



Upward Bound Program Application for Admission



Student Information

First Name	Middle Initial	Last Name	Grade Level
School	Small School	Name of Counselor	
Home Address	Apt.#	City	Zip Code
Home Telephone Number		Student's Cell Number	
Social Security Number	Birthdate	Gender	
____-____-____	____-____-____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, VISA type:			
Please Indicate Your Race/Ethnicity			What Year Will You Graduate?
<input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Other			
How Did You Hear About the Upward Bound Program?			
<input type="checkbox"/> Presentation at My School <input type="checkbox"/> Teacher <input type="checkbox"/> Other School Staff <input type="checkbox"/> Guidance Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Friend			

Upward Bound Program
 Cuyahoga Community College Metro Liberal Arts (MLA) Suite 301
 2900 Community College Avenue Cleveland, OH 44115
 (216) 987-4958 (phone) (216-987-4941 (fax)

Student Goals

Please check the boxes below that most apply to you.

<input type="checkbox"/>	I want to improve my grade point average.
<input type="checkbox"/>	I want to improve my achievement test scores.
<input type="checkbox"/>	I want to improve my math skills.
<input type="checkbox"/>	I want to improve my reading skills.
<input type="checkbox"/>	I want to improve my writing skills.
<input type="checkbox"/>	I want to improve my computer skills.
<input type="checkbox"/>	I want to improve my public-speaking skills.
<input type="checkbox"/>	I have an interest in visiting colleges.
<input type="checkbox"/>	I would like more career information.

Career Interests

I am currently interested in the following careers:

1. _____
2. _____
3. _____

Parent/Guardian Information *(to be completed by parent/guardian)*

Mother's Name: _____

Father's Name: _____

Guardian's Name (if applicable): _____

Guardian's Name (if applicable): _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Telephone Number: _____

Telephone Number: _____

Emergency Number: _____

Emergency Number: _____

Employer: _____

Employer: _____

Has a Bachelor's (4-year) degree: ___ Yes ___ No

Has a Bachelor's (4-year) degree: ___ Yes ___ No

Essay Questions

Please write a paragraph describing your personal goals.

How do you believe you can benefit from participating in the Upward Bound program?

To be Completed by Your Guidance Counselor

High School: _____

Counselor's Name: _____

Counselor's Signature: _____ Date: _____

Academic Information and Certification Release

The Tri-C Upward Bound Program is required to collect information regarding program participants' enrollment and academic performance in high school and enrollment and graduation from a post-secondary institution for up to six (6) years following their graduation from high school. Information is collected in the form of high-school transcripts, semester grade reports and written and/or verbal confirmation of enrollment and graduation from a post-secondary institution.

I hereby grant permission to the Tri-C Upward Bound Program to obtain my high school academic information from the Cleveland Metropolitan School District (or my current high school) and to obtain confirmation of my enrollment and/or graduation from any post-secondary institution that I may attend for a period of six (6) years following my graduation from high school. I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that this is an application for a federally funded program and that deliberate misrepresentation of my application information may subject me to prosecution under applicable state and federal laws. I understand that all information provided in this application will be kept confidential.

Student Signature: _____ **Date:** _____

Mother/Guardian Signature: _____

Father/Guardian Signature: _____

Special Note: When you complete the application, please be sure to attach the two teacher recommendations.



TEACHER RECOMMENDATION



Student's Name: _____

Teacher's Name: _____ Signature: _____

Please list the most recent course in which you have instructed the student.

Course: _____ Year/Term: _____ Grade Received: _____

Please provide your assessment of the applicant's academic abilities and share how the Upward Bound Program can facilitate further development.



TEACHER RECOMMENDATION



Student's Name: _____

Teacher's Name: _____ Signature: _____

Please list the most recent course in which you have instructed the student.

Course: _____ Year/Term: _____ Grade Received: _____

Please provide your assessment of the applicant's academic abilities and share how the Upward Bound Program can facilitate further development.
