North College Hill	Taft
Princeton	Shroder
- 3) The applicant must also:
 - a. Meet Federal "Low Income" guidelines;
 - b. Be a first generation college-bound student (parent (s) living in household have less than a Bachelor's Degree); or
 - c. Be at high risk of academic failure (less than a 2.5 grade point average; have below average grades in English and/or Math courses; or 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 located on the University of Cincinnati's main campus, or the Upward Bound website (www.uc.edu/upwardbound).

Submit the completed application forms and all necessary documents (proof of income, report card, medical evaluation, etc.) to the Upward Bound office. **Failure to provide complete information will delay processing of the application.**

All applicants will receive a response by mail, email, or telephone. Those who meet the program requirements will be invited to the office for an orientation meeting in October or March.

