APPLICATION CHECKLIST

A complete application includes:

- Student Information, Parent/Guardian Information, and Student Academic Information
- Waivers and Commitment Form (parent and student please sign!) (Salmon)*
- English teacher recommendation (Yellow)*
- Math teacher recommendation (Green)*
- Counselor Recommendation (Blue)*
- Income Verification Form (Pink)*

Please attach the following:

- 3 Short Answer Questions (100-150 words per response)
- Statement of Interest (450-500 words)
- Copy of current transcript or report card indicating GPA
- Copy of state standardized test (equivalent to CAHSEE and CST for California)

If you have any questions, please call (510) 642-2312

If making a copy of the application, please print out each paper in the corresponding color

** Upward Bound Math & Science is a federally funded program with a budget of $335,499
LISTADO DE DOCUMENTOS REQUERIDOS

Una solicitud completa incluye:

- Información del estudiante, Información de padres/encargados legales, e Información académica del estudiante
- Renuncia y Compromiso (padres y estudiantes, por favor de firmarlo) (Salmon)*
- Formulario de recomendación por el maestro de Inglés (Amarillo)*
- Formulario de recomendación por el maestro de matemáticas (Verde)*
- Formulario de recomendación por el consejero(a) de la escuela del estudiante (Azul)*
- Rellenó el Formulario para verificar ingresos (Rosita)*

Favor de Incluir lo siguiente:

- Cuatro preguntas cortas (100-150 palabras por respuesta)
- Ensayo de Interés (450-500 palabras)
- Una copia del acta de calificaciones actuales o una boleta de calificaciones que indica el promedio de calificaciones actuales (GPA)
- Copia de los exámenes del Estado (equivalente a CAHSEE y CST)

Para más información, favor de llamar al (510) 642-2312

Si hace una copia de la aplicación, por favor de imprimir las paginas en el color correspondiente
UPWARD BOUND MATH & SCIENCE PROGRAM STUDENT APPLICATION
Pre-College TRIO Programs 2150 Kittredge St. Suite 2C-1060 Berkeley, CA 94720-1060
Office: (510) 642-2312 Fax: (510) 643-3216 www.cep.berkeley.edu/ub

DIRECTIONS: Please print legibly in blue or black ink. Essay component must be typed.

PLEASE PRINT ALL INFORMATION IN INK.

Date: ______________________________

A. STUDENT INFORMATION

1. Name: ________________________________ (First) ________________________________ (Middle Initial) ________________________________ (Last)

2. Mailing Address: ________________________________ (Number & Street or P.O. Box) ________________________________ (City, State) ________________________________ (Zip)

3. Home Phone Number: (___) ______-_____________ Cell Phone Number: (___) ______-_____________

4. Email Address: _____________________________@___________________________

5. Social Security Number [office use only]: _____-_____-____________

6. Date of Birth: _____/_____/____________

7. Gender (circle one): Male Female

8. Do you need accommodations (visual, audio, mobile, other)?
   □ No ________________________________ □ Yes ________________________________

9. Do you have siblings or relatives that have participated in any TRIO program listed below? (Please check ALL that apply). If yes, please list participant’s name, program location and dates:
   □ Talent Search ________________________________
   □ Upward Bound ________________________________
   □ Upward Bound Math & Science ________________________________

10. Ethnic Background (please check ALL that apply):
    □ American Indian/Alaskan Native □ Latino, Spanish-Origin, Hispanic
    □ Asian □ White, Middle Eastern
    □ Black, African-American, African □ Native Hawaiian or other Pacific Islander
    □ Mexican-American, Mexican, Chicano, Other □ Other: ________________________________

11. Citizenship Status:
    □ U.S. Citizen
    □ Permanent Resident
    □ Applying for Permanent Residency (Must attach proof)

12. I currently live with (please check one):
    □ Both Parents □ Other Guardian: ________________________________
    □ Mother □ Father
    □ Foster Parents

13. Language(s) spoken at home:
    Primary: ________________________________
    Secondary: ________________________________ Others: ________________________________
B. PARENT/GUARDIAN INFORMATION

