# APPLICATION FOR ADMISSION

University of Cincinnati Upward Bound Program  
College of Education, Criminal Justice, and Human Services  
Teachers College, Suite 230/238  
2610 McMicken Circle, P.O. Box 210118  
Cincinnati, Ohio 45221-0118  
(513) 556-1625 (office) (513) 556-3007 (fax)  
Email: upward.bound@uc.edu  
Website: www.uc.edu/upwardbound

<table>
<thead>
<tr>
<th>DATE</th>
<th>GRADE</th>
<th>SCHOOL</th>
<th>NAME OF COUNSELOR OR FACILITATOR</th>
</tr>
</thead>
</table>

**IF 8TH GRADER, PLEASE INDICATE SCHOOL OF CHOICE FOR NEXT YEAR:**

**PROGRAM OF STUDY:** (X where appropriate)  
- [ ] College Preparatory  
- [ ] General  
- [ ] Vocational  
- [ ] Special Education

**FIRST NAME**  
**MI**  
**LAST NAME**

**HOME ADDRESS**  
**CITY**  
**STATE**  
**ZIP**

**CURRENT TELEPHONE NUMBER**  
**CELLULAR TELEPHONE NUMBER**

**E-MAIL ADDRESS**

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NUMBER</th>
<th>BIRTHDATE</th>
<th>GENDER</th>
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</table>
| __________ - ________ - ________ | _____ - _____ - _____ | [ ] Male  
[ ] Female |

**ARE YOU A U.S. CITIZEN?**  
- [ ] Yes  
- [ ] No

**PLEASE INDICATE RACE**  
- [ ] American Indian / Alaska Native  
- [ ] Black or African American  
- [ ] Asian or Pacific Islander  
- [ ] Hispanic or Latino  
- [ ] White  
- [ ] Biracial  
- [ ] Other

What is your current grade point average? __________  
What is your anticipated graduation date? __________

Have you passed the Ohio Graduation Test?  
- [ ] Yes  
- [ ] No

If not, which parts are you still required to pass?  
- [ ] Writing  
- [ ] Reading  
- [ ] Mathematics  
- [ ] Social Studies  
- [ ] Science

*Please attach a copy of your latest Ohio Graduation Test scores with this application.*
### PARENT(S) YOU ARE CURRENTLY LIVING WITH

*(Please indicate name and relationship of person(s) if other than legal mother and father)*

- [ ] MOTHER  
- [ ] FATHER  
- [ ] BOTH  
- [ ] OTHER  

### PARENT(S) OR LEGAL GUARDIAN(S) INFORMATION

**MOTHER OR GUARDIAN’S**

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
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**HOME ADDRESS**

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<th>HOME ADDRESS</th>
<th>CITY</th>
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**SOCIAL SECURITY NUMBER**

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<th>SOCIAL SECURITY NUMBER</th>
<th>DATE OF BIRTH</th>
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**COLLEGE DEGREE?**

- [ ] Yes  
- [ ] No  

**IF YES, CHECK DEGREE(S) RECEIVED.**

- [ ] ASSOCIATE  
- [ ] BACHELOR  
- [ ] MASTER  
- [ ] DOCTORATE

**Please indicate place of employment:**

<table>
<thead>
<tr>
<th>Title of position</th>
<th>Annual Salary</th>
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**Work Telephone Number:**

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<tr>
<th>Work Telephone Number</th>
<th>Fax</th>
<th>E-mail Address</th>
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### PARENT(S) OR LEGAL GUARDIAN(S) INFORMATION

**FATHER OR GUARDIAN’S**

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
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**COLLEGE DEGREE?**

- [ ] Yes  
- [ ] No  

**IF YES, CHECK DEGREE(S) RECEIVED.**

- [ ] ASSOCIATE  
- [ ] BACHELOR  
- [ ] MASTER  
- [ ] DOCTORATE

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</table>
Applicant’s Name______________________________________________________________
Social Security Number_________________________________ Date of Birth____________________

Mother’s or Guardian’s Name______________________________________________________
Social Security Number_________________________________ Date of Birth____________________

Father’s or Guardian’s Name______________________________________________________
Social Security Number_________________________________ Date of Birth____________________

Parent(s) Total Annual Income

How many members of the household are supported by this income? _________________________________

