

Financial Information – Statement of Confidentiality

The information contained in this application is for the purpose of determining applicant’s eligibility for UBMS. Information received on income is confidential.

In order to qualify for the Upward Bound Math/Science Program, you must be able to show that you could not afford to pay for such services yourself. Usually this is based on last year’s income. Please use the following table to answer the next question. This guide is based on **taxable income**.

Number of exemptions claimed on income tax	2006 Taxable Income
Form 1040A, line 6d	Form 1040A, line 27
Form 1040, line 6d	Form 1040, line 43
2	\$20,535
3	\$25,755
4	\$30,975
5	\$36,195
6	\$41,415
7	\$46,635
8	\$51,855
For families with more than 8 exemptions, add \$5,220 for each additional member.	

_____ Our 2006 taxable income was **at or below** the amount listed for the number of exemptions claimed.

_____ Our 2006 taxable income was **above** the amount listed for the number of exemptions claimed.

_____ *I need more information, please contact me.*

Ethnic Background

- | | |
|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |

Parental Release Form

I hereby give my permission for _____ 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 UBMS Program.

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

I understand that the 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 make the educational, cultural and recreational trips that the UBMS students will be required to attend.

I give my permission for the UBMS administrators to have access to the applicant’s educational records necessary for participation in UBMS – to include high school transcripts, 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.

With my signature, I certify that all the information given is correct.

_____	_____	_____
Date signed	Parent/Guardian signature	Relationship to student

FOR OFFICE USE ONLY

_____	_____	
Date signed	UBMS Advisor	Eligibility
_____	_____	LI _____ FG _____ LIFG _____
Date signed	UBMS Director	

Math/Science Teacher Recommendation Form 1

Please return promptly – space is limited!

_____ from _____ High School has applied to the Upward Bound Math/Science Program at The College of St. Scholastica. We would appreciate your candid appraisal and comments about the applicant.

- A – Exceptional
- B – Above Average
- C – Average
- D – Below Average

Please rate the following using the above scale:

- ___ 1. Intellectual ability
- ___ 2. Mathematical ability
- ___ 3. Science ability
- ___ 4. Ability to work well with others
- ___ 5. Leadership ability
- ___ 6. Written and oral communication skills
- ___ 7. Respect for others
- ___ 8. Maturity and responsibility

Overall recommendation:

- ___ 1. Strongly recommend
- ___ 2. Recommend
- ___ 3. Recommend with reservation
- ___ 4. Not recommended

How long have you known the applicant? _____

Comments:

Print name: _____

Signature: _____

Occupation: _____

Teacher, please specify subject(s) taught: _____

School: _____

Phone: () _____

Send to: UBMS Program The College of St. Scholastica 1200 Kenwood Avenue Duluth, MN 55811

Teacher/Other Recommendation Form 2

Please return promptly – space is limited!

_____ from _____ High School has applied to the Upward Bound Math/Science Program at The College of St. Scholastica. We would appreciate your candid appraisal and comments about the applicant.

- A – Exceptional
- B – Above Average
- C – Average
- D – Below Average

Please rate the following using the above scale:

- ___ 1. Intellectual ability
- ___ 2. Mathematical ability
- ___ 3. Science ability
- ___ 4. Ability to work well with others
- ___ 5. Leadership ability
- ___ 6. Written and oral communication skills
- ___ 7. Respect for others
- ___ 8. Maturity and responsibility

Overall recommendation:

- ___ 1. Strongly recommend
- ___ 2. Recommend
- ___ 3. Recommend with reservation
- ___ 4. Not recommended

How long have you known the applicant? _____

Comments:

Print name: _____

Signature: _____

Occupation: _____

Teacher, please specify subject(s) taught: _____

School: _____

Phone: () _____

Send to: UBMS Program The College of St. Scholastica 1200 Kenwood Avenue Duluth, MN 55811
