

Student Information (student or parent/guardian can complete)

Program applying to (circle)	Upward Bound or Upward Bound Math & Science
First Name	
Middle Name	
Last Name	
Date of Birth	
Preferred Name (if different than above)	
Address	
City	
State	
ZIP	
Cell Phone	
Other Phone (Home, Work, etc.)	
Email	
Preferred Pronouns	
Gender	
What school do you attend?	
What grade are you in currently?	
Do you identify as Hispanic or Latino?	YES or NO
Do you identify as American Indian/Alaskan Native?	YES or NO
Do you identify as Black or African American?	YES or NO
Do you identify as Asian?	YES or NO
Do you identify as Native Hawaiian or Other Pacific Islander?	YES or NO
Do you identify as White/Caucasian?	YES or NO
Are you a US Citizen?	YES or NO
Have you ever participated in an Upward Bound or Upward Bound Math & Science Program?	YES or NO
Have you ever participated in an Educational Talent Search Program?	YES or NO but have not participated in awhile

Student Questions (student completes)

In your own words, please tell us about your background, including your strengths and areas for improvement.	
Why do you want to be a part of this program?	
How will this program assist you in your future plans?	
What are your college goals?	
What is the most important subject to you and why do you find it interesting?	
What careers do you think you might pursue?	
Do you have an IEP or 504 plan at your high school?	YES or NO
What was your GPA for the 23-24 school year?	A's/B's
Do you receive free or reduced lunch from your school?	YES or NO
Did you successfully pass the Math MCA in 8th Grade? (score was 850 or above)	YES or NO
Did you successfully pass the Reading MCA in 8th Grade? (score was 850 or above)	YES or NO
I will complete pre-algebra by the end of my 10th grade year OR have already completed pre algebra	YES or NO

Family Information (parent/guardian completes)

In order to be eligible for the UB and UBMS programs, your student must meet federal eligibility requirements of **first-generation** (a student whose natural/adoptive parents did not graduate from a four-year college) and/or **low-income**.

	Parent/Guardian 1	Parent/Guardian 2
Name		
Email Address		
Cell Phone		
Address		
City		
State		
ZIP		
Employer		
Relationship to student		
Highest education level achieved		

Financial Information (parent/guardian completes)

UB and UBMS Programs are federally funded through the US Department of Education. Because of this, we must collect financial information to determine eligibility. Information received on income is confidential.

Please use the following table to answer the next question. This guide is based on taxable income. You can find your taxable income on line #15 on the front page of your 2023 taxes.

Federal TRIO Programs Current-Year Low-Income Levels

*(Effective **January 15, 2025** until further notice)*

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions
1	\$23,475
2	\$31,725
3	\$39,975
4	\$48,225
5	\$56,475
6	\$64,725
7	\$72,975
8	\$81,225

For family units with more than eight members, add the following amount for each additional family member: \$5,500 for the 48 contiguous states, the District of Columbia and outlying jurisdictions.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The 2025 poverty guidelines are in effect as of January 15, 2025. Federal Register notice was published January 17, 2025.

Please choose one of the following:

- Our household income is at or below the amount listed for the number of family unit claimed
- Our household income is **above** the amount listed for the number or family unit claimed
- I need further clarification, please contact me.

Signatures and Agreements

Student Signature - by signing you are officially applying for our program and verify that everything is completed above to the best of your ability.

Signature

Printed Name

Parent/Guardian Signature and Release

I hereby give my permission for my student to receive any medical attention, including preventative, routine and emergency care and/or dental service as deemed necessary by qualified medical personnel in the event that such treatment is necessary during the entire time the student is enrolled and participating in scheduled events or activities with the UB / UBMS Program.

I understand that the UB / UBMS Program and staff cannot be held responsible for any accidents or injuries and give my release of their liability.

I understand that the UB / UBMS Program and staff cannot be held responsible for lost or stolen articles belonging to the students. The security of personal items will be the responsibility of the student.

I give my permission for the above named applicant to participate in Saturday Sessions and educational, cultural and recreational trips that the UB / UBMS students will be required to attend, including during the Summer Program and any CSS Outdoor Pursuit affiliated trips.

I give my permission for the UB / UBMS Program to use pictures of this applicant in UB / UBMS publications.

I give my permission for the applicant to utilize the CSS internet and be accountable for following college and UB / UBMS Program policies and guidelines.

I give my permission for the UB / UBMS administrators to have access to the applicant's educational records necessary for participation in UB / UBMS – to include **high school transcripts, IEPs or 504 Plans, achievement test scores and attendance records, as well as administering needs assessment tests and documentation of postsecondary enrollment and progress after graduation from high school.**

*Upon acceptance, I understand that all required paperwork and/or online forms must be submitted within 60 days or acceptance will be denied.

*Upon signing, I verify that all financial information that has been recorded is true and accurate

Signature

Printed Name

Teacher Reference

You need one reference from a teacher. Please select a teacher who can speak to you as a student. It is strongly advised you let this teacher know so they can be looking for an email from UB & UBMS.

Teacher Name: _____ Teacher Email: _____

School District: _____ Subject Taught: _____

Thank you so much for applying to our program, expect staff to reach out in the following weeks!