TRICO UPWARD BOUND NEW STUDENT APPLICATION

APPLICATION DEADLINE for 9th GRADE APPLICANTS: December 15, 2015 APPLICATION DEADLINE for 10th and 11THGRADE APPLICANTS: Rolling

TRiO Upward Bound Program | Pre-College Academic Support Services Academic Foundations Center | Rutgers University-Newark Phone: (973) 353-3544 | Fax: (973) 353-2534 | E-mail: ubnewark@andromeda.rutgers.edu |

TRIO UPWARD BOUND APPLICATION CHECKLIST 2015-2016 Academic Year

Thank you for your interest in the Rutgers-Newark TRiO Upward Bound Program. Upward Bound is a rigorous, FREE year-round program designed to serve students who are interested in attending college. Please take the time to complete the entire New Student Application before it is returned.

Please Do Not forget to include the following information with your application:

- _____ Signed Student Application INCLUDING personal statement
- Completed Teacher/Counselor Form
- Copy of parents' 2014 1040 IRS form or other income verification (required by the US Department of Education)
- Copy of resident alien card (if applicable)
- _____ Copy of your citizenship status or permanent residency status
 - (i.e. copy of social security card or alien registration card)

Please return complete application to:

Mailing Address:

TRiO Upward Bound Program, Room 117 Rutgers University-Newark Academic Foundations Center 110 Warren Street Newark, New Jersey 07102

Telephone: (973) 353-3544

Fax:

(973) 353-2534

Drop Off Application at:

Bradley Hall, Room 117 or Bradley Hall, Room 119 110 Warren Street, Newark, NJ 07102

Applications will be accepted through December 15, 2015. We encourage scholars to apply early. Family interviews will occur on a rolling basis, with final decisions made by January 2016.

UPWARD BOUND PROGRAM

RUTGERS UNIVERSITY-NEWARK

Deadline: 12/15/2015

PART 1: RECRUITMENT					
How did you learn about the Upward Bound Program? (Check all that apply)	 School Presen Referred by a p Guidance Cour Friend/Family 	participant			
PART 2: STUDENT INFORMATION					
Name	FIRST	G	iende	er O Female C	Male
Address STREET/APT.#		CITY		STATE	ZIP
Student E-mail Address			er (
Social Security Number REQUIRED BY THE U.S. DEPARTMENT OF Date of Birth // MONTH DAY YEAR					quired.
MONTH DAY YEAR		CITY		STATE	
If you are a US Permanent Resident, v PLEASE ATTACH A COPY OF YOUF	SOCIAL SECURITY C	ARD AND ALIEN REG	ISTE	RATION CARD	•
If you are a non-resident alien, please	indicate your visa type:				
Racial/Ethnic Background: (Check ONE American Indian or Alaska M Asian Black or African American Caucasian	•	□ Native Hawa □ Hispanic/Lati □ Two or More	no		Islander
First language, other than English	Lar	nguage spoken in the ho	ome		
Are you participating in the free or rec OFree O Reduced ODenied ODoes		t school? O Yes O No	1		
Have you ever been in another TRiO L If yes, at what institution and when?_					
Are you currently part of another colle If yes, what program:					

Middle School:	City, State:
Current Grade Level:	Current GPA (average)
High School:	
East Orange STEM Acad East Orange Campus Hi	•
Are you receiving native language	instructional support services (e.g. ESL, ELL classes)? O Yes $$ O No
Did you receive extra support fror	m your school during the academic year? O Yes $$ O No
If so, please explain:	
Are you currently taking honors/a	dvanced classes? O Yes O No
Have you had disciplinary action fi	rom school (suspensions/expulsions)? O Yes O No
If yes, please detail disciplinary act	tion and outcome:
	Date of incident://_
Extra-Curricular Activities and Ho	bbies:
Extra-Curricular Activities and Ho	bbies:
Extra-Curricular Activities and Ho List any awards or honors you rec	
List any awards or honors you rec	ceived in the past three years:
List any awards or honors you rec	
List any awards or honors you rec Award Name: Academic D Athletic D Artistic	ceived in the past three years:
List any awards or honors you rec Award Name: Academic D Athletic D Artistic	ceived in the past three years:
List any awards or honors you rec Award Name: Academic	ceived in the past three years: Community Service Employment Community Service Employment Community Service Employment Community Service Employment Extracurricular Year Received
List any awards or honors you rec Award Name: Academic Athletic Artistic Award Name: Academic Athletic Artistic Program Eligibility and Needs Ass	ceived in the past three years:

PART 4: FAMILY BACKGROUND				
1	TO BE COMPLETED BY TH	IE PARENT OR GUARDIAN		
Adult #1 Name		Adult #2 Name		
Relationship:		Relationship:		
Address:		Address:		
 Home #: ()				
Cell phone #: ()		Cell phone #: ()		
E-mail:		E-mail:		
Work #: ()		Work #: ()		
Employer:		Employer:		
E-mail		E-mail		
Highest level of education completed b		Highest level of education <u>completed</u> by Adult #2		
(please check only one)		(please check only one)		
O Less than high school		O Less than high school		
O High school OGED		○ High school ○GED		
O Community College (2-Year College I	Degree)	O Community College (2-Year College Degree)		
• Bachelor's Degree (4-Year College Degree)		O Bachelor's Degree (4-Year College Degree)		
O Masters		O Masters		
Is there legal documentation preventing the parent from accessing the student's record? O Yes \odot No		Is there legal documentation preventing the pare from accessing the student's record? O Yes O N		
ith whom does the student live? O Both Parer		s O Mother O Father		
	O Stepparent	(specify)		
O Foster Pare		ent(s) O Group Home		
O Guardian (s		pecify)		

PART 5: PARENT/GUARDIAN FINANCIAL INFORMATION			
	ТО ВЕ СОМ	PLETED BY THE PARENT OF	R GUARDIAN
Check box	if applicant is a Foster Child/V	Vard of the Court. Skip	income information below.
gather this data in	order to determine student a	dmission eligibility. This	ound Program and requires that the Program s information will only need to be provided at ome. The information you give us will be kept
If "yes" please end	deral Income Tax Return <u>LAST</u> close a copy of the first THREE I aplete the information in quest	Pages of last year's Fed	eral 1040, 1040-A or 1040EZ tax form.
TOTAL TAXABLI	E INCOME (from federal tax re	turn): \$	
FAMILY SIZE (or	1 taxes) in 2015:		
the TOTAL amount	of any and all income you recei	ved last tax year for eac	oublic assistance, please indicate the source and th of the sources listed below he income(s) source(s) that you list below
Self-employment	\$	Unemployment	\$
Social Security	\$	Disability Payments	\$
TANF	\$	SNAP/Food Stamp	\$
			TH THIS APPLICATION or PROOF OF ANY OTHER INCOME IPLETE WITHOUT PROOF OF INCOME.

PART 7: PERSONAL STATEMENT

On a separate piece of paper, type a 300 word personal statement/autobiography. An autobiography is an account or story of your life. Include any information you feel may assist the Upward Bound Program Admissions Committee in learning about why you should be admitted to the program.

In your autobiography, make sure to answer questions such as –

Why are you interested in becoming part of Upward Bound? If admitted, what would you do with this opportunity? What role does your family play in your life? What accomplishments are you most proud of in your life thus far? What realistic goals have you set for yourself and where are you in reaching those goals?

What are your college/career aspirations?

