This application is for participation in the Upward Bound Program at the University of South Carolina. The application requests information on the student’s background and family’s financial status, Recommendations from a high school teacher and school guidance counselor, and an essay about how the Upward Bound Program can help to meet your educational goals. Please review carefully and complete all information to ensure that your application receives full consideration for selection.

All applications must be returned to:

Upward Bound Program
University of South Carolina TRIO Programs
1400 Wheat Street
Columbia, SC 29208

Contact the Upward Bound Program at 803.777.3122 if you have any questions. You may also visit our website at http://www.sc.edu/trio/UB.html. for more information on the program.

**USC Upward Bound Application Checklist**

Please be sure you have completed all requirements for each section of the application.

Failure to complete and properly sign the application may result in it not being processed and possibly delaying consideration of your application for selection into the program.

Section 1: General Information

Section 2: Program Eligibility Information
(Include a copy of completed forms: 1040, 1040A, SC Tax Form or Taxable Income)

Section 3: Student Educational Information

Section 4: Writing Sample

Section 5: Release of Grades Form

Section 6: Parental Agreement Form

Section 7: High School Counselor Recommendation Form

Section 8: High School Teacher Recommendation Form
The Upward Bound Program at the University of South Carolina is a federally-funded program designed to provide participants with the skills and motivation necessary to enter and succeed in a program of post-secondary education. Our mission also includes providing an atmosphere that will help students reach their full potential. Upward Bound does this by providing a variety of educational, cultural and social activities designed to enhance students’ learning capabilities. USC Upward Bound provides services to 110 high school students from Richland County each year.

Upward Bound Program participants take part in various activities throughout the academic year and during the summer phase. Students are required to attend academic sessions where they receive tutoring, counseling, and other services to help them reach their goal of post-secondary education. Students are also required to complete at least one community service activity and one cultural activity with the program. Juniors are required to participate in at least one college tour during the academic year. Upward Bound also provides SAT, ACT, and college application fee waivers for each student. Seniors are required to apply to at least three colleges. All students also receive monetary stipends for their participation in the program.

During the summer phase, students have the opportunity to participate in courses that will prepare them for the next academic year with Richland One School District as well as a two week residency phase where students live on campus and are exposed to “college life.” During this phase students participate in cultural activities, community service events, academic competitions (scholars’ bowl) and college orientation activities.
Section 1: General Information

NAME:
_________________________________________________________________________________
(first) (middle) (last)
ADDRESS: ________________________________________________________________________
(mailing address)
_______________________________________________________________________________
(city) (state) (zip code)
HIGH SCHOOL: ____________________________________________________________ CURRENT GRADE:
________
GENDER: MALE ______ FEMALE ______ SOCIAL SECURITY NUMBER: __________ - __________ -
________
HOME PHONE: ( ) __________ - __________ DATE OF BIRTH: _______ / _______ / ______
EMAIL ADDRESS: ______________________________________________________________
EMERGENCY CONTACT PERSON: __________________________________________________
RELATIONSHIP TO APPLICANT: __________________________ EMERGENCY PHONE: ( ) __________ -
________
ARE YOU IN THE EDUCATIONAL TALENT SEARCH PROGRAM? YES _____ NO ______
ETHNIC/RACIAL BACKGROUND (CHECK ONE):
____ American Indian ______ Asian/Pacific Islander ______ Black/African American
____ Hispanic ______ Caucasian Specify Other ________________________________
CITIZENSHIP (CHECK ONE):
____ US Citizen ______ Territory ______ Permanent Visa ______ Other __________________

DID YOUR FATHER GRADUATE FROM A FOUR-YEAR COLLEGE? Yes _____ No _____
DID YOUR MOTHER GRADUATE FROM A FOUR-YEAR COLLEGE? Yes _____ No _____
IS YOUR FATHER/MALE GUARDIAN EMPLOYED? Yes _____ No _____
LIVING IN THE HOME? Yes _____ No _____
Section II continued

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR THE PARENT(S)/GUARDIAN(S) LIVING IN THE HOME WITH YOU:

Father or Male Guardian  
__________________________  
__________________________  

Mother or Female Guardian  
__________________________  
__________________________  

Employer Name  
__________________________  
__________________________  

Employer Name  
__________________________  
__________________________  

Employer Address  
__________________________  
__________________________  

Employer Address  
__________________________  
__________________________  

Employer Phone Number  
__________________________  
__________________________  

Employer Phone Number  
__________________________  
__________________________  

DID YOUR PARENT(S) OR GUARDIAN(S) FILE TAXES FOR THE PREVIOUS YEAR?  ____ YES  ____ NO

IF YES, PLEASE ATTACH A SIGNED COPY OF YOUR FEDERAL INCOME TAX RETURN

IF NO, PLEASE IDENTIFY AND LIST AMOUNTS FOR ANY ADDITIONAL INCOME RECEIVED IN THE HOUSEHOLD EACH MONTH:

