



College of Charleston Upward Bound Program Application 2007-2008

DIRECTIONS:

- Print clearly in ink.
- Be sure to answer all questions.
- Remember your parent/guardian's signature is required.
- Mail or fax your complete application to: The College of Charleston - Upward Bound Program
66 George Street
Charleston, South Carolina 29424
Phone: (843) 953-5469 Fax: (843) 953-4902 UB@cofc.edu
- You may also submit your complete application directly to your school counselor.

PART I - STUDENT APPLICANT INFORMATION

Date:		Name:	
Social Security #:	School ID #:	Email Address:	
High School/Middle School Currently Attending:		Current Grade Level:	
Mailing Address: Street and Apt. No.			
City		State	Zip
Home Phone Number:		Alternative Phone Number:	
Date of Birth:	Age:	Gender: Male Female	
Citizenship: <input type="checkbox"/> United States Citizen or <input type="checkbox"/> Permanent Resident Alien Card Number: _____			
Ethnic Background: ___ African American or Black ___ American Indian ___ Asian/Pacific Islander ___ Hispanic ___ White ___ More than one race _____ ___ Other _____			
Who do you live with? ___ Mother & Father ___ Father ___ Mother ___ Guardian ___ Other			
Name of Guardian if you do not live with one of your parents: _____			
What language is spoken at home? ___ English ___ Spanish ___ Other _____			

What are your favorite school subjects?	What grades do you usually get?
What college or university do you plan to attend? <input type="checkbox"/> Undecided	What do you plan on majoring in? <input type="checkbox"/> Undecided
What kind of career or job would you like to have? <input type="checkbox"/> Undecided	How did you find out about Upward Bound?

What type of degree do you plan to obtain? You can check more than one.

High School Diploma Vocational or Technical School Degree Doctoral Degree
 4 Year College Degree Masters Degree

Please rank in order of interest from 1-6 (#1 being the most interesting to you and #6 being the least interesting to you) the following major fields of study:

Math Biology Chemistry
 Physics Computer Programming Engineering

Please check below the subjects you have already taken:

MATHEMATICS:
 Pre-Algebra Algebra I Algebra II Pre-Calculus
 Calculus Geometry Analytic Geometry
 Other _____

SCIENCE:
 Physical Science Biology Chemistry Physics
 Other _____

COMPUTER SCIENCE:
 Basic Visual Basic Fortran Pascal Turbo Pascal Cobol
 C C++ Java Script Other _____

List any extracurricular activities are you involved in?

Do you work or plan to work this school year and/or this summer? Yes No

If Yes, when? _____ Where? _____

How many hours a week? _____

PLEASE ATTACH A COPY OF YOUR MOST RECENT REPORT CARD AND TRANSCRIPT TO THIS APPLICATION.

RELEASE OF SCHOOL RECORDS

I authorize the College of Charleston Upward Bound Program to access and/or receive copies of my academic transcripts, grade reports, report cards, PACT/HSAP scores, and any other academic information and test results necessary to complete the program's application process.

Student's Signature _____	Date _____
Student's Name: _____	Social Security #: _____
School: _____	Current Grade: _____

PART II – RECOMMENDATION FORMS (To be completed by a Teacher)

The College of Charleston
 Upward Bound Program
 66 George Street
 Charleston, South Carolina 29424
 Phone: (843) 953-5469 Fax: (843) 953-4902 UB@cofc.edu

Teacher Recommendation Form

Dear Teacher:

The student listed below is applying for admission into the College of Charleston Upward Bound (UB) Program. Your assessment of the student's conduct, character and academic need for program services is an integral element in the admission process. Please give us your honest assessment of this student's desire and ability to learn. Please mail the completed Recommendation Form to the above address or fax to (843) 953-4902. You may also return the completed Recommendation Form to the student in a sealed envelope to submit with his/her completed student application. Should you have any questions or concerns, please feel free to contact the UB Director at (843) 953-5469. The time and effort you have taken to complete this form is sincerely appreciated.

Student's Name _____ Grade Level _____ School _____
 Class/Course Subject: _____ Current Class/Course Grade _____

Please place an "x" in the appropriate column for each characteristic listed below:

STUDENT CHARACTERISTICS	EXCELLENT	AVERAGE	FAIR	POOR
CONDUCT IN CLASS				
WILLINGLY PARTICIPATES IN CLASS				
RESPECTS OTHERS AND THEIR PROPERTY				
ABILITY TO FOLLOW INSTRUCTIONS				
COMPLETES ASSIGNED WORK ON TIME				
STUDY SKILLS/HABITS				
ANALYTICAL THINKING SKILLS				
MATURITY/INTEGRITY				
PUNCTUALITY				
EAGER TO LEARN NEW THINGS				
DEMONSTRATES MOTIVATION TO COMPLETE A 6-WEEK SUMMER PROGRAM				

Please provide comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the student's performance in Upward Bound. Additional comments may be written on the back. _____

 Teacher's Printed Name & Title

 School Telephone Number

 Teacher's Signature

 Date

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, and the South Carolina Public Information Act, South Carolina Government Code §552.001 et seq., are respectively federal and state laws providing for the review and disclosure of student educational records. The College and Outreach Programs-TRIO and Upward Bound will not permit access to or the release of personally identifiable information contained in student educational records to any party without the written consent of the student, except as authorized by FERPA.

