

APPLICATION CHECKLIST

Form Name

APPLICATION PACKET CONTENTS



COMPLETE

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Page 11	Typed Essay - 250+ Words (see Page 5)	<input type="checkbox"/>
Page 12-14	Initial Student Interview (To be completed by Upward Bound Advising Specialist)	<input type="checkbox"/>

All items must be completed **IN FULL** including the 250 word essay as per instructions at the bottom of Page 5 .

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR FULL ADMISSION INTO THE UPWARD BOUND PROGRAM.

Student Name (PRINT): _____

School: _____



UPWARD BOUND provides fundamental support to participants in their preparation for college entrance. The program provides opportunities for participants to succeed in their precollege performance and ultimately in their higher education pursuits. Upward Bound serves high school students from low-income families and from families which neither parent holds a bachelor's degree. The goal of Upward Bound is to increase the rate at which participants complete secondary education and enroll in and graduate from institutions of postsecondary education.

How to apply:

Student (to be completed in ink)

1. Complete the Student Information Section (Page 2)
2. Complete the Student Personal Data Form (Page 5)
3. Write an essay of at least 250 words (Page 5)
4. Have the following recommendation forms completed by the:
 - Current or most recent Mathematics teacher (Page 6)
 - Current or most recent Science teacher (Page 7)
 - Current or most recent English teacher (Page 8)
 - Current teacher of any other academic class (Page 9)
 - Current school guidance counselor (Page 10)
5. Attach a copy of your most recent school transcript as per Page 10.

Parent/Guardian (to be completed in ink)

1. Complete Family Information sections (Pages 3 & 4).
2. Students who meet income guidelines for program participation will be given priority in the selection process. Complete the Statement of Income on Page 4. **This will need to be notarized.**

Return the completed application to your high school counselor. **If you are an Educational Talent Search student/participant you cannot participate in the Santa Fe College Upward Bound Program.**

Applications will be reviewed in the order they are received. Following a review of your application materials, you and your parents will be contacted to set up an interview with the Upward Bound staff. Please call (352) 395-7357 with any questions. Applications MUST be completely filled out. Incomplete applications will not be considered for full admission into the Upward Bound Program.

Santa Fe College is committed to an environment that embraces diversity, respects the rights of all individuals, is open and accessible, and is free of harassment and discrimination based on, but not limited to, ethnicity, race, creed, color, religion, age, disability, sex, marital status, national origin, genetic information, political opinions or affiliations, and veteran status in all its programs, activities and employment. **EA/EO notice** Inquiries regarding non-discrimination policies should be directed to: Lela Frye, Equal Access/Equal Opportunity Coordinator 3000 NW 83rd Street, R-Annex, Room 105, Gainesville, Florida 32606, (352) 395-5420, lela.frye@sfcollege.edu.

I. STUDENT INFORMATION

Name _____ Social Security # _____
 Mailing Address _____ Home Phone # _____
 _____ Cell Phone # _____
 E-mail address: _____
 Sex: M / F US Citizen: Yes / No Date of Birth: _____
 Ethnic Identification (check one):
 _____ White, Non-Hispanic _____ Black, Non- Hispanic _____ Hispanic _____ Asian _____ Other
 _____ Unweighted
 High School: _____ Current Grade: _____ GPA: _____

II. FAMILY INFORMATION PART A (Must be completed by the parent or legal guardian.)

Legal custodian E-mail: _____
 Mother/Guardian _____ Home Phone # _____
 Address _____ Cell Phone # _____
 (if different from above) _____ Work Phone # _____
 Occupation _____ Employer _____
 Did mother receive: High school diploma/GED _____ AA/AS Degree _____ BA/BS Degree _____

Legal custodian E-mail: _____
 Father/Guardian _____ Home Phone # _____
 Address _____ Cell Phone # _____
 (if different from above) _____ Work Phone # _____
 Occupation _____ Employer _____
 Did father receive: High school diploma/GED _____ AA/AS Degree _____ BA/BS Degree _____

We certify to the best of our knowledge the above information is correct. I authorize school personnel to release academic records, test scores and other relevant information to Upward Bound staff. I understand only authorized Upward Bound personnel will have access to this information. If asked by a program representative, we agree to furnish proof of the information provided in the application.

Applicant's Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____

II FAMILY INFORMATION PART B (must be completed by the parent or legal guardian)

Upward Bound is a federally funded program therefore information such as family income and educational completion must be gathered for each applicant being considered. This information will be kept strictly confidential.

Please list all persons who live in your household, **including the student**:

NAME	RELATIONSHIP TO STUDENT

Eligibility for Upward Bound is based on the income of your family (whether your income meets Federal guidelines is a factor of your wages earned and the number of persons in your family) and educational attainment. Please complete the Statement of Income on Page 4 and the information below.