WAGES/SALARIES  _____________  

PUBLIC ASSISTANCE  _____________  

SOCIAL SECURITY  _____________  

VETERAN’S BENEFITS  _____________  

OTHER  _____________

PLEASE LIST THE NAMES OF ALL YOUR SIBLINGS YOUNGER THAN 18 WHO LIVE IN THE HOME WITH YOU:

Name  
__________________________  

School  
__________________________  

Age  

Brother ___  Sister ___  

Name  
__________________________  

School  
__________________________  

Age  

Brother ___  Sister ___  

Name  
__________________________  

School  
__________________________  

Age  

Brother ___  Sister ___  

Name  
__________________________  

School  
__________________________  

Age  

Brother ___  Sister ___

PLEASE LIST THE NAME(S) OF ALL YOUR SIBLINGS WHO ATTEND COLLEGE:

Name  
__________________________  

School  
__________________________  

Brother ___  Sister ___  

Name  
__________________________  

School  
__________________________  

Brother ___  Sister ___  

Name  
__________________________  

School  
__________________________  

Brother ___  Sister ___  

Name  
__________________________  

School  
__________________________  

Brother ___  Sister ___  

Name  
__________________________  

School  
__________________________  

Brother ___  Sister ___  


Section 3: Student Educational Information

MY GRADES ARE USUALLY: (CHECK ONE) A’s _____ B’s _____ C’s _____ D’s _____ F’s _____

AFTER YOU GRADUATE FROM HIGH SCHOOL, WHAT TYPE OF SCHOOL DO YOU PLAN TO ATTEND?
   4 YEAR COLLEGE _____  2 YEAR COLLEGE _____  VOCATIONAL/TECHNICAL _____
OTHER ___ (SPECIFY) ________________________________________________

LIST THE CLUBS AND ACTIVITIES YOU PARTICIPATE IN AT SCHOOL:
______________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

LIST ANY OFFICES YOU HOLD IN YOUR CLUBS OR EXTRACURRICULAR ACTIVITIES:
______________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

LIST ANY HONORS YOU HAVE RECEIVED:
______________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

RATE YOURSELF ON EACH OF THE FOLLOWING TRAITS AS COMPARED WITH OTHER PEOPLE YOUR AGE. WE WANT AN ACCURATE ESTIMATE OF HOW YOU SEE YOURSELF. (MARK ONE IN EACH ROW.)

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<th>Trait</th>
<th>HIGHEST 10%</th>
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<td>LEADERSHIP ABILITY</td>
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By signing below I acknowledge and agree that all information in Sections 1 through 3 are accurate to the best of my knowledge at the time of completing this application. I also acknowledge that the misrepresentation of any requested information may result in my dismissal or disqualification from participation in the Upward Bound Program.

Parent/Guardian’s Signature ___________________________ Date ______/_____/______

Student’s Signature ___________________________ Date ______/_____/______
Section 4: Personal Essay

In 350 words or more write an essay that addresses the following questions:

- How do you handle academic challenges?
- How do you respond to discipline from your parents, teachers, and administrators?
- Why do you want to participate in Upward Bound?
- What are your short-term and long-term goals?
- How will Upward Bound help you in obtaining these goals?

________________________________________________________________________________________________
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USE THE BACK FOR ADDITIONAL SPACE
Section 5: Release of Grades

Sections 5 and 6 must be completed by the parent or guardian of the student who wishes to participate in the program. If you have any questions please contact the Upward Bound office at 803.777.3122.

STUDENT NAME: ___________________________________________   SSN: _____ - _____ - _____
HIGH SCHOOL: _______________________________________________  CURRENT GRADE: _________

I ___________________________, hereby grant permission to ___________________________ (parent/guardian)
_____________________________ (student)

to participate in the Upward Bound Program at the University of South Carolina. I declare that I support the goals of Upward Bound and will encourage my child to make a sincere effort to support the program. Also, I authorize the school counselors, school district office, middle school and high school officials, institutions, and/or agencies to release any record information to include transcripts and report cards, Power School information and access, EXPLORE, PLAN, ACT, SAT, PSAT, PASS, Individual Graduation Plans (IGP’s), academic, financial, demographic data and any other relevant information on my child’s behalf to the UB staff with the understanding that this information will be used only in regard to UB services and is protected by the Privacy Act (FERPA) which guide all federally funded programs.