1. Mother’s/Guardian’s Name: ________________________________
   Email address: __________________@______________________
   Cell/Work Phone: (___) ______ – _________________________

2. Father’s/Guardian’s Name: ________________________________
   Email address: __________________@______________________
   Cell/Work Phone: (___) ______ – _________________________

3. What is your parents’ highest level of formal education? Enter code in box.
   Mother/Guardian: ___  Father/Guardian: ___

   1. No high school  3. High school graduation  5. 2-year college graduate  7. Post-Graduate
   2. Some high school  4. Some college  6. 4-year college graduate

C. STUDENT ACADEMIC INFORMATION

1. Current High School: ________________________________ Grade ______

2. List all extracurricular activities, including sports/clubs/organizations (in and out of school):
   Provide additional page if necessary.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description of activity, including leadership roles</th>
<th>Participation Dates</th>
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3. List the colleges/universities and majors you are currently considering:
   __________________________________________________________________________
   __________________________________________________________________________

4. List the majors you are currently considering:
   __________________________________________________________________________

5. List other programs you are involved with:
   __________________________________________________________________________

6. Check the Pre-College TRiO Program that you are enrolled in and include the host institution in the space provided:
   □ Talent Search ______________________
   □ Upward Bound _______________________
Program Waivers and Commitment

Transcript And Other Academic Records Waiver
I hereby authorize my child’s school(s) to provide UC Berkeley’s Pre-College TRIO Upward Bound Math & Science Program, and the University of California, Berkeley, access to copies of my child’s academic records for the duration of the program and through completion of his/her post-secondary education. I understand that these records will be kept confidential and will be used to follow my child’s educational progress or to determine when extra scholastic services are needed on his/her behalf.

Automated Voice Call Waiver
I hereby authorize UC Berkeley’s Pre-College TRIO Upward Bound Math & Science Program, and the University of California, Berkeley to make automated calls or texts to my cell phone for program communication.

Program Commitment (Parent/Guardian)
I understand that by signing this document, I am authorizing the above-mentioned child to participate in the UC Berkeley Pre-College TRIO Upward Bound Math & Science Program (UBMS), if selected. I understand my son/daughter is making a two-year commitment to participate in all UB Program activities. My son/daughter will also complete the appropriate high school classes in preparation for enrollment to a four-year college or university. Before my child is accepted, I agree to submit my current year’s income verification form (attached). I understand that my child will not be considered for acceptance into the Upward Bound Math & Science Program if I fail to submit all required documents and signatures (see above).

I certify that all the information on this application is complete and accurate to the best of my knowledge.

Program Commitment (Student)
I understand that I am making a two year commitment to fully participate in all Upward Bound Math & Science Program activities, complete program requirements, and to pursue the appropriate high school college preparatory classes necessary for pursuing a math or science related degree at a four-year college or university.

Parent Signature: ___________________________________________ Date: ______________

Student Signature: ___________________________________________ Date: ______________

(Salmon)
Essay Component

On a separate sheet, please provide a typed response. All questions must be answered in order for your application to be considered. Please be thoughtful and clear in your answers.

Part I. Short Response: Please provide a brief response to all of the following questions (100-150 words per response)

1. What excites you about Math and Science and how do you see Upward Bound Math & Science supporting this interest?
2. What are your strengths and weaknesses, both in and out of school?
3. Describe one of you projects or activities that further your interest in a math/science topic?

Part II. Statement of Interest: Please provide a response to the following question (4050-500 words)

1. Please explain why you are interested in participating in the Upward Bound Math & Science Program and how your experiences have shaped your goals and aspirations.
Science Teacher Letter of Recommendation

Student’s Name: ______________________________________ School: _________________________________

TO THE STUDENT:
• Give this form to your current Science Teacher.

TO THE RECOMMENDER:
• The Upward Bound Math & Science Program is designed to assist students in preparing for and enrolling in the four-year college/university of their choice. You may nominate students who show potential, motivation and an interest in math and science, but may need additional support.
• The Recommendation Form is very important in the evaluation and selection of students.
• Recommendation Forms can be returned to the student or returned directly to our office (Pre-College TRIO Programs, 2150 Kittredge St. Suite 2C-1060, Berkeley, CA 94720-1060).