Please respond to each of the following questions (circle):

Did family receive Aid to Families with dependent children (AFDC) last year? Yes / No This year? Yes / No

Did family receive other public assistance last year? Yes / No This year? Yes / No

I certify the above information is true and correct to the best of my knowledge. I agree to furnish proof to Upward Bound representatives.

Parent/Guardian Signature: _____ Date: _____



Statement of Income

Student's Name: _____

Student's Social Security Number: _____

Name(s) of Parents or Guardian: _____

Household Taxable Income: \$ _____ Number of people in household: _____

(See IRS Form e.g. Line 43 of IRS form 1040)

I understand that I am swearing or affirming to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

City State Zip Code

STATE OF FLORIDA
COUNTY OF ALACHUA/COUNTY OF BRADFORD

Sworn to or affirmed and signed before me this _____ day of _____, 20_____

By _____

Printed Name of Notary Public or Deputy Clerk

NOTARY PUBLIC: Print, Type or stamp commissioned name of notary or deputy clerk.]

- _____ Personally know
_____ Produced Identification

Type of identification: _____

My Commission Expires: _____

UB OFFICE USE ONLY
Meet Did Not Meet Staff: _____ Date: _____

STUDENT PERSONAL DATA FORM

TO BE COMPLETED BY THE STUDENT

PART I (please complete the following):

I participate in the following school activities (e.g. music groups, clubs, student government, sports):

I participate in the following non-school activities (e.g. church youth group, Boy Scouts):

My hobbies, talents or leisure activities include:

My best subjects in school are:

Academically I feel I need additional help in the following subjects:

What colleges are you interested in attending?

If you plan to attend college, what is your intended major?

PART II (please attached a **typed essay of at least 250 words** answering *one* of the following questions):

1. Why do you want to participate in the Upward Bound Program?
2. What do you expect to gain from your participation in the Upward Bound Program?

MATH TEACHER RECOMMENDATION

TO BE COMPLETED BY THE STUDENT'S CURRENT OR MOST RECENT MATH TEACHER

Student 's Name: _____ Course: _____

This student is applying to participate in the **Santa Fe College Upward Bound Program**. Upward Bound is designed to provide academic enrichment and personal support to assist students who have the academic potential to graduate from high school and pursue postsecondary education. Please comment on the student's abilities and deficiencies by completing this form. Any information provided will be considered confidential. Your cooperation is greatly appreciated. Please return form to the student or place in the Upward Bound Mail Box in the front office.

Please rate using the following scale (circle):

	Poor	Below Average	Average	Above Average	Excellent
Knowledge of basic math concepts	1	2	3	4	5
Ability to relate basic math skills to practical applications	1	2	3	4	5
Knowledge of elementary algebraic functions	1	2	3	4	5
Study habits	1	2	3	4	5
Academic ability/potential	1	2	3	4	5
Academic motivation	1	2	3	4	5
Classroom behavior	1	2	3	4	5

Please answer the following questions:

1. What is the student's current grade in your class? _____
2. If this student is to succeed in postsecondary education, what specific needs should be addressed?
3. Please comment on your perception of the student's maturity, cooperativeness, reliability and motivation to succeed academically.
4. Do you recommend the above named student for participation in the Santa Fe College UPWARD BOUND PROGRAM? _____Yes _____No

Teacher's Signature _____ Date _____

SCIENCE TEACHER RECOMMENDATION

TO BE COMPLETED BY THE STUDENT'S CURRENT OR MOST RECENT **SCIENCE TEACHER**

Student 's Name: _____ Course: _____

This student is applying to participate in the **Santa Fe College Upward Bound Program**. Upward Bound is designed to provide academic enrichment and personal support to assist students who have the academic potential to graduate from high school and pursue postsecondary education. Please comment on the student's abilities and deficiencies by completing this form. Any information provided will be considered confidential. Your cooperation is greatly appreciated. Please return form to the student or place in the Upward Bound Mail Box in the front office.

Please rate using the following scale (circle):

	Average	Above Average	Excellent	Poor	Below Average
Academic ability	1	2	3	4	5
Potential for college	1	2	3	4	5
Academic Motivation	1	2	3	4	5
Classroom behavior	1	2	3	4	5
Study Skills	1	2	3	4	5

Please answer the following questions:

1. What is the student's current grade in your class? _____
2. If this student is to succeed in postsecondary education, what specific needs should be addressed?
3. Please comment on your perception of the student's maturity, cooperativeness, reliability and motivation to succeed academically.
4. Do you recommend the above named student for participation in the Santa Fe College UPWARD BOUND PROGRAM? ____Yes ____No

Teacher's Signature _____ Date _____

ENGLISH TEACHER RECOMMENDATION

TO BE COMPLETED BY THE STUDENT'S CURRENT OR MOST RECENT ENGLISH TEACHER

Student 's Name: _____ Course: _____

This student is applying to participate in the **Santa Fe College Upward Bound Program**. Upward Bound is designed to provide academic enrichment and personal support to assist students who have the academic potential to graduate from high school and pursue postsecondary education. Please comment on the student's abilities and deficiencies by completing this form. Any information provided will be considered confidential. Your cooperation is greatly appreciated. Please return form to the student or place in the Upward Bound Mail Box in the front office.