In signing this release, I acknowledge on behalf of myself and my child that (1) I have read this document in its entirety, understand it, and sign it voluntarily as my own free act and deed; (2) no oral representations, statements, or inducements apart from the foregoing written agreement have been made; (3) I am at least eighteen years of age and fully competent; (4) I am the legal parent or guardian of my child and have the authority to sign on his/her behalf; and (5) I execute this document for full, adequate, and complete consideration fully intending to be bound by the terms set forth herein.

_________________________________________  ____________________
Parent/Guardian’s Signature    Date

_________________________________________  ____________________
Student’s Signature    Date
The following policies and procedures provide the basis for programming and structure for the University of South Carolina Upward Bound Program. Please read carefully and contact the Upward Bound Office should you have any questions. Further details on each item will be provided upon your acceptance into the program.

- Each parent is asked to participate in at least three enrichment activity/workshop during the academic year. A schedule of parent workshops and activities will be provided at the start of each academic phase.

- Each student is expected to bring books and other supplemental materials (paper, pens, homework, etc.) during the academic and summer components.

- Each student that receives below a B average in a subject is required to stay for an additional hour of tutoring during specified tutorial sessions. Students must continue to attend these sessions until the next report card is received and it has been proven that the student has received a “B” or better in that subject.

- Each student is required to participate in at least one community service during the academic year.

- Each student is required to attend at least one cultural activity during the academic year.

- Each student must attend at least one summer residential phase during his/her time in the program.

- All senior students are required to complete at least five (5) college applications. The counselor will provide fee waivers only for completed college applications. A copy of all college applications and acceptances must be submitted to the Upward Bound office.

- Each senior must attend a financial aid workshop. It is important that parents and students attend the workshop together in order to plan effectively for financing of the student’s education.

- The Upward Bound Parents’ Association sponsors scholarships for graduating seniors. Only those students and parents that are actively involved with the program will be eligible to receive scholarship funds.

- Student participation in Upward Bound is completely voluntary. The Upward Bound staff is not liable for any actions that occur during arrival or departure from the program site during Saturday programming. Upward Bound also does not assume responsibility for students that leave early and/or with another party outside of their immediate family, before, during, or after Upward Bound programming sessions.

My signature below acknowledges my willingness to support the above stated requirements for participation and involvement in the University of South Carolina Upward Bound Program:

_________________________________________________   _______/_____/_______
Parent/Guardian’s Signature                      Date

_________________________________________________   _______/_____/_______
Student’s Signature                                Date
Section 7: High School Counselor Recommendation Form

Please complete the following information and return it along with the teacher recommendation form to the USC Upward Bound Program in the envelope provided. Please note that a student’s application will not be processed until all information is received. Contact the Upward Bound office at 803.777.3122 if you have any questions.

| STUDENT NAME: ______________________________ | SSN: _______ - _______ - _______ |
| HIGH SCHOOL: _______________________________ | CURRENT GRADE: _______ |
| COUNSELOR: ________________________________ |                          |

1. STANDARDIZED TEST SCORES  
Exit Exam: ____________  
BSAP: ____________  
SAT: ____________  
ACT: ________  
Other: ________________________________

2. WHICH BEST DESCRIBES THE STUDENT’S CURRENT OR LAST ACADEMIC PROGRAM?  
College Preparatory _____  
Vocational _____  
Tech _____  
Remedial _____

3. PLEASE IDENTIFY THE STUDENT’S MAJOR NEEDS FOR ACADEMIC/SOCIAL ENRICHMENT?  
Communication Skills _____  
Math _____  
Natural Science _____  
Social Sciences _____  
Study Skills _____  
Cultural Enrichment _____  
Self-image _____  
Group Relations _____  
Writing Ability _____  
Test-Taking _____  
Specify any other needs ________________________________

4. IN YOUR OPINION, DO YOU FEEL THIS STUDENT HAS ACADEMIC POTENTIAL FOR POST-SECONDARY EDUCATION? Yes ___  
No ___

5. HOW DOES THE STUDENT RESPOND TO DISCIPLINE? DOES THE STUDENT HAVE A RECORD OF BEHAVIORAL PROBLEMS? PLEASE EXPLAIN.  
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

5. DO YOU RECOMMEND THIS STUDENT TO PARTICIPATE IN UPWARD BOUND? Yes ___  
No ___

6. COUNSELOR’S SUPPORTIVE STATEMENT (Please provide any information, if any, regarding student’s behavior inside the classroom): ________________________________  
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

7. PLEASE ATTACH A COPY OF THE STUDENT’S TRANSSCRIPT WITH VARIOUS TEST SCORES.
Section 8: High School Teacher Recommendation Form

TO THE TEACHER: Upward Bound provides academic support services and cultural enrichment to help students successfully enter and complete a four-year post-secondary institution. Please complete the following form and return to your school’s guidance department. Contact the Upward Bound Office at 803.777.3122 if you have any questions.

