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/](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 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.

<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>$19,140</td>
<td>$23,925</td>
<td>$22,020</td>
</tr>
<tr>
<td>2</td>
<td>$25,860</td>
<td>$32,325</td>
<td>$29,745</td>
</tr>
<tr>
<td>3</td>
<td>$32,580</td>
<td>$40,725</td>
<td>$37,470</td>
</tr>
<tr>
<td>4</td>
<td>$39,300</td>
<td>$49,125</td>
<td>$45,195</td>
</tr>
<tr>
<td>5</td>
<td>$46,020</td>
<td>$57,525</td>
<td>$52,920</td>
</tr>
<tr>
<td>6</td>
<td>$52,740</td>
<td>$65,925</td>
<td>$60,645</td>
</tr>
<tr>
<td>7</td>
<td>$59,460</td>
<td>$74,325</td>
<td>$68,370</td>
</tr>
<tr>
<td>8</td>
<td>$66,180</td>
<td>$82,725</td>
<td>$76,095</td>
</tr>
</tbody>
</table>

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

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) ________________

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 toParticipant: ___________________________________________________________

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
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 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. ______

<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>(pension, retirement, etc.)</td>
</tr>
</tbody>
</table>
PARENTAL INCOME STATEMENT Cont’d

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

<table>
<thead>
<tr>
<th></th>
<th>Total 2019</th>
<th>Estimated 2020</th>
</tr>
</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 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
TO THE STUDENT:

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

Student’s Name: ___________________________________   ___________________________________    ___________

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.

<table>
<thead>
<tr>
<th>Quality</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Attitude</td>
<td></td>
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<tr>
<td>Behavior</td>
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</tr>
<tr>
<td>Self – Motivation</td>
<td></td>
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<tr>
<td>Independence</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Academic Ability</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Verbal/Public Speaking</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Citizenship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Overall, how would you rate this student’s ability to participate successfully 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.
TEACHER RECOMMENDATION

TO THE STUDENT:

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

Student’s Name: ____________________________  ____________________________  ____________________________  ____________________________

First                                                                                      Last                                                                                      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? ____________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
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 Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class Preparation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</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

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  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: ________________________________________________