



Baltimore City Community College  
Upward Bound Math/Science Program

## STUDENT APPLICATION

*This application must be completed by parent(s)/guardian(s) and student. (Print clearly)*

Last Name	First Name	MI	Social Security Number	Grade
Address		City		State
Home #	Date of Birth	Age	Gender	<b>CITIZENSHIP:</b> Are you a U.S. Citizen? ( ) Yes ( ) No
Cell #	/ /		M / F	If NO - Are you a Permanent Resident? ( ) Yes ( ) No
Student E-mail:		Guardian E-mail:		
<b>ETHNIC BACKGROUND:</b>				
( ) African American or Black ( ) Hispanic ( ) White ( ) American Indian ( ) Asian/Pacific Islander ( ) Other _____				
<b>GUARDIAN INFORMATION:</b> Student lives with: ( ) Mother & Father ( ) Mother ( ) Father ( ) Guardian(s)				
<b>MOTHER/FEMALE GUARDIAN:</b> Income and Occupation		<b>FATHER/ MALE GUARDIAN:</b> Income and Occupation		
Name _____		Name _____		
Title/Occupation: _____		Title/Occupation: _____		
Telephone #: _____		Telephone #: _____		
Annual Gross Income: \$ _____		Annual Gross Income: \$ _____		
<b>Total number of persons living at home dependent on the income listed above:</b> <i>(including parents)</i>		<b>Annual Total Family Gross Income:</b> \$ _____		
<b>FIRST GENERATION STATUS</b> Parent(s) Guardian(s) Education		<b>FIRST GENERATION STATUS</b> Parent(s) Guardian(s) Education		
<b>MOTHER/FEMALE GUARDIAN:</b>		<b>FATHER/ MALE GUARDIAN:</b>		
Graduated High School		Graduated High School		
Earned Bachelor's Degree <i>(earned a 4-year degree)</i>		Earned Bachelor's Degree <i>(earned a 4-year degree)</i>		
Yes ( ) No ( )		Yes ( ) No ( )		
Yes ( ) No ( )		Yes ( ) No ( )		
<b>EMERGENCY NOTIFICATION INFORMATION</b>		<b>EMERGENCY NOTIFICATION INFORMATION</b>		
<b>Emergency Contact #1</b> (Other than Guardian(s))		<b>Emergency Contact #2</b> (Other than Guardian(s))		
Name: _____		Name: _____		
Relationship: _____		Relationship: _____		
Address: _____		Address: _____		
City: _____		City: _____		
State, Zip: _____		State, Zip: _____		
Telephone: _____		Telephone: _____		
<b>MEDICAL DISABILITIES OR SPECIAL CARE REQUIRED INFORMATION</b>				
Does your child have any disabilities or medical conditions that may require medical treatment or medicine? Yes ( ) No ( )				

# STUDENT APPLICATION continued

This application must be completed by parent(s)/guardian(s) and student. (print clearly)

## SCHOOL INFORMATION

Name of High School		Counselor's Name			
School Address		City		State	Zip Code
School Telephone Number	G.P.A.	PSAT Score	ACT Score	SAT Verbal Score	SAT Math Score

## THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

- Teacher's Evaluation and Counselor's Recommendation**
- Personal Goals Statement**  
Describing your educational and life goals, and explain how participating in the BCCC Upward Bound Math/Science Program will help you achieve these goals (2 to 3 paragraphs)
- Current Report Card and Transcript**
- Birth Certificate and Social Security Card**
- Copy of parent's most current Federal Income Tax Form (1040 tax form) or a copy of Grant or Benefits Letter**
- YOU MUST have this statement Notarized**

## PARENT(S) GUARDIAN(S) PLEASE READ BELOW AND SIGN BELOW:

In applying for a federally funded program, you should know that anyone making false statement or misrepresentation in establishing eligibility is subject to a fine or imprisonment or both under provisions of the U.S. criminal code.

- I certify the information provided is correct to the best of my knowledge.
- I will participate in all Upward Bound activities requiring my presence and promise to attend at least six parent meetings during the year.
- I give consent for my child to use public or private transportation for off-campus activities.
- I authorize my child's high school to release grade reports, transcripts, and any other pertinent material now and throughout the duration of high school to the **BCCC Upward Bound Math/Science Program**.

