Since 1966, the TRIO/Upward Bound Program at the University of Illinois at Chicago has been providing programs and services to eligible high school students that assist in the development of critical thinking abilities, academic growth and cultural awareness. To achieve these goals, a highly qualified professional staff of engaging classroom instructors and caring administrators provide opportunities for students to reach their academic potential while developing a positive attitude toward learning.

Participation in the program as a high school freshman, sophomore, junior and senior can:
- greatly enhance academic skills that positively contribute to learning and test taking skills;
- preparation for graduation from high school; and
- successful entry to a college or university.

If you are interested in participating in the program, please complete and return all of the required materials within this application package. Any questions regarding the completion of the application or the program may be addressed by contacting the program office or in person.

Please contact the Upward Bound Program as follows:

University of Illinois at Chicago
TRIO/Upward Bound Program (M/C 343)
1200 West Harrison, 2720 SSB
Chicago, Illinois 60607
(312) 996 – 5046 Phone
(312) 996 – 9298 Fax
Website: http://studentaffairs.uic.edu/trio/

The TRIO Upward Bound Program is partially funded by a grant from the U.S. Department of Education.
REQUIREMENTS FOR PARTICIPATION
(All students must meet the following requirements in order to be enrolled in the Upward Bound Program.)

1. Current GPA of 2.5
   *Exceptions may be made for entry with a 2.0 GPA by an administrative review.*

2. Current student at a UIC Upward Bound Program target high school:
   - Paul Lawrence Dunbar Vocational Career Academy High School
   - Percy L. Julian High School
   - John Marshall Metropolitan High School
   - Carl Schurz High School

3. Enrolled as a freshman through senior in one of our target high schools.
   *Seniors must begin the program in the fall of their senior year*

4. Meet federal income requirements.

   **Acceptable documentation for family’s income verification:**
   - Federal Tax documentation (IRS 1040 or 1040A Income Tax Returns)
   - Illinois Department of Employment Security documentation
   - Social Security Benefits award letter
   - Disability letter

   **Size of Family Unit**

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>48 Contiguous States, D.C., and Outlying Jurisdictions</th>
<th>Alaska</th>
<th>Hawaii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$17,655</td>
<td>$22,080</td>
<td>$20,325</td>
</tr>
<tr>
<td>2</td>
<td>$23,895</td>
<td>$29,880</td>
<td>$27,495</td>
</tr>
<tr>
<td>3</td>
<td>$30,135</td>
<td>$37,680</td>
<td>$34,665</td>
</tr>
<tr>
<td>4</td>
<td>$36,375</td>
<td>$45,480</td>
<td>$41,835</td>
</tr>
<tr>
<td>5</td>
<td>$42,615</td>
<td>$53,280</td>
<td>$49,005</td>
</tr>
<tr>
<td>6</td>
<td>$48,855</td>
<td>$61,080</td>
<td>$56,175</td>
</tr>
<tr>
<td>7</td>
<td>$55,095</td>
<td>$68,880</td>
<td>$63,345</td>
</tr>
<tr>
<td>8</td>
<td>$61,335</td>
<td>$76,680</td>
<td>$70,515</td>
</tr>
</tbody>
</table>

5. Submit a complete New Applicant Packet and include your high school transcripts or elementary school grades if you are an incoming freshman student.

6. Submit this packet including 4th quarter grades with GPA or school transcript with GPA.

   **Return the entire packet of information to:**
   University of Illinois at Chicago
   TRiO/Upward Bound Program (M/C 343)
   1200 West Harrison, 2720 SSB
   Chicago, Illinois 60608
   Fax 312-996-9298
STUDENT APPLICATION

Name: ___________________________________________ Date of Birth: __________________________
                        Last                  First                Mi.       mm/dd/yyyy
Social Security Number: _______ - _______ - _______   Gender: _____ Male _____ Female
Address: ________________________________________________________________
Home Telephone Number: (______)______-______     Student Cellular Phone Number: (______)______-______
Student E-mail: __________________________________________________________
Parent/Guardian Email: ____________________________________________________
Do you have any mental, physical and/or learning disabilities? _____ Yes   _____ No
If yes, please explain: ________________________________________________
Ethnic-racial background: ___ American Indian ___ African American ___ European American ___ Canadian
                        ___ Hispanic  ___ Asian American ___ White/Caucasian ___ Other (specify) _______________________
High School: __________________________________________________________
                        Name                        Address               City                State              Zip
Current Grade Level: ____ 10 _____ 11 _____12     Current G.P.A.: ___________     Division # _______________
Mother’s Name: _________________________________________________________
                        Last                  First                M.I
Father’s Name: __________________________________________________________
                        Last                  First                M.I
Legal Guardian’s Name: __________________________________________________
                        Last                  First                M.I
Student lives with:       ___ Both Parents ___ Father ___ Mother ___ Stepmother ___ Stepfather
                        ___ Legal Guardian     ___ Other (Specify)________________________
Emergency Contact: ________________________________ Telephone Number(s): ____________________________
Emergency Contact’s Relationship to Participant: ________________________________________________

For Office Use Only!
Date application was received by Upward Bound Program: ________________20____
Eligibility: ___ 1 ___ 2 ___ 3
                        Low Income & 1st Generation  Low Income  1st Generation
Signature: _____________________________  Signature: _____________________________
Charles Collins, Assistant Director  Lillye Hart, Director
Date of Enrollment: ________________20____
In the space below, write a brief essay stating your career interests, hobbies and goals, as well as why you are interested in participating in this program. This essay must be written by the student, without assistance from anyone (use only the space provided below).

