



Upward Bound (UB)/UB Math & Science

Upward Bound is a non-profit organization that is federally funded by the U.S. Department of Education

APPLICATION CHECKLIST

IMPORTANT: When submitting this application, ensure you have completed all sections, along with a copy of your unofficial or official transcript. Only complete applications will be considered for interview. All information provided will be kept confidential and is only used to further determine the participant's eligibility under the Department of Education's guidelines.

Student eligibility:

- Potential first-generation college student and/or
- Low-income household
- At high risk for academic failure
- Has a need for academic support, as determined by the grantee, in order to successfully pursue a program of education beyond high school.

Make sure all appropriate information is submitted (below) and all sections are completed:

- ☐ Completed Income Verification Sheet
 - Submit proof of income (signed income tax return, another governmental source, etc.)
- ☐ High School Transcripts (official or unofficial) or class schedule (incoming freshmen)
- ☐ Letter of Recommendation (from a counselor, teacher, etc., excludes friends and family)

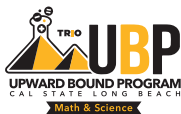
UB Coach: _____ Email: _____ Phone: _____

In order to determine your eligibility to participate in the Upward Bound Program, complete all sections below in BLUE or BLACK INK. This could be returned to your UB Coach or staff at the school site or sent to the Upward Bound office via mail to the address above. If you have any questions, contact the Upward Bound Advisor at the number above or their direct line.

CSULB Upward Bound Program (UB)/ UB Math & Science
6300 State University Drive, Suite 120
Long Beach, California, 90815
Phone: (562) 958- 3114



**NOTE: YOU WILL NOT BE CONSIDERED FOR PARTICIPATION IN THE PROGRAM UNTIL
ALL THE REQUIRED DOCUMENTS HAVE BEEN RECEIVED.**



A. STUDENT INFORMATION

School: _____ Grade Level: 8 9 10 11 12 Overall GPA: _____

Name: _____ Date of Birth: _____
Last First Middle

Address: _____
Street & Apt # City State Zip code

Student Cellphone: () _____ Home Telephone: () _____

Preferred Student E-mail: _____

High School: _____ School ID #: _____

Are you a United States Citizen? ☐ Yes ☐ No Social Security Number _____

Or Permanent Resident? ☐ Yes ☐ No Permanent Resident #: _____

Gender: ☐ Female ☐ Male ☐ Non-binary ☐ Other: _____

Ethnicity: (check all that you identify with)

☐ American Indian/Alaskan Native ☐ Latino/Hispanic ☐ Caucasian/White

☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ African American/Black

☐ Other: _____

Are you currently participating in any of these pre-college programs? (Check all that apply)

☐ AVID ☐ Cal- Soap ☐ Gear-Up ☐ ETS ☐ EAOP ☐ UB Math & Science ☐ Other: _____

B. STUDENT BACKGROUND

Do you have any physical condition or disability, which requires special accommodations or other considerations?

☐ No ☐ Yes

Do you have diagnosed learning disability, which requires special accommodations or other considerations?

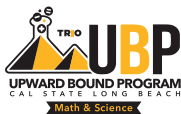
☐ No ☐ Yes

I live with: ☐ Both Parents ☐ Parent 1 ONLY ☐ Parent 2 ONLY ☐ Guardian(s)

Are you an emancipated minor or do you have a court appointed guardian? ☐ No ☐ Yes

Are you homeless or at risk of becoming homeless, (Do you lack a fixed regular residence?) ☐ No ☐ Yes

Do you have difficulty understanding, speaking, reading or writing the English language? ☐ No ☐ Yes



C. GENERAL INFORMATION

Indicate the type of training / education that you are interested in after you have completed high school:

- ☐ Community College ☐ Military ☐ Technical School Vocational (Trade)
- ☐ 4-Year College / University ☐ Undecided

What are your career interests?

How did you find out about CSULB Upward Bound (UB)/UB Math & Science?

Why do you want to join CSULB Upward Bound (UB)/UB Math & Science?

Is there any additional information you would like CSULB Upward Bound (UB)/UB Math & Science to consider in determining your admission to the program?

Do you need tutoring assistance? ☐ Yes ☐ No If yes, in what subject(s): _____

Are you currently enrolled in a dual enrollment program? _____

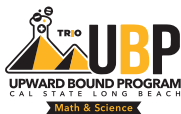
List any current or past community or extra-curricular activities (i.e., church, athletics, student government, ETC) that you have been or are currently involved in: _____

Are you interested in STEM-related careers: ☐ Yes ☐ No

Your signature below indicates that you are interested in participating in the CSULB Upward Bound Program (UB)/UB Math & Science to include all Mandatory Saturday Tutorials. The information provided above is true to the best of your knowledge.

Student's Signature

Date



D. PARENT/ GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____
Last First Middle

(If guardian) Relationship to Student: _____

Highest level of education completed: 8th grade ☐ High School ☐ Associate Degree ☐ Bachelor Degree (or higher)

Main Phone Number: () _____ Alternate Phone Number: () _____

Address: _____

Parent/Guardian 1 Email Address: _____ Preferred Language: _____

Parent/Guardian 2 Name: _____
Last First Middle

(If guardian) Relationship to Student: _____

Highest level of education completed: ☐ 8th grade ☐ High School ☐ Associate Degree ☐ Bachelor Degree (or higher)

Main Phone Number: () _____ Alternate Phone Number: () _____

Address: _____

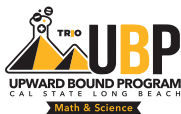
Parent/Guardian 2 Email Address: _____ Preferred Language: _____

I fully support my child's application for admission into the Upward Bound Program and I will attend an interview with my child. I further agree that if my child is admitted into the program I will participate in Parent Support Group meetings, orientation sessions, and workshops organized by the program, as required, for the purpose of improving my child's chances of personal and educational success. I certify that the above information is true and complete to the best of my knowledge. I hereby, grant permission to the personnel of my child's school to provide copies of transcripts, test scores, and academic progress reports to the Upward Bound staff.

