

The College of St. Scholastica
Upward Bound Math & Science Program Student Application

Please print

Date: _____

1. Student name: _____
First Middle Last
2. Home Address: _____
Street City State Zip code
3. Social security number _____ 4. Parent Cell #: _____ 5. Student Cell #: _____
6. Date of birth ____/____/____ 7. Female___ Male ___ 8. Email: _____
9. Are you a U.S. citizen? ___Yes ___ No *If no, can you provide evidence from Immigration and Naturalization Service of your intent to become a permanent resident? ___Yes ___No. Please attach necessary copies.
10. Have you ever been in an Upward Bound Program? ___Yes ___No
11. Have you ever been in an Upward Bound Math & Science Program? ___Yes ___No
12. Have you ever been in an Educational Talent Search Program? ___Yes ___No
13. High school attending: _____ Current grade level: _____
14. Overall grade point average (**attach transcript**): _____
15. Do you or your family have any special circumstance? (e.g., recent death, custody battle, etc.) If yes, please explain.

Parent/Guardian Section

In order to be eligible for the UBMS Program, your son/daughter 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.

Has the natural/adoptive mother earned a bachelor's degree from a four-year college or university? ___Yes ___No	Has the natural/adoptive father earned a bachelor's degree from a four-year college or university? ___Yes ___No
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Parent One:

Parent Two:

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Relationship to Student: Check one

Relationship to Student: Check one

___ Mother (biological/adopted)

___ Mother (biological/adopted)

___ Father (biological/adopted)

___ Father (biological/adopted)

___ Stepmother/Stepfather

___ Stepmother/Stepfather

___ Guardian (Specify relation)

___ Guardian (Specify relationship)

Recommendation

A recommendation is required. Please ask a teacher (preferably a math or science teacher who has known you longer than one year) who is familiar with your capabilities to complete the enclosed form. The recommendation should be sent directly from the teacher, to: UBMS, The College of St. Scholastica, 1200 Kenwood Ave, Duluth, MN 55811.

Completed Application MUST be turned in or postmarked by: OCTOBER 13, 2017

Student Essay

1. In your own words, please tell us about your background, personal strengths and weaknesses.

2. Why do you want to attend the Upward Bound Math & Science Program?

3. How will this program aid in your future plans?

4. What is the most important subject to you and why do you find it interesting?

5. What are your college and career goals?

6. Explain the importance of education.

7. Please identify two teachers who we can contact regarding your past academic performance:

Name of Teacher #1:

School the teacher is *currently* teaching at:

Subject taught:

Grade in which you had the teacher:

Name of Teacher #2:

School the teacher is *currently* teaching at:

Subject taught:

Grade in which you had the teacher:

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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**.

****If either parent does not contribute to the family income, then no information from that parent is needed. ****

Number of exemptions claimed on income tax	2016 Taxable Income
Form 1040A, box 6d	Form 1040A, line 27
Form 1040, box 6d	Form 1040, line 43
2	\$24,360
3	\$30,630
4	\$36,900
5	\$43,170
6	\$49,440
7	\$55,710
8	\$61,980
For families with more than 8 exemptions, add \$6,270 for each additional member.	

_____ Our 2016 taxable income was **at or below** the amount listed for the number of exemptions claimed.

_____ Our 2016 taxable income was **above** the amount listed for the number of exemptions claimed.

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

**Note: No insurance is needed to participate in the Upward Bound Math & Science Program.*

Ethnicity: [] Hispanic/Latino [] Not Hispanic/Latino
Race: [] American Indian/Alaskan Native [] Black or African American [] Asian
 [] White [] 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 participate in Saturday Sessions and educational, cultural and recreational trips that the UBMS students will be required to attend.

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

I give my permission for the applicant to utilize the CSS internet and be accountable for following college and program policies and guidelines.

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.

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

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

Date signed UBMS Director LI _____ FG _____ LIFG _____

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Teacher Recommendation Form

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
- ___ 9. Likelihood to pursue a college education

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: _____

Please specify subject(s) taught: _____

School: _____

Email: _____

Phone: () _____

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

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