



UC San Diego

TRIO OUTREACH PROGRAMS

UCSD Upward Bound & Upward Bound Math Science Program

Upward Bound & Upward Bound Math Science is a College Preparatory Program for high school students from educationally and economically disadvantaged backgrounds. It is 100% federally funded through the U.S. Department of Education and all services are **FREE** to you.

All information you provide will be used to determine if you qualify and will be kept absolutely confidential. If you qualify for our program, you will receive pre-college services including but not limited to:

- Academic Advising
- Goal/Value Setting
- College Advising
- Weekly Tutoring
- Career Planning
- College Tours
- Scholar Saturday Field Trips
- Summer Program at UCSD
- Financial Aid Application
- ACT/SAT Preparation
- Applying to Colleges
- College Planning
- Science, Medical, & Engineering Lab Visits
- Academic Development Workshops
- Scholarship Search and Workshops
- Hands on Science Opportunity

QUALIFICATION:

- Must be a U.S. Citizen or Permanent resident
- For UBMS, show a desire to study Science, Math, Engineering or Technology
- Show desire to attend college after high school
- Must be a student at one of our target schools

UB / UBMS APPLICATION:

This application must be completed to be considered. Please take the time to complete the entire application before you submitted to your Program Coordinator. It is important Applicants who return their completed application will be given first priority for personal interviews. If you have more question, please contact the Program Coordinator.

- Student Intake Information PAGE 1
- Student Participation Agreement PAGE 2
- Parent / Guardian Income Verification PAGE 3
 - COPY of Either Tax Information (1040EZ, 1040, 1040A, pages 1 and 2) - **OR** -
 - Income Verification Statement (*ONLY if you did NOT file taxes*)
- Release Authorization Form(s) PAGE 4
- Student Essay PAGE 5
- Attach a COPY of Student Transcript (both sides) / Progress Report or Recent Grades

<p>Program Coordinator: Sasha Verastegui Upward Bound Classic #1 Chula Vista HS, Mar Vista HS, Southwest HS and Sweetwater HS e-mail: sverastegui@ucsd.edu cell: 858-242-7839</p>	<p>Program Coordinator: Ulises Alarcon Upward Bound Classic #2 San Diego HS, Lincoln HS e-mail: ualarcon@ucsd.edu cell: 858-245-9579</p>
<p>Program Coordinator: Marcus Thompson Upward Bound Math Science #1 Clairemont HS, Mission Bay HS, Hoover HS e-mail: mwthompson@ucsd.edu cell: 858-242-7941</p>	<p>Program Coordinator: Jose “Tony” Garcia Upward Bound Math Science #2 Mount Miguel HS, Monte Vista HS e-mail: tonygarcia@ucsd.edu cell: 858-242-7840</p>





STUDENT INTAKE INFORMATION

Application must be completed in black or blue ink only.

Today's Date: ____/____/____

Name: _____
Last Name First Name Middle Name

Current High School: (CIRCLE ONE) CVHS / MVHS / SOH / SUHI / LHS / SDHS / CHS / HHS / MBHS / MMHS / MOVHS

Current Grade Level: (CIRCLE ONE) 9 10 11 12 Student ID #: _____

Home Address: _____
Number & Street Name Apt .No City State Zip Code

Student Email: _____

Home Phone #: () _____ Student Cell Phone #: () _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: Male Female

STUDENT ETHNICITY BACKGROUND

- 1) Do you identify yourself as Hispanic/Mexican/Latino? Yes No – **If NO, Complete #2**
- 2) American Indian Alaskan Native African/African American Asian/Asian American Caucasian/White
 Pacific Islander Other (specify) : _____

STUDENT RESIDENCY / CITIZENSHIP

Are you a U.S. citizen?: Yes No – **If NO, Staple a COPY Students Alien/Permanent Resident "Green" Card (BOTH SIDES)**
Alien/Permanent Resident Card Number (If not U.S Citizen): A _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____
Cell Phone #: () _____ Home Phone #: () _____
Relationship to Student: _____ Work Phone #: () _____