Recommender’s Name: _____________________________________________
Email address: __________________@______________________      Cell/Work Phone: (___) ______ – ____________

1. How long have you known the applicant?: ___________Years _____________Months _____________
   Under what circumstances? : ________________________________________________________

2. Based on your knowledge of the applicant, please rate his/her academic skills or performance:

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<th></th>
<th>Excellent</th>
<th>Average</th>
<th>Poor</th>
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3. Based on your knowledge of the applicant, please rate the applicant’s personal qualities:

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4. In your opinion, does this student have a serious interest in science? If yes, explain.

5. Are you aware of any current circumstances or problems that may affect the applicant’s commitment and/or performance in the Upward Bound Math & Science Program (financial background, family responsibilities, educational preparation, health or emotional aspects)?

6. What is your assessment of the student’s aptitude for studying science?

7. How would you characterize the candidate’s enthusiasm and interest in science?

8. School/Class Attendance (circle one): Excellent Good Poor

9. Recommendation for this student to be admitted to the Upward Bound Math & Science Program (circle one):
   strongly recommend recommend do not recommend

Signature: ___________________________________________   Date: __________
Math Teacher Letter of Recommendation

Student’s Name: ______________________________________ School: _________________________________

TO THE STUDENT:
• Give this form to your current Math Teacher.

TO THE RECOMMENDER:
• The Upward Bound Math & Science Program is designed to assist students in preparing for and enrolling in the four-year college/university of their choice. You may nominate students who show potential, motivation and an interest in math and science, but may need additional support.
• The Recommendation Form is very important in the evaluation and selection of students.
• Recommendation Forms can be returned to the student or returned directly to our office (Pre-College TRIO Programs, 2150 Kittredge St. Suite 2C-1060, Berkeley, CA 94720-1060).

Recommender’s Name: __________________________________

Email address: __________________@______________________ Cell/Work Phone: (___) ______ – __________

1. How long have you known the applicant?: ___________Years _____________Months
   Under what circumstances?: ________________________________________________________

2. Based on your knowledge of the applicant, please rate his/her academic skills or performance:

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4. In your opinion, does this student have a serious interest in academics? If yes, explain.

5. Are you aware of any current circumstances or problems that may affect the applicant’s commitment and/or performance in the Upward Math-Science Program (financial background, family responsibilities, educational preparation, health or emotional aspects)?

6. What is your assessment of the student’s aptitude for studying math?

7. How would you characterize the candidate’s enthusiasm and interest in math?

8. School/Class Attendance (circle one): Excellent Good Poor

9. Recommendation for this student to be admitted to the Upward Bound/Upward Bound Math & Science Program (circle one): strongly recommend recommend do not recommend

Signature: ___________________________________________ Date: ____________
Counselor Letter of Recommendation

Student’s Name: ______________________________________ School: _________________________________

TO THE STUDENT:
• Give this form to your current Counselor.

TO THE RECOMMENDER:
• The Upward Bound Math & Science Program is designed to assist students in preparing for and enrolling in the four-year college/university of their choice. You may nominate students who show potential, motivation and an interest in math and science, but may need academic assistance in order to succeed in college.
• The Recommendation Form is very important in the evaluation and selection of students.
• Recommendation Forms can be returned to the student or returned directly to our office (Pre-College TRIO Programs, 2150 Kittredge St. Suite 2C-1060, Berkeley, CA 94720-1060).

Recommender’s Name: ________________________________
Email address: __________________@______________________ Cell/Work Phone: (___) ______ – ________

1. How long have you known the applicant?: ___________Years _____________Months
   Under what circumstances?: ________________________________________________________

2. Based on your knowledge of the applicant, please list the student’s academic skills or performance:
   a. GPA (unweighted/weighted A-G):
      9th Grade _____/_____ 10th grade _____/_____ 11th grade _____/_____  
   b. Has the student completed Algebra 1:
      □ No
      □ Yes (grade completed): ____________________________________________
   c. Score:
      CAHSEE: ___________ PSAT Score: ___________ SAT Score: ___________
   d. Applicant’s academic needs as checked below will be used to prioritize selection. Check all that apply.
      □ Low Grade Point Average
      □ Low achievement test scores
      □ Low educational aspirations
      □ Lack of career goals
      □ Rural Isolation
      □ Limited English Proficiency
      □ Lack of confidence, social skills
      □ Predominately low income community
      □ Learning Disability
      □ Interest in career in math and science

3. Based on your knowledge of the applicant, please rate the applicant’s personal qualities:

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4. Is the student on track to complete the admission requirements to apply to a four-year university?