\_\_\_\_\_  
Parent/Guardian (print name)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Notary: Affix seal here.

\_\_\_\_\_  
Notary (print name)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date





## Upward Bound Math/Science Program

# COUNSELOR RECOMMENDATION

To be completed by the student's **SCHOOL COUNSELOR** and returned with your application.

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Name of Counselor completing form \_\_\_\_\_

Position \_\_\_\_\_ Phone # \_\_\_\_\_

Upward Bound is a federally funded program designed to prepare high school age students for college. Your honest assessment of this student will assist us in determining if this student would benefit from our services. Upward Bound seeks students who are motivated academically but need academic assistance.

### **YOU MUST return a copy of the student's Official High School Transcript with this form.**

**Please rate the student on the following characteristics:**

**5 = Outstanding    4 = Excellent    3 = Good    2 = Above Average    1 = Average    0 = Not Applicable**

_____ Creativity	_____ Self Confidence	_____ Leadership potential
_____ Interpersonal skills with peers	_____ Ability to cope with disappointment or failure	_____ Willingness to accept responsibility
_____ Interpersonal skill with Adults	_____ Ability to set and achieve academic goals	_____ Ability to learn new concepts
_____ Study habits	_____ Self-initiative motivation	_____ Independence

**Academic Potential:**    Excellent \_\_\_\_\_    Good \_\_\_\_\_    Fair \_\_\_\_\_    Grade Average \_\_\_\_\_

**Motivation:**    High \_\_\_\_\_    Motivated when interested \_\_\_\_\_    Uninterested \_\_\_\_\_

**Home Climate:**    Positive Influence \_\_\_\_\_    Neutral \_\_\_\_\_    Negative Influence \_\_\_\_\_

**Disciplinary Action**    Comment on any disciplinary action(s) at present school \_\_\_\_\_

**Physical Disability:**    Yes \_\_\_\_\_    No \_\_\_\_\_    if yes, please comment: \_\_\_\_\_

**Potential:**    Do you feel this student has the potential for being successful in a two or four-year college (even if presently not achieving)?    Yes \_\_\_\_\_    No \_\_\_\_\_

**Recommendation:**    Do you recommend this student for the Upward Bound Math/Science Program?    Yes \_\_\_\_\_    No \_\_\_\_\_

Please write a brief state of recommendation: \_\_\_\_\_

Counselor's Signature \_\_\_\_\_

Date \_\_\_\_\_



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Upward Bound Math/Science Program

**TEACHER EVALUATION**  
(MATH OR SCIENCE)

To be completed by one of the student's **MATH OR SCIENCE TEACHERS** and returned with your application.

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Name of Teacher completing form \_\_\_\_\_

Position/Subject \_\_\_\_\_ Phone # \_\_\_\_\_

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**YOU MUST attach a copy of student's most recent grade report, schedule & transcript**

Please rate the applicant's qualification by indicating below.

- |    |                                |                 |                   |                   |                   |                     |
|----|--------------------------------|-----------------|-------------------|-------------------|-------------------|---------------------|
| A. | Academic Performance           |                 | Top<br>10%<br>( ) | Top<br>20%<br>( ) | Top<br>25%<br>( ) | Under<br>25%<br>( ) |
| B. | Class Attendance & Punctuality |                 | Top<br>5%<br>( )  | Top<br>10%<br>( ) | Top<br>25%<br>( ) | Under<br>25%<br>( ) |
| C. | Attitude                       |                 | Poor<br>( )       | Fair<br>( )       | Good<br>( )       | Excellent<br>( )    |
| D. | Academic Potential             | Great Potential | 4                 | 3                 | 2                 | 1 Low Potential     |

Comments: \_\_\_\_\_

E. Has the student been attentive and cooperative in class? Yes ( ) No ( )

F. Student's most recent GPA \_\_\_\_\_

G. Do you believe this student could successfully complete a postsecondary education if he/she received academic assistance while in high school? Yes ( ) No ( )

**Please list any special testing or assessments test taken:**

ACT Score \_\_\_\_\_ PSAT Score \_\_\_\_\_ SAT Score \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Title/Position \_\_\_\_\_ Date \_\_\_\_\_

**In order for us to make a final decision on applicant's acceptance, this Teacher Evaluation must be accompanied by the application. Thank you for your time and cooperation.**