MEDICAL INSURANCE INFORMATION

Do you have Health Insurance ? Yes No Name of Health Insurance: _____
Policy or Medical ID #: _____ Work Phone #: () _____

PARENT / GUARDIAN INFORAMTION

Parents' Marital Status: Single Married Separated Divorced Widowed

Circle One: Father / Stepfather / Guardian

Name: _____

Occupation: _____

Work Phone #: _____

Cell Phone #: _____

Parent E-Mail: _____

Parent/Guardian Highest Education Level Attained
(please check one):

Elementary (K-8) High School (9-12)
 Associate Degree Bachelor's Degree or Beyond

Has Parent/Guardian completed a four-year University/ College (Bachelor's Degree) in the U.S.? Yes No

Language spoken at home: _____

Circle One: Mother / Stepmother / Guardian

Name: _____

Occupation: _____

Work Phone #: _____

Cell Phone #: _____

Parent E-Mail: _____

Parent/Guardian Highest Education Level Attained
(please check one):

Elementary (K-8) High School (9-12)
 Associate Degree Bachelor's Degree or Beyond

Has Parent/Guardian completed a four-year University/ College (Bachelor's Degree) in the U.S.? Yes No

Language spoken at home: _____



OTHER INFORMATION ABOUT STUDENT

- Do you participate in another program like GEAR UP, Upward Bound, or Educational Talent Search? Yes No
- Are you taking or have taken a/an English as a Second Language (ESL/LES/ELL/ELD) classes? Yes No
- Are you currently homeless? Yes No Are you a foster youth or ward of the court? Yes No
- Do you have any disabilities? Yes No Are you currently involved with the juvenile justice system? Yes No

STUDENT POSTSECONDARY PLANS

What are your plans after high school graduation? (*check ONLY one below*)

- 4 Year University/College Community College Vocational/Trade School Military/Only Work Undecided

What do you want study (college majors), or what is your career goal? _____

MANDATORY QUESTIONS

The information gathered below does not affect whether you are eligible. These are mandatory questions TRIO Programs must collect for each student who applies to the Upward Bound / Upward Bound Math Science Program.

- Are you currently enrolled in or have you ever taken the following courses? AP Course IB Course None
- Have you already completed (with D or better) **two years of math beyond Algebra 1**? Yes No
- Do you have a cumulative GPA of 2.5 or higher (**for current year**)? Yes No
- Have you already completed (with C or better) Algebra 1? Yes No
- Are you currently enrolled in a dual enrollment program that will allow you to earn a high school diploma and a college degree? Yes No

ASSESSMENT OF STUDENT NEEDS

Please CHECK OFF all the high school/college need that applies to you.

- I want tutorial resources to improve my classes grades.
- I would like advise on time management, test taking strategies, and study skills.
- I need guidance on courses required for college admissions.
- I need help on choosing a college and career options that is a best fit for me.
- I need help in completing college admission (UC, CSU Private and CC) and financial aid (FAFSA) application forms.
- I need information about SAT/ACT (college entrance exams).
- I need advice on financial aid (e.g. scholarships, Grants, FAFSA) and other resources to pay for college.
- My parents and I need more information on financial aid.
- I want financial literacy: how to use credit cards, how to open a checking account, how to manage college expenses, etc.
- I am interested in a math or science college major.
- I want information about math and science college degrees.
- I want TRiO to help me with: _____

STUDENT PARTICIPATION AGREEMENT

The Upward Bound/Upward Bound Math Science Program requires you to participate in all activities, unless you have an excused absence. This program is meant to provide you with the academic support to succeed in high school, to enroll in college and graduate from college. We therefore expect students to be fully active and participate in UCSD Upward Bound/Upward Bound Math Science each year of high school. Keep in mind this means the student is agreeing to commit and participate in UCSD Upward Bound/Upward Bound Math Science until high school graduation. To acknowledge this commitment, please check all the activities and sign below, stating you will be able to attend on a regular basis (75% or better). Note: all activities are **FREE** to all participants.