Parent's/Guardian's Signature Date

Parent's/Guardian's Signature Date

FOR OFFICE USE ONLY		The 20____ federal TRIO Program annual low-income \$_____ . ____ level or a family unit with _____ members is:	
<input type="checkbox"/> Recommended Approval <input type="checkbox"/> Recommended <input type="checkbox"/> Waiting List Date: Reason: UB Advisor Signature & Date	<input type="checkbox"/> Recommended Approval <input type="checkbox"/> Not Recommended Reason: UB Advisor Signature & Date	<input type="checkbox"/> Approval <input type="checkbox"/> Denied Reason: UB Advisor Signature & Date	
Eligibility: <input type="checkbox"/> LI & FG <input type="checkbox"/> LI Only <input type="checkbox"/> FG Only <input type="checkbox"/> AR <input type="checkbox"/> OTHER		<input type="checkbox"/> CUB 1 <input type="checkbox"/> CUB 2	
Date Application Received: ____/____/____		Date Participant Entered in Student Access: ____/____/____	



E. FEDERAL TRiO PROGRAM INCOME VERIFICATION

The U.S. Department of Education provides funding for the Upward Bound Program (UB)/ UB Math & Science based on specific eligibility requirements. In order to be considered for participation, the parents/guardians of all Upward Bound student applicants must provide verification of all taxable income earned.

Please specify all sources of income in the space provided.

Student's Name: _____

PARENT / GUARDIAN FINANCIAL INFORMATION

In order to verify student applicant's income eligibility, this section MUST be completed by a parent or legal guardian. The information provided will be treated as confidential and will only be used to determine student applicant's eligibility.

Parent/Guardian 2 Name: _____
Last First Middle

Relationship to Student: _____

Total number of individuals living in household (including yourself): _____

Select the box below that best describes your financial situation:

☐ Household files a Federal Tax Return. I filed taxes last year in the state of _____ and my family's taxable (not total) income was: \$ _____ (make sure to provide supporting documentation).

NOTE: Taxable income can be found on the federal tax returns- IRS Form 1040, see line 15.

☐ Student is a ward of the State or is in Foster Care. Provide documentation of student's status.

☐ Household did not file Federal Tax Return.

☐ Household had no taxable income during the last calendar year 20____

Complete the following and provide documentation for annual income indicated:

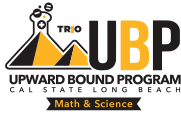
TANF	\$ _____	Child Support	\$ _____
Social Security Benefits	\$ _____	Veterans Benefits	\$ _____
Disability Benefits	\$ _____	Unemployment Benefits	\$ _____
Retirement Benefits	\$ _____	Other	\$ _____

CERTIFICATION:

I certify that the financial information provided on this Federal TRiO Program Income Verification form is true to the best of my knowledge and that any misrepresentation may be cause for denial, cancellation of admission and/or legal action.

Parent's/Guardian's Signature

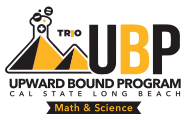
Date



F. ESSAY QUESTIONS (3-5 SENTENCES)

What is your academic potential to pursue a postsecondary program of study? (What have you done to prepare for college?)

What is your desire to pursue a postsecondary program of study? (Why do you want to go to college?)



G. AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Permission is hereby given to the Upward Bound Program at California State University, Long Beach (CSULB) to REQUEST and RECEIVE these records from the applicant's/participant's high school:

1. Initial Transcripts with current standardized test scores
2. Annual Transcripts once admitted to the Upward Bound Program at CSULB
3. Exit Transcripts
4. Fall Semester grade report
5. First and Third quarter reports
6. Interim Progress reports

These records will be used for the following purposes:

- To determine academic need and eligibility for the Upward Bound Program at CSULB
- To monitor on a regular basis the academic performance and progress of the student named below throughout his/her participation in the Upward Bound Program at CSULB.

It is understood and agreed that these records are confidential and that the Upward Bound Program at CSULB will not permit any other party to have access to such information without the written consent of the student's parent/guardian.

Please Print:

Name:

Last

First

Middle

Birth Date: ____ / ____ / ____ (month / day / year)

High School: _____

Grade Level: _____

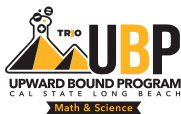
School Counselor: _____

Student School ID: _____

Preferred Pronouns (she/he/they/ze/etc): _____

Parent's/Guardian's Signature

Date



A. LETTER OF RECOMMENDATION FORM

Student's Name: _____ **Grade:** _____

REFERRER'S INFORMATION:

Name: _____ Title: _____

Organization/School Name: _____ Phone Number: () _____

How long have you known the applicant? _____

Under what circumstances: _____

SHORT ANSWERS (USE THE BACK OF SHEET FOR ADDITIONAL SPACE):

What qualities best describe this applicant?

What is your assessment of the student's potential, motivation, capability and potential to succeed?

Recommender's Signature

Date