Please rate using the following scale (circle):

	Poor	Below Average	Average	Above Average	Excellent
Written communication skills	1	2	3	4	5
Oral communication skills	1	2	3	4	5
Reading comprehension skills	1	2	3	4	5
Study skills	1	2	3	4	5
Academic ability/potential	1	2	3	4	5
Academic motivation	1	2	3	4	5
Classroom behavior	1	2	3	4	5

Please answer the following questions:

1. What is the student's current grade in your class? _____
2. If this student is to succeed in postsecondary education, what specific needs should be addressed?
3. Please comment on your perception of the student's maturity, cooperativeness, reliability and motivation to succeed academically.
4. Do you recommend the above named student for participation in the Santa Fe College UPWARD BOUND PROGRAM? _____ Yes _____ No

Teacher's Signature _____ Date _____

TEACHER RECOMMENDATION
TO BE COMPLETED BY THE TEACHER OF ANY ACADEMIC CLASS

Student 's Name: _____ Course: _____

This student is applying to participate in the **Santa Fe College Upward Bound Program**. Upward Bound is designed to provide academic enrichment and personal support to assist students who have the academic potential to graduate from high school and pursue postsecondary education. Please comment on the student's abilities and deficiencies by completing this form. Any information provided will be considered confidential. Your cooperation is greatly appreciated. Please return form to the student or place in the Upward Bound Mail Box in the front office.

Please rate using the following scale (circle):

	Poor	Below Average	Average	Above Average	Excellent
Academic ability	1	2	3	4	5
Potential for college	1	2	3	4	5
Academic motivation	1	2	3	4	5
Classroom behavior	1	2	3	4	5
Study Skills	1	2	3	4	5

Please answer the following questions:

1. What is the student's current grade in your class? _____
2. If this student is to succeed in postsecondary education, what specific needs should be addressed?
3. Please comment on your perception of the student's maturity, cooperativeness, reliability and motivation to succeed academically.
4. Do you recommend the above named student for participation in the Santa Fe College UPWARD BOUND PROGRAM? _____ Yes _____ No

Teacher's Signature _____ Date _____

SANTA FE COLLEGE UPWARD BOUND PROGRAM

Counselor Recommendation Form

Upward Bound is designed to provide academic enrichment and personal support to assist students **who have academic potential** to graduate from high school and to pursue post secondary education. In order to participate in the program a student must be from a low-income family or a first generation college student. The student must also have a cumulative grade point average of 2.0 or above indicating the potential to succeed in higher education. Your comments will assist us in both selecting students and providing services to enhance academic performance and motivation. *Any information provided will be considered confidential.*

Student's Name _____ School _____
 FL Student ID# _____ Current Grade _____ Credits Earned _____ Cumulative (Unweighted) GPA _____

Do you receive Lunch Program: Free / Reduced / Regular _____

Disabling conditions/ESE services: Yes / No If yes, explain _____

To your knowledge has this student had any social, physical (health) or social/emotional problems? Yes / No
 If yes, explain _____

Number of absences last school year _____ Ever retained? Yes / No If yes, what grade _____
 Discipline: referrals / suspensions / expulsions? Yes / No _____

ACHIEVEMENT TESTING

FCAT 2.0 Reading _____ 8th grade Algebra 1 EOC _____
 FCAT 2.0 Reading _____ 9th grade Biology 1 EOC _____
 FCAT 2.0 Reading _____ 10th grade Geometry EOC _____

Please rate the following (circle):

	Poor	Below Average	Average	Above Average	Excellent
Academic ability	1	2	3	4	5
Potential for higher Ed	1	2	3	4	5
Motivation	1	2	3	4	5
Classroom behavior	1	2	3	4	5

To the best of your knowledge which of the services and activities provided by the Upward Bound program would assist this student in meeting educational goals?

Tutoring SAT/ACT Preparation
 Study Skills Attitude Toward Learning Leadership Development
 Personal Counseling College Planning Career Planning
 Assistance with high school course selection Cultural Awareness/Enrichment

Please provide any additional information which will assist us in assessing the student's personal and academic strengths as a potential participant in the Upward Bound Program.

Counselor's Signature _____ Date _____

Also attach the student's transcript -- the student will not be considered until a transcript is received.