- College Advising at the School Site (Weekly)
- After-School Tutoring Sessions at the School Site (Twice a Week)
- Saturday Sessions, Transportation Provided (Monthly)
- Summer Residential Program (Once Per Year, During the Summer)

STUDENT / PARTICIPANT'S PRINTED NAME STUDENT / PARTICIPANT'S SIGNATURE DATE

PARENT / GUARDIAN'S PRINTED NAME PARENT / GUARDIAN'S SIGNATURE DATE



PARENT/GUARDIAN INCOME INFORMATION

Student Name: Last Name, First Name, Middle Initial, Social Security Number

Father / Guardian Name: Last Name, First Name, Middle Initial

Mother / Guardian Name: Last Name, First Name, Middle Initial

Please Answer Question 1(Q1) OR Question 2 (Q2) NOT BOTH

Q1. Did you file a Federal Income Tax Form (1040 / 1040A / 1040EZ) last or this year?

Yes No - (If NO, go to Q2)

1A. If YES, please write the amount of your Taxable Income* \$.00

* The Taxable Income is in Page 2 of Tax Form (1040-Line 43 or 1040A-Line 27 or 1040EZ-Line 6)

1B. Total number of Exemptions Claimed in your taxable* _____

*The Exemptions Claim in is Page 1 of Tax Form (1040-Line 6d or 1040A-Line 6d or 1040EZ-Page 1)

IF YOU FILED YOUR TAXES YOU MUST ATTACH A COPY OF YOUR INCOME TAX RETURN IN ORDER TO VERIFY ELIGIBILITY FOR THIS PROGRAM

Q2. If you did not file any Income Taxes, please indicate how many people lived in your home (2A), and in the boxes below declare any income sources you earned (2B), and Total Annual Income (2C), to the best of your ability.

2A. How many people (including yourself) reside in your household? _____

2B. Please write ALL Yearly Income & Sources below:

Table with 4 columns: Sources, Yearly Amount, Sources, Yearly Amount. Rows include Welfare, Social Security/Retirement, Unemployment/Compensation, Disability (SSI/SSA), and Other (Specify Source).

2C. Total Yearly Income Sources from ALL sources above (2B): _____

I hereby certify that all the information provided in this Income Section of the application packet is true and correct. I understand that a false statement or misrepresentation will make the applicant ineligible for the UCSD Upward Bound / Upward Bound Math Science Program.

STUDENT / PARTICIPANT'S PRINTED NAME

STUDENT / PARTICIPANT'S SIGNATURE

DATE

PARENT / GUARDIAN'S PRINTED NAME

PARENT / GUARDIAN'S SIGNATURE

DATE



AUTHORIZATION RELEASE FORM

Application must be completed in black or blue ink only.

Today's Date: ____/____/____

Name: _____
Last Name First Name Middle Name

High School: _____ Grade Level: 9 10 11 12 Student ID #: _____

The persons or persons signing below gives consent for their daughter's/son's/ward's to be occasionally called out from class for academic and college advising, college application and enrollment, and FAFSA submission.

MEDICAL RELEASE FORM

In the event of an illness or accident, the person or persons signing below authorize UCSD TRiO Outreach Programs to take all necessary steps to provide first aid and medical treatment to my son/daughter. This includes authorization for hospital and medical facilities outside of the UCSD campus to administer necessary medical care. I/we authorize the release of medical and treatment information to the UCSD TRiO Outreach Programs personnel. I/we further agree to use my son's/daughter's insurance coverage, including Medi-Cal before using UCSD's medical coverage in paying medical bills which may be incurred. I/we understand that balance not covered by insurance will be my/our responsibility to pay. I/we agree to release UCSD from all legal claims and from any liability except those claims and rights that arise from gross negligence or willful misconduct on the part of UCSD's TRiO Outreach Programs' personnel.

