

Palau Community College
UPWARD BOUND MATH/SCIENCE CENTER
Application Form
rev. 9/8/05

Application Checklist

Please use this sheet to check off what forms you have and are complete. Submit this in with the Application Package. Make sure that all necessary signatures are complete or your application cannot be processed.

Student Name: _____

Social Security Number _____

Application Deadline is

Applications received first, will have priority consideration.

- _____ Upward Bound Math/Science Center Application (pages 2-4)
- _____ High School Transcript (10th /11th) or Elementary Transcript (9th)
- _____ Confidential Parent/Guardian Information (pages 4-5)
- _____ Income Verification such as _____ Wage & Tax Statement or Equivalent
- _____ Parental Consent Form (page 6)
- _____ Two Recommendation Forms (page 7 - 10)
- _____ Proof of Citizenship (Copy of a Valid Passport or Birth Certificate)

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Please provide us with your current class Schedule.

Period	Subject	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My two most favorite courses are: _____
My two least favorite courses are: _____

Place an **X** by the classes you have taken in school. If you are currently taking the course(s), place a **C** next to the class. **Please attach a copy of your current transcript.**

Current GPA: _____

- | | | |
|--------------------|-----------------------|----------------------------|
| _____ Algebra I | _____ General Science | _____ Literature |
| _____ Algebra II | _____ Biology | _____ Computer Application |
| _____ Geometry | _____ Chemistry | _____ Foreign Language |
| _____ Trigonometry | _____ Physics | _____ |
| _____ Other _____ | | _____ |

Extracurricular Activities, Honors and Accomplishments

List your high school activities and clubs. Include any leadership positions held. _____

What sports do you like to participate in? Are you on any teams at school? _____

Describe any community activities or volunteer work that you do. _____

What are your hobbies? _____

List any honors or achievements not mention above. _____

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Name of Mother / Stepmother / Guardian (circle):

Last First Mi.

Employment: _____

Work Phone () _____ Home Phone () _____

Education (circle highest year completed)

Elementary 0 1 2 3 4 5 6 7 8 High School 9 10 11 12

College 13 14 15 16 17+

Have you Completed a Bachelor's Degree? Yes _____ No _____

How many **dependent** children do you have? _____

Please give their names and ages below. **Please begin with the applicant:**

Name	Age	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Please complete the following. Please write 0 in any category that does not apply.

Income From Employment (Before Deductions) \$ _____
Retirement Benefits \$ _____
Social Security Benefits \$ _____
Other Income or Benefits \$ _____

Please attach a copy of your _____ Wage & Tax Statement OR verification of source(s) of income.

Your signature certifies, to the best of your knowledge, that the information supplied above is correct.

Signature or Parents/Guardian

Date

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Parental Consent Form

PARENT STUDENT CONSENT TO RELEASE INFORMATION

The U.S. Department of Education requires that the Upward Bound Math/Science Center staff have copies of official high school transcripts, test scores and other records for each active student participant of the Program. Accordingly, we request your consent to release the following documents listed below:

I authorize _____ High School to release official transcripts, test scores and other records to the Upward Bound Math/Science Center staff for evaluation and documentation of services, as required by the U.S. Department of Education.

Signature of Parent or Guardian

Date

Signature of Student

Date

PARTICIPATION AND MEDICAL CONSENT

I hereby give permission for _____ to participate in the Upward Bound Math/Science Center which includes all related field trips and activities during the project year to be held at Palau Community College Campus. I understand that Palau Community College, the Palau Community College Board of Trustees, the U.S. Department of Education, and employees of the Upward Bound Math/Science Center are not liable for accidents, injuries, or any other liability that may arise through a program function. In the case of an injury, I grant permission for _____ to receive any medical attention deemed necessary, by qualified medical personnel, during the entire time that he or she (listed within) is enrolled in Upward Bound Math/Science Center.

PARENT: Every reasonable precaution will be taken to provide for the safety and care of your son or daughter. Every effort will be made to notify you in the event of an accident or injury which may require emergency care. If you cannot be contacted, permission is granted to the Director of Upward Bound Math/Science Center or other UBMS staff, to seek medical attention. You hereby assume financial responsibility for hospitalization and medical care provided.

Signature of Parent or Guardian

Date

Work Phone: () _____ Home Phone: () _____

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Recommendation Form

TO THE STUDENT: Please have your Teacher or School Counselor fill out this recommendation form for you.

Applicant's Name _____
Last First Mi.

Social Security No. _____

TO THE RECOMMENDER: The Upward Bound Math/Science Center is designed to strengthen the Math and Science skills of the participating students. Students who show potential but need motivational and/ or academic or other personal assistance in order to enroll and succeed in college in the areas of Math and Science may apply. We offer classroom instruction, mentoring, tutoring, college and career guidance, and personal and financial aid counseling. Please be as specific as possible in your remarks, and provide information asked for on this form. Thank you very much for taking the time to fill this form out.

Your Name _____ Position _____
School/Organization _____ Phone () _____
Address _____
Street or PO Box City State Zip

1. How long have you known the applicant? ____ years ____ months
2. Based on your knowledge of the applicant, check how you rate his/her academic skills and potential to succeed. (Please check)

Academic skills	Outstanding	Above Average	Average	Need Improvement
Writing Skills				
Reading Skills				
Math Skills				
Science Skills				
Study Skills				
Communication Skills				
Academic Achievement				
Academic Potential				

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3. Check how you rate applicant's characteristics and motivation.

Characteristics & Motivations	Strongly Agree	Agree	Somewhat Agree	Disagree
Has positive self image				
Demonstrates leadership capability				
Self starter, has intellectual curiosity				
Is highly motivated and willing to learn				
Survives frustrating experiences, is tolerant of minor disappointment				
Works well with peers				
Respect rules and people in authority				
Possesses interpersonal skills				

4. What other qualities come to mind that best describe applicant? _____

5. Are you aware of any current circumstances or problems which might affect the applicant's performance in this program (e.g., financial background, family responsibilities, educational preparation, health)? _____

6. What is your assessment of the student's potential and motivation to succeed in his/her educational goal?

7. I Strongly Recommend Recommend Recommend with Reservation
 Do not recommend that this student be admitted to the Upward Bound Math and Science Center.

Signature _____ Date _____

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Palau Community College

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