PART II – RECOMMENDATION FORMS (To be completed by Teacher or Counselor)

The College of Charleston
 Upward Bound Program
 66 George Street
 Charleston, South Carolina 29424
 Phone: (843) 953-5469 Fax: (843) 953-4902 UB@cofc.edu

Teacher/Counselor Recommendation Form

Dear Teacher/Counselor:

The student listed below is applying for admission into the College of Charleston Upward Bound (UB) Program. Your assessment of the student's conduct, character and academic need for program services is an integral element in the admission process. Please give us your honest assessment of this student's desire and ability to learn. Please mail the completed Recommendation Form to the above address or fax to (843) 953-4902. You may also return the completed Recommendation Form to the student in a sealed envelope to submit with his/her completed student application. Should you have any questions or concerns, please feel free to contact the UB Director at (843) 953-5469. The time and effort you have taken to complete this form is sincerely appreciated.

Student's Name _____ Grade Level _____ School _____
 Class/Course Subject: _____ Current Class/Course Grade _____

Please place an "x" in the appropriate column for each characteristic listed below:

STUDENT CHARACTERISTICS	EXCELLENT	AVERAGE	FAIR	POOR
CONDUCT IN CLASS				
WILLINGLY PARTICIPATES IN CLASS				
RESPECTS OTHERS AND THEIR PROPERTY				
ABILITY TO FOLLOW INSTRUCTIONS				
COMPLETES ASSIGNED WORK ON TIME				
STUDY SKILLS/HABITS				
ANALYTICAL THINKING SKILLS				
MATURITY/INTEGRITY				
PUNCTUALITY				
EAGER TO LEARN NEW THINGS/INIATIVE				
DEMONSTRATES MOTIVATION TO COMPLETE A 6-WEEK SUMMER PROGRAM				

Please provide comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the student's performance in Upward Bound. Additional comments may be written on the back. _____

 Teacher's/Counselor's Printed Name & Title

 School Telephone Number

 Teacher's/Counselor's Signature

 Date

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PART III – UB Parent Application (To Be Completed by Parent/Guardian):

The College of Charleston
Upward Bound Program
66 George Street
Charleston, South Carolina 29424
Phone: (843) 953-5469 Fax: (843) 953-4902 UB@cofc.edu

Dear Parent/Guardian:

Your child has indicated an interest in the College of Charleston Upward Bound (UB) Program. Upward Bound (UB) is a **free** college preparatory program for high school students funded by the U.S. Department of Education and sponsored locally by the College of Charleston. UB is specifically designed to strengthen the academic skills of eligible high school students to excel academically and pursue postsecondary degrees after high school graduation.

Year-round services provided by UB include:

- Seventeen Saturday Sessions and weekly tutorial services during the school year to strengthen academic skills and prepare student for success at the college level;
- A 6-week residential summer instructional component that is designed to simulate a college-going experience that includes daily coursework in math and science, English and foreign language as well as other related activities such as field trips and special events;
- Academic advising from UB staff and individual assistance with the college admissions and financial aid application process during the academic school year.

In order to comply with federal regulations, all UB participants must meet the following criteria:

- Indicate an interest in attending college;
- Demonstrate academic need (low grades and/or low test scores),
- Qualify as Low Income and/or Potential First Generation College Graduate (neither parent has received a 4-year degree);
- Commit to remain active in UB until high school graduation

Please complete this application and return with your child's **Student Application** to the address or fax number listed above. You may also return your completed application to your child's school counselor. All completed applications will be reviewed and eligible applicants contacted within 14 days for a **Student & Parent Interview** with program staff.

Thank you for your interest in the College of Charleston Upward Bound Program. Please call a UB program staff member at (843) 953-5469 or email UB@cofc.edu if you have any questions or need additional assistance.

Sincerely,

Leroy Lewis, Jr.,
Director, Upward Bound

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PART III – UB Parent Application (To Be Completed by Parent/Guardian):

Student's Name:	Current School & Grade Level:
Mother's Name:	Father's Name:
Mother's Address:	Father's Address:
Mother's Home Phone Number:	Father's Home Phone Number:
Mother's Cell Phone/Pager Number:	Father's Cell Phone/Pager Number:
Mother's Work Number:	Father's Work Number:
Has either parent <u>received</u> a 4-year degree from a college or university? _____ Yes _____ No	

I certify that the information provided on this form is true and complete to the best of my knowledge.

Parent's Signature Date

Income Information:

Please attach a **SIGNED** copy of your **2006 U.S. Income Tax Form** in order to verify annual taxable income

RELEASE OF SCHOOL RECORDS

I authorize the College of Charleston **Upward Bound Program** to access and/or receive copies of my student's academic transcripts, grade reports, report cards, PACT/HSAP scores, and any other academic information and test results necessary to complete the program's application process.

Parent's Signature Date

Student's Name: _____ Social Security #: _____

School: _____

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Upward Bound
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Charleston, South Carolina 29424
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UB@cofc.edu

To expedite the selection process, please make sure you complete and return the following items:

- Student Applicant/Release Information
- Personal Essay and Photo
- Parent Application/Release Forms
- Copy of 2006 W2 Tax Return Form for Tax/Income Verification
- Most Recent High School Report Card (2nd quarter freshman & above)
- Most Recent High School Transcript (1st semester 10th graders)
- PACT Scores
- Most Recent Middle School Report Card (9th graders)
- Middle School Transcript (9th graders)
- Teacher Recommendation
- Teacher/Counselor Recommendation

*Note: Incomplete applications **will not be accepted.***

I certify each item is included in the packet.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

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