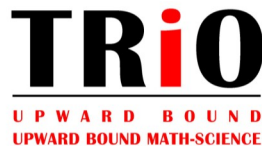
I/we have read the above information and agree to allow (Print Name of Applicant) _____ to participate in the UCSD Upward Bound / Upward Bound Math Science Program as well as in all excursions taking place as of this date, based on the conditions indicated above.

MEDIA RELEASE FORM

The person or persons signing below permit the University of California, San Diego's TRiO Outreach Programs representative (Upward Bound / Upward Bound Math Science Program) and/or the news media to photograph, videotape, audiotape, duplicate and transfer to any present or future agents. UCSD TRiO and the news media may use the photographs, videotapes, and audiotapes as appropriate to promote UCSD TRiO Outreach Programs (Upward Bound / Upward Bound Math Science Program), related objectives, and activities. No compensation will be paid for this use.

ACADEMIC RECORDS RELEASE STATEMENT

The person or persons signing below give consent to have access to the academic information of their daughter's/son's/ward's such as their transcripts, test scores, progress report, attendance reports, high school graduation verification, and/or any documentations needed to ensure their enrollment and continued eligibility in the University of California, San Diego's TRiO Outreach Programs (Upward Bound / Upward Bound Math Science Program) while in middle school / high school and after graduation.



PLEASE READ AND SIGN BELOW AND SUBMIT YOUR APPLICATION FOR REVIEW

We hereby certify that the information reported in this application packet is true, complete and accurate to the best of our knowledge. We understand that a false statement or misrepresentation will make the applicant ineligible for the UCSD TRiO Outreach Programs - Upward Bound / Upward Bound Math Science Program.

STUDENT / PARTICIPANT'S PRINTED NAME

STUDENT / PARTICIPANT'S SIGNATURE

DATE

PARENT / GUARDIAN'S PRINTED NAME

PARENT / GUARDIAN'S SIGNATURE

DATE



STUDENT ESSAY

Please write and submit a **FULL ONE PAGE** essay discussing your career goals and the reasons why you want to participate in the Upward Bound / Upwards Bound Math Science Program.

Lined area for writing the student essay.





Recommendation Form

To the student: Print your name, school, and grade in the space provided. Give this form to someone familiar with you and your abilities: a counselor or teacher.

Name: _____
Last Name First Name Middle Name

Current High School: (CIRCLE ONE) CVHS / MVHS / SOH / SUHI / LHS / SDHS / CHS / HHS / MBHS / MMHS / MOVHS

Current Grade Level: (CIRCLE ONE) 9 10 11 12 **Student ID #:** _____

To the counselor or teacher recommending: Upward Bound / Upward Bound Math Science Program serves students with an interest and potential to pursue post secondary education. Students should have relatively good grades but motivation, dedication, and willingness to succeed are even more important. We accept students who are from low income backgrounds and/or potential first generation college bound students. For UBMS we target students with an interest to major in Science, Technology, Medicine or Health.

How long have you known this applicant? _____

How would you evaluate this applicant in terms of the following qualities as compared with other students his or her age? Please check the appropriate box.

Not Applicable		Below Average	Average	Above Average	Excellent
	Ability to learn				
	Willingness to learn				
	Personal Goals				
	Completes Work				
	Independence				
	Responsibility				
	Self-confidence				
	Concern for others				
	Attitude				
	Self-discipline				

To your knowledge, has this applicant's performance been a true index of his or her ability, or have outside circumstances (illness, difficult home situations, etc.) interfered with his or her ability to achieve success? _____

What do you consider to be this applicant's greatest strengths? _____

What do you consider to be this applicant's greatest challenge? _____

Does this student have potential to enter a post secondary education program? Yes No Maybe

I recommend this applicant for participation in the UB/UBMS program:
 Not recommended Without enthusiasm Fairly strongly Enthusiastically

Name: _____ Title: _____

Signature: _____ Phone: _____ Date: _____

NOTE: Please return this form to the UCSD Upward Bound or Upward Bound Math Science Program Coordinator