5. Are you aware of any current circumstances or problems that may affect the applicant’s commitment and/or performance in the Upward Bound Math & Science (financial background, family responsibilities, educational preparation, health or emotional aspects)?

6. What is your assessment of the student’s relative strengths, weaknesses and abilities; and his/her potential for benefiting from participation in the Upward Bound Math & Science Program?

7. School/Class Attendance (circle one): Excellent Good Poor

8. Recommendation for this student to be admitted to the Upward Bound Math & Science Program (circle one): strongly recommend recommend do not recommend

Signature: ___________________________________________ Date: ________________
UC Berkeley Pre-College TRIO Programs
Upward Bound Math & Science Program

INCOME VERIFICATION FORM

Student’s Name: ______________________________________   School: ______________________________________

I, ____________________________________________, am the parent/guardian financially responsible for the applicant.

(Parent’s Name)

1. Did your family receive any income during 2013-2014 from public assistance programs such as welfare, TANF, Social Security, disability, etc.?  ☐ Yes  ☐ No

   If yes, list program(s):

   ______________________________________________________

2. Have you or your family ever participated in any publically funded programs such as subsidized housing, employment/training programs (i.e. CETA), school lunch programs, etc.?  ☐ Yes  ☐ No

   If yes, list program(s):

   ______________________________________________________

Please fill out section A or B, depending on your situation.

A. If you filed a 1040 or 1040A for 2012:

   1040 Form – Enter amount from Line 43
   $ _______________________________

   1040A Form – Enter amount from Line 27
   $ _______________________________

   Total number of exemptions claimed (Line 6d): ____________________________

   OR

B. If you did not file a 1040 or 1040A for 2012:

   List your estimated income
   $ ________________________________

   I supported _________ persons (including self and dependents) in the household during this period.

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Parent Signature: __________________________________________________________________________ Date: ___________________
FORMULARIO PARA VERIFICAR INGRESOS

Nombre del Estudiante: ______________________________________ Escuela: _______________________________________

Yo, ________________________________________________, soy padre/madre/encargado legal responsable económicamente por el solicitante.

1. ¿Su familia ha recibido algun ingreso durante el año 2013-2014 de parte de los programas de asistencia publica como bienestar, TANF, Social Security, discapacidad, etc.?  O Sí  O No

Si sí, favor de apuntar los programas:

2. ¿Usted o su familia alguna vez ha participado en algún programa financiado públicamente como viviendas, programas de empleo y formación (es decir, CETA), programas de almuerzo, etc.?  O Sí  O No

Si sí, favor de apuntar los programas:

Favor de rellenar la sección A ó B, dependiendo de su situación.

A. Si ud. presentó el formulario 1040 ó 1040A en 2012, favor de completar esta sección:

Si presentó el formulario 1040 – Anote la cantidad de la Línea 43
Si presentó el formulario 1040A – Anote la cantidad de la línea 27

$ ____________________________ $ ____________________________

Número de dependientes reportados en el formulario 1040/1040A (línea 6d): _____

B. Si usted no presentó ni el formulario 1040 ni 1040A en 2012:

Indique un promedio de su ingreso anual: $ ____________________________

Yo apoyé a ____ personas económicamente (inclúyase y a sus dependientes) en mi hogar durante este tiempo.

Bajo penas de perjurio (jurar en falso), prometo que he revisado esta formulario y a mi leal conocimiento y saber y que toda la información es verdadera, correcta, y completa.

Firma de Padre: ___________________________________________ Fecha: ________________

(Rosa)