STUDENT NAME: ___________________________________________  CURRENT GRADE:  _________
TEACHER: ________________________________________   SUBJECT: _________________________

1. HOW LONG HAVE YOU KNOWN THIS STUDENT AND IN WHAT CAPACITY? ____________________
____________________________________________________________________________________
____________________________________________________________________________________

2. CIRCLE THE DEGREE TO WHICH THE FOLLOWING APPLIES TO THE APPLICANT.
(5 = Strongly Agree; 4 = Agree; 3 = Sometimes; 2 = Disagree; 1 = Strongly Disagree)

Student is involved and prepared for class.  5  4  3  2  1
Student has a positive attitude about the learning process.  5  4  3  2  1
Student consistently does class assignments.  5  4  3  2  1
Student is open to constructive criticism.  5  4  3  2  1
Student does more work than is required.  5  4  3  2  1
Student serves as a class leader.  5  4  3  2  1
Student responds to disciplinary action well.  5  4  3  2  1

3. TO WHAT EXTENT DO YOU BELIEVE THE APPLICANT COULD BENEFIT FROM THIS PROGRAM?
____________________________________________________________________________________
____________________________________________________________________________________

4. OTHER STATEMENTS YOU WISH TO MAKE ON BEHALF OF THIS APPLICANT: _________________
____________________________________________________________________________________
____________________________________________________________________________________

5. DOES THE STUDENT HAVE A HISTORY OF BEHAVIORAL OR DISCIPLINE PROBLEMS? PLEASE EXPLAIN:
____________________________________________________________________________________
____________________________________________________________________________________

TEACHER SIGNATURE _______________________________       DATE _____/_____/_______
COUNSELOR’S SIGNATURE _____________________________________________________________
DATE OF COMPLETION _____/_____/_______
NAME ___________________________________ SCHOOL ________________________ GENDER ______

ELIGIBILITY STATUS: ELIGIBLE ____ INELIGIBLE ____ ACCEPTED ____ ALTERNATE____

PFG/LI ____ LIO ____ PFGO ____ NFAS____

DATE ENROLLED: _____/_____/_____ DATE DROPPED: _____/_____/_____ INCOME: $____________

ACADEMIC NEED: (PLEASE CIRCLE ONLY ONE)
01 = Low high school grade point average
02 = Low achievement test scores
03 = Low educational aspirations
04 = Low high school grade point average and low educational aspirations
05 = Low high school grade point average and low achievement test scores
06 = Low achievement test scores and low educational aspirations
07 = Lack of opportunity, support, and/or guidance to take challenging college preparation courses
08 = Lack of career goals and/or need for accurate information on careers
09 = Limited proficiency in English
10 = Lack of confidence, self esteem, and/or social skills
11 = Predominantly low income community
12 = Rural isolation
13 = Interest in careers in math and science
14 = Other, please specify: ______________________________________________________________

______________________________________________________

PSAT SCORE: _______ TEST DATE: ___________ ACT’S PLAN SCORE: _______ TEST DATE:__________

SAT SCORE: Verbal _______ Math _______ ACT COMPOSITE SCORE: _______

TEST DATE: ______________ TEST DATE: ______________

HIGH SCHOOL CUMULATIVE GRADE POINT AVERAGE SCALE: (PLEASE CIRCLE)
1 = 4 Point Scale 2 = 5 Point Scale 3 = other

HIGH SCHOOL CUMULATIVE GRADE POINT AVERAGE (AT FIRST ENTRY INTO PROJECT) ______

HIGH SCHOOL CUMULATIVE GRADE POINT AVERAGE SCALE (AT END OF REPORTING PERIOD) ______

HIGH SCHOOL CUMULATIVE GRADE POINT AVERAGE (AT BEGINNING OF REPORTING PERIOD) ______

HIGH SCHOOL CUMULATIVE GRADE POINT AVERAGE (AT END OF REPORTING PERIOD) ______
The University of South Carolina provides equal opportunity and affirmative action in education and employment for all qualified persons regardless of race, color, religion, sex, national origin, age, disability, or veteran status. The University of South Carolina has designated as the ADA Title II, section 504 and Title IX coordinator the Executive Assistant to the President for Equal Opportunity Programs. The Office of the Executive Assistant for the President for Equal Opportunity Programs is located in Suite 405 of 900 Assembly Street, Columbia, SC 29208; telephone 803.777.3854.