

STUDENT APPLICATION FOR ADMISSION

UPWARD BOUND CLASSIC Academic Achievement Programs The University of Akron Ayer Hall Room 320, Akron, OH 44325-7908 PHONE: 330.972.5839 FAX: 330.972.5886



This application is valid for the Upward Bound Classic Program at The University of Akron. Upward Bound Classic is a federally funded **TRiO** program. The Program is year-round and geared towards students with academic potential and interested in going to college after graduation from high school. Students attending Akron Public Schools, grades 8, 9 and 10, are eligible to apply. Students are usually admitted to the Program in the Fall, Spring, or Summer. <u>There is no cost to</u> <u>participate</u>.

To Student: The application must be typed or printed neatly in blue or black ink. Answer all questions; failure to do so will delay processing. If a question is not applicable, mark "N/A" in the space provided.

To Parent or Legal guardian: The personal information, including financial status and educational levels, given to Upward Bound Classic is used for reporting purposes with the U.S. Department of Education. This information is required to determine if your child meets federal eligibility guidelines established by regulation of the U.S. Department of Education.

STUDENT INFORMATION: (To be completed by student)

Name of Applicant					
FIRST		М	IDDLE	LAST	
Mailing Address		C	City	Zip	
Home Phone		Birthday	Age	Male	Female
Social Security Number		Birthplace			
Email Address		[Message Phone Number		
What languages are spoken in your home?					
What is the preferred language of your parents o	r guardians?				
Current School		Grade	Counselor		
Name of school you attended in 8th Grade				_ City	
If you are an 8th grader, name of high school you	plan to attend				
Are you currently a participant in the Educational	Talent Search P	rogram? 🗆 Yes	□No STEP		
Ethnicity: African-American		Caucasia Mexican	n/White American/Latino	☐ Native A ☐ East Inc	American Jian
□ Other/Decline to state		Alien R		egistration Number	
Are you a US Citizen? If you are not, are you a Resident Alien?	☐ Yes ☐ Yes	□ No □ No			
NOTE: You must be a US citizen or legal resi Bound. If you are not a US citizen, enter your				•	
How did you hear about Upward Bound Classic?					
Student Signature:			Date		

Student Educational, Career and Extracurricular Information

Educational Plans – List in order of preference, two occupations you think would best fit your abilities and interests if you were given the necessary education and required training:

1	2.		
Extracurricular activities: (I	nonors or awards, sports, volunteering)	□ If none, check this box.	
Description (or title)	Officer? (If yes, position)	Year(s) involved	
Interest in Upward Bound (Why are you interested in p 	Classic: participating in Upward Bound Classic? (Attac	h a separate sheet, if needed.)	
Student Signature		Date	

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Name	Date		
Writing San	nple UB Classic		
PLEASE NOTE: Choose from ONE of the following topics	for your essay.		
Your essay will be used to judge your writing ability. Your essay r separate sheet of paper). Remember, it is always to your advanta	needs to be a minimum 250 words (written neatly or typed on a age to have your paper proofread before submitting the final copy!		
□ My favorite teacher or class	□ The most embarrassing moment in mylife		
□ In ten years, I see myself	The happiest dayin my life was		

Parent and Family Information

Please give the name	e(s) of the people who	are living in	your nome (add addillona	i piece of paper if neces	sary)
NAME	RELATION	AGE	NAME	RELATION	ÂGE

TOTAL NUMBER OF PEOPLE IN HOUSEHOLD (Include applicant)

With whom do you live? (Check one) _____mother and father _____mother ____father _____Legal Guardian

If legal guardian, please print individual's name_____

Circle the highest level of education completed by your parent(s)/guardian(s) :(Check all that apply :) □ HS Diploma □ Associate's □ Bachelor's □ Other

INFORMATION TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

INSTRUCTIONS FOR PROVIDING VERIFICATION OF INCOME

Foster Children or Wards of the Court: no income verification is required – provide a signed letter from foster parent or guardian detailing foster child/ward of the court status. Include caseworker's name, address and telephone number.

If your parent(s) or guardian(s) file a Federal 1040 Income Tax form: provide a copy of pages 1 & 2 of *last year's* form showing the number of exemptions claimed and the taxable income. Caution – be sure to provide the form covering the correct year. (Example, 2015)

If your parent(s) or guardian(s) receive welfare (TANF, AFDC, General Assistance, etc.) request verification of monthly benefits. Ask for a "*Passport to Services Form*" when contacting your local welfare office.

If your parent(s) or guardian(s) receive Social Security payments (SSI, Disability, etc.) request verification of monthly benefits from your local Social Security office.

Does the applicant live in a foster home or is (s) he/she a ward of the court? \Box Yes \Box No If YES, skip to signature section.

Do you file Federal Income Taxes? □ Yes □ No If YES please refers to the box below.

Documentation of your <u>taxable</u> income is to be submitted for the tax year prior to the UBC application date. If you filed electronically, please sign and date page 1 before submitting this information. *The earlier you can submit your income information, the sooner we will be able to determine your child's eligibility.*

Do your pare	ent (s)/gua	ardian (s) rece	eive: Social Security	ſ? □Yes □No	Welfare/TANF?	🗆 Yes 🔲 No
Disability?	□ Yes	🗆 No	Veterans Benefits?	□Yes □ No	General Assistance?	□Yes □No
If YES to any of the above, please attach appropriate form from agency showing amount of monthly benefits.						
VEDIEV INFORMATION. Dumu cignature below Incritis that this information is accurate and complete to the best of mu						

VERIFY INFORMATION: By my signature below, I verify that this information is accurate and complete to the best of my knowledge. Parent/Guardian Signature: Date:

UPWARD BOUND CLASSIC ACADEMIC ACHIEVEMENT PROGRAMS THE UNIVERSITY OF AKRON

(To be completed by Parents/Guardians)

AUTHORIZATION FOR THE RELEASE OF ACADEMIC INFORMATION

This form is to be completed by the parent(s) or guardian(s) of the student who is applying for admission to the Upward Bound Classic Program.

I hereby grant permission to (name of student's high school) _________ to disclose and deliver to the Upward Bound Classic Program at The University of Akron any and all information (transcripts, grades, attendance record, class schedule, truancy and demerit records, results of ACT, SAT, PSAT, Ohio Achievement Tests (OAT), Ohio Graduation Tests (OGT), and other information) contained in the academic records of:

NAME OF STUDENT (PRINT)

ADDRESS (INCLUDE CITY AND ZIP CODE)

SOCIAL SECURITY NUMBER (STUDENT)

HIGH SCHOOL GRADUATION DATE

NAME OF PARENT/GUARDIAN (PRINT)

SIGNATURE OF PARENT/GUARDIAN

DATE

Return Application to: The University of Akron Upward Bound Classic Ayer Hall 320 Akron, Ohio 44325-7908

<u>*Completed Application*</u> Must Include: Current Report Card with a 2.5 GPA School Transcript Counselor Recommendation Form Math Recommendation Form English Recommendation Form 250 Word Essay Copy of Current 1040 Federal Tax Return Or

All information must be submitted to process your child's application or it will be put on hold