_______________________________________________________________________________________
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Print Name:_____________________________________
Signature:_____________________________________
Date:__________________________________________
PARENTAL INCOME STATEMENT
(Must be completed by parents or legal guardians)

TRIO/Upward Bound Program (M/C 343)
University of Illinois at Chicago
1200 W. Harrison, Suite 2720
Chicago, Illinois 60607
(312) 996-5046 Fax: (312) 996-9298

Father, Stepfather, Male Guardian (Circle One)

Name: ___________________________________________ Telephone #: (____) ________-_________

Last First M.I. Home or Cell (circle one)

Home Address: ____________________________________________________________

Number Apt. No. City State Zip

Currently Employed: _____ Yes _____ No Occupation: ______________________________

Employed By: ___________________________________________ Number of years employed by firm: _______

How much do you earn weekly? $__________ How many hours per week do you work? _______

Mother, Stepmother, Female Guardian (Circle One)

Name: ___________________________________________ Telephone #: (____) ________-_________

Last First M.I. Home or Cell (circle one)

Home Address: ____________________________________________________________

Number Apt. No. City State Zip

Currently Employed: _____ Yes _____ No Occupation: ______________________________

Employed By: ___________________________________________ Number of years employed by firm: _______

How much do you earn weekly? $__________ How many hours per week do you work? _______

Student lives with: _____ Father _____ Mother _____ Guardian _____ Other (specify) ___________________

Check any that apply to student: _____ father deceased _____ mother deceased

_____ parents separated _____ parents divorced _____ parents never married

Give MONTHLY amounts for each source of non-taxable income being received by your family from any of the following, including applicant’s share.

I do not receive any non-taxable income. _______

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount Received</th>
<th>Source</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td>$______________</td>
<td>Unemployment Benefits</td>
<td>$______________</td>
</tr>
<tr>
<td>Public Aid</td>
<td>$______________</td>
<td>Alimony/Child Support</td>
<td>$______________</td>
</tr>
<tr>
<td>Veteran’s Benefits</td>
<td>$______________</td>
<td>Other Non-Taxable Income</td>
<td>$______________</td>
</tr>
</tbody>
</table>
## Taxable Income Before Deductions

(Use Figures from U.S. Tax Forms)

<table>
<thead>
<tr>
<th></th>
<th>Total 2015</th>
<th>Estimated 2016</th>
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</thead>
<tbody>
<tr>
<td>Father, Stepfather, Male Guardian</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Mother, Stepmother, Female Guardian</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Total Taxable Income</td>
<td>$__________</td>
<td>$__________</td>
</tr>
</tbody>
</table>

Please list below the dependent children and other individuals whom the parent/guardian supports.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Social Security No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

ATTACH SEPARATE SHEET FOR ADDITIONAL NAMES.

If there are any special family concerns that should be taken into consideration in the processing of this application for your child, please explain in the space below. Whenever possible, show why these problems affect you financially. Please attach an additional sheet, if necessary.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What is the highest grade level achieved by your mother or female guardian? __________

What is the highest grade level achieved by your father or male guardian? __________

I declare, to the best of my knowledge, that the information on this financial statement in true, correct, accurate, and complete. I agree to provide additional documentation, if necessary, to verify that the information reported in this statement is true.

________________________________________  ________________
Signature of Parent or Guardian                  Date
TO THE STUDENT:

Please fill out the top portion of this recommendation and give it to your counselor for completion.

Student’s Name: ___________________________________________  First ___________________  M.I. ___________________

Student Telephone Number: (Home) ____________________________  (Cell) ____________________________

School Name: ______________________________________________  School ID#: __________________

Counselor Name: ____________________________________________

Grade Level: _______ (2015-2016 Academic Year)

TO THE COUNSELOR:

The student named above is applying for participation in our Upward Bound Summer Residential Program. Since an application cannot be evaluated until we have received this form, both the student and Upward Bound Program would appreciate a prompt reply.

Please rate the following qualities on a scale of 1 to 5 with 1 being the lowest and 5 being the highest. Circle one number per category.

Leadership  1  2  3  4  5
Attitude    1  2  3  4  5
Behavior    1  2  3  4  5
Self – Motivation  1  2  3  4  5
Independence  1  2  3  4  5
Academic Ability  1  2  3  4  5
Verbal/Public Speaking  1  2  3  4  5
Citizenship  1  2  3  4  5
Overall, how would you rate this student’s ability to successfully participate in the Upward Bound Summer Residential Program?

_____ I strongly recommend  
_____ I recommend  
_____ I recommend with reservations

We would welcome any additional comments you think might be helpful to us. Additional comments may include information about the applicant’s background, the applicant’s attitude towards education; his or her specific strengths and/or weaknesses and other relevant scholastic information.

________________________________________________________________________________
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________________________________________________________________________________

Counselor Name (Please Print) ____________________________ Counselor’s Signature ____________________________ Date ____________________________
Contact Number: _______ - _______ - _______ E-mail: ____________________________

Upward Bound thanks you for taking the time to provide a thoughtful reference.
TO THE STUDENT:

Please fill out the top portion of this recommendation and give it to your counselor for completion.

Student’s Name: ______________________________________  ___________________________________
  Last   First                  M.I.

Student’s Telephone Number: (Home) __________________________  (Cell) ______________________

School Name: ___________________________________________  School ID#: _____________________

Grade Level: ______
  (2015-2016 Academic Year)

TO THE TEACHER:

The student named above is applying for participation in our Upward Bound Program. Since an application cannot be evaluated until we have received this form, both the student and The Upward Bound Program would appreciate a prompt reply.

Please answer each of the following questions:

How would you describe this student’s academic ability and motivation? ____________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________

How does this student’s intellectual characteristics compare with others in his or her class? ____________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________

Is there anything you can tell us about this student’s personal qualities, especially concerning peer relations, integrity, and maturity? ________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________

__________________________
Please rate this student.

<table>
<thead>
<tr>
<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
<th>One of my top students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promptness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extracurricular</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class Preparation</td>
<td></td>
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<tr>
<td>Behavior</td>
<td></td>
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</tr>
</tbody>
</table>

Overall, how would you rate this student’s ability to successfully participate in the Upward Bound Program?

_____ I strongly recommend
_____ I recommend
_____ I recommend with reservations

We would welcome any additional comments you think might be helpful to us. Additional comments may include information about the applicant’s background, the applicant’s attitude towards education; his or her specific strengths and/or weaknesses and other relevant scholastic information.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

In what course(s) did you instruct the student? _______________________________________________________

________________________________
Teacher’s Name (Please Print)  Teacher’s Signature  Date

Contact Number: _______ - _______ - _______  E-mail: _________________________________________________

Upward Bound thanks you for taking the time to provide a thoughtful reference.
Medical Consent Form

*NO FORMS WILL BE ACCEPTED WITHOUT NOTARY SEAL*

Please print legibly.

Participant’s Name: ____________________________________ D.O.B: ____________

Address: ________________________________________________________________

City: __________________________ State: ________________ Zip: _______________

SSN: _________-_____-________

Parent/Legal Guardian: ____________________________________________________

Home phone#: (_____) ________________ Cell phone#: (____) ________________

Work phone#: (____) ________________ Other: (____) ________________

Emergency Contact Person: ________________________________________________

Emergency Contact Person’s Phone#: (_____) __________________________

Relationship to student: ________________________________________________
(Example: uncle/aunt, grandparent, friend of family, etc.)

Family Medical history

UNDERLINE ANY OF THE FOLLOWING THAT YOUR Mother, Father, Sisters or Brothers ever had: Cancer, Diabetes, High Blood Pressure, Tuberculosis, Epilepsy, Mental Illness, Goiter, Stroke, Heart Disease, Nephritis, Serious Allergies, Other: ________________________________

Past History

Please list any significant Illnesses/Surgeries that the participant has had. Include accidents, deformities, allergies. ________________________________________________

Please list any medications the participant is currently taking. ________________________________

Phone (312) 996-5046 • Fax (312) 996-9298
Participant’s Name: ___________________________ D.O.B: ________________

The law requires that parental permission be obtained for medication, emergency treatment and operative procedures on minors. The parents should sign the following consent form so that emergency procedures may be carried out promptly, and so that no unnecessary delays occur with less urgent operative procedures. However, no operations will be performed, except in an extreme emergency without parents being contacted and fully informed.

I GIVE PERMISSION FOR SUCH MEDICAL PROCEDURES AS MAY BE DEEMED NECESSARY FOR MY CHILD.

______________________________
Student’s Name (print)

______________________________    ______________________________
Parent’s Name (print)                                               Parent’s Signature

NOTARY PUBLIC

SUBSCRIBED TO and SWORN to before me

This _______ day of ________________, 20______

______________________________    ______________________________
Notary Public Seal
Notary Public Signature

Commission Expiration: ___________________________
Authorization to Release Information

Student: ___________________ ___________________ D.O.B ____________

Last Name   First Name

Social Security Number _____-____-_______ School ID #________________________

I hereby authorize any educational institution that I am attending or will attend to release information regarding my enrollment status, school transcripts, copies of Math, Science, and Reading diagnostic test scores, and any other pertinent information to the University of Illinois at Chicago Upward Bound Program.

I understand that this information will be kept confidential and be used to maintain follow-up data and for general reports to the United States Department of Education.

_________________________________________  ___________________________  __________
Print Student Name                      Students Signature          Date

_________________________________________  ___________________________  __________
Print Parent/Guardian Name               Parent/Guardian Signature    Date

*Complete this form and submit it along with the application. The student should give a copy of this authorization to his/her school.

Phone (312) 996-5046  ❖ Fax (312) 996-9298