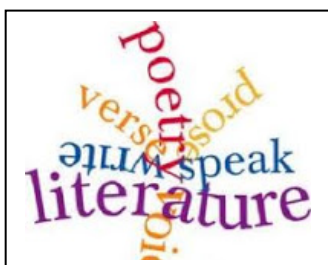
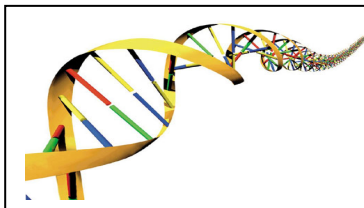




IMPROVE YOUR SKILLS, IMPROVE YOUR MIND, IMPROVE YOUR LIFE



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, Suite 1600 SSB
Chicago, Illinois 60607
(312) 996-5046
(312) 996-9298 Fax
Website: <http://studentaffairs.uic.edu/trio/>

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 Laurence Dunbar Vocational Career Academy
- Percy L. Julian High School
- John Marshall Metropolitan High School
- Carl Schurz High School
- Sarah E. Goode Stem Academy
- Roberto Clemente' Community Academy

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 benefits award letter
- Department of Human Services award letter

(Effective **January 15, 2020** until further notice)For family units with more than eight members, add the following amount for each additional family member: \$6,720 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,400 for Alaska; and \$7,725 for Hawaii.

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$19,140	\$23,925	\$22,020
2	\$25,860	\$32,325	\$29,745
3	\$32,580	\$40,725	\$37,470
4	\$39,300	\$49,125	\$45,195
5	\$46,020	\$57,525	\$52,920
6	\$52,740	\$65,925	\$60,645
7	\$59,460	\$74,325	\$68,370
8	\$66,180	\$82,725	\$76,095

For family units with more than eight members, add the following amount for each additional family member: \$6,720 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,400 for Alaska; and \$7,725 for Hawaii.

5. Submit a completed 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 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, Suite 1600 SSB
Chicago, Illinois 60608

STUDENT APPLICATION

TRIO/Upward Bound Program (M/C 343)
University of Illinois at Chicago
1200 W. Harrison, Suite 1600
Chicago, Illinois 60607
(312) 996-5046 Fax: (312) 996-9298

Name: _____ Date of Birth: _____
Last First Mi. mm/dd/yyyy

Social Security Number: _____ - _____ - _____ Gender: _____ Male _____ Female

Address: _____
Street Apt. No. City State Zip Code

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) _____

Is the participant eligible to apply for financial aid? _____ Yes _____ No

High School: _____
Name Address City State Zip

Current Grade Level: ___ 9 ___ 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: _____
Sherwin Whitaker, Assistant Director

Date of Enrollment: _____ **20** _____

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 1600

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. _____

Source	Amount Received	Source	Amount received
Social Security	\$ _____	Unemployment Benefits	\$ _____
Public Aid	\$ _____	Alimony/Child Support	\$ _____
Veteran's Benefits	\$ _____	Other Non-Taxable Income (pension, retirement, etc.)	\$ _____

**Taxable Income Before Deductions
(Use Figures from U.S. Tax Forms)**

Total 2019

Estimated 2020

Father, Stepfather, Male Guardian	\$ _____	\$ _____
Mother, Stepmother, Female Guardian	\$ _____	\$ _____
Total Taxable Income	\$ _____	\$ _____

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

Name	Age	Relationship	Social Security No.

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 is true, correct, accurate, and complete. I agree to provide additional documentation, if necessary, to verify that the information reported in this statement is true.

Print Parent or Guardian Name

Signature of Parent or Guardian

Date

PRIMARY COUNSELOR RECOMMENDATION

TRIO/Upward Bound Program (M/C 343)

University of Illinois at Chicago
1200 W. Harrison, Suite 1600
Chicago, Illinois 60607
(312) 996-5046 Fax: (312) 996-9298

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 Telephone Number: (Home) _____ (Cell) _____

School Name: _____ School ID#: _____

Counselor Name: _____

Grade Level: _____
(2020-2021 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.

<u>Leadership</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Attitude</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Behavior</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Self – Motivation</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Independence</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Academic Ability</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Verbal/Public Speaking</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Citizenship</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

**TEACHER
RECOMMENDATION**

TRIO/Upward Bound Program (M/C 343)

University of Illinois at Chicago
1200 W. Harrison, Suite 1600
Chicago, Illinois 60607
(312) 996-5046 Fax: (312) 996-9298

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: _____
(2020-2021 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? _____



Medical Consent Form

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. _____

TRIO/Upward Bound Program (M/C 343)

University of Illinois at Chicago

1200 W. Harrison, Suite 1600

Chicago, Illinois 60607

(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

Date



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.



Release of Media

Date: _____

Participant: _____
Last Name First Name

I, the undersigned, voluntarily grant to the University of Illinois at Chicago, without compensation, the permission to use photographs, videotape, audiotape, name and/or basic information about myself to illustrate its programs and services.

Address: _____

State: _____ Zip Code: _____

Phone: (_____) _____ - _____

Student Signature: _____

Parent/Guardian Signature: _____