PART 8: CERTIFICATION

*** IMPORTANT SIGNATURE **

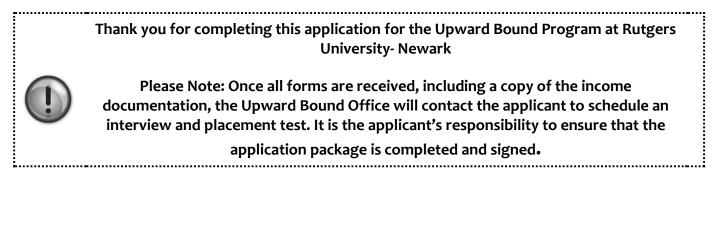
By signing below, we/I certify that all of the information given in this application is true and correct to the best of my knowledge. I understand that any false or misleading information may result in disqualification of the applicant.

Applicant: I declare that all essays and responses submitted are my own work. I further certify that I will, if admitted, remain active in the Rutgers-Newark Upward Bound Program until graduation.

Student's Signature	Date
Parent/Guardian's Signature	Date
Parent/Guardian's Signature	Date

Privacy Statement

The Department of Education is authorized to collect information to implement the Upward Bound program under Title IV of the Higher Education Act of 1965. In accordance with this authority, the Department receives and maintains personal information on participants in the Upward Bound program. The principle purpose for collecting this information is to administer the program, including tracking and evaluating participants' academic progress. The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of official duties.



Authorization for Release of Academic Record/Transcript

To Parent/Guardian: Please complete and sign this form if you authorize disclosure of your student's educational records to the Upward Bound Program at Rutgers University-Newark.

Student Name: ______

Grade Level _____

School ID:

High School Name:
□ East Orange Campus High
□ East Orange STEM Academy
□ Cicely L. Tyson Community School of the Performing & Fine Arts High School

I hereby voluntarily authorize the school to release information to Rutgers University-Newark Upward Bound Program. Specifically, I authorize disclosure of the following information or category of information – class schedules, standardized test scores (NJ ASK, HSPA, and NJ Biology Competency Exam), quarterly report cards, end-of-year transcripts, disciplinary actions, evaluations, attendance history and medical records for the purposes of evaluating eligibility for admission and participation. This authorization will remain in effect from the date it is executed until revoked by me, ______, in writing, and delivered to the Upward Bound Program at Rutgers University-Newark.

Name			Gender? 🔿 Fe	male O Male
LAST	FIRST	M.I.		
Address				
STREET/APT. #		CITY	STATE	ZIP
Student's Signature:		Date:		
-				
Parent's Signature:		Date:		

To the School: The student above is applying, or is a participant of, the Rutgers University-Newark Upward Bound Program. Please forward copies of the student's educational records (including academic records and current/past services) to:

Upward Bound Program

Yanett Salazar Bagce Director, TRiO Upward Bound Program Rutgers University-Newark Academic Foundations Center 110 Warren Street, Bradley Hall 1st Floor Newark, New Jersey 07102 Telephone: (973) 353-3544 Fax: (973) 353-2534 yanett.bagce@rutgers.edu

Teacher/Counselor Recommendation Form

prepare and motivate s		otential for success	in postsecondar	llege access program designed to y education. Your evaluation or your feedback!
Teacher/Counselor Nam	ne:	Cla	ss/Subject:	
Student Name:		School:		Grade:
Is this student currently	enrolled in your class?	□ Yes	□ No	
Do you have any conce	rns with tardiness and/or	attendance? ? If ye	s, please explair	:
Are you aware of any d please explain:	isciplinary violations or b	ehavioral problem	s the student is o	dealing with? If yes,
Are you aware of any fa	amily circumstances that	presently affect or	have affected t	he applicant's life at school?
Please list any other ag	encies involved with the	child/family:	Since	
For ESL students: Compared to native Eng	glish speakers in the same	e grade level, this st	udent's English \	WRITING skills are:
□ Better	□ Same	□ Not as goo	d	
Compared to native Eng	glish speakers in the same	e grade level, this st	udent's English I	READING skills are:
□ Better	Same	□ Not as goo	d	
Please add any addition qualifications of this ap	-	ts or special circum	stances that ma	y be helpful in evaluating the
Teacher/Counselor Sign	ature:			Date:
Teacher/Counselor Pho	ne:	E-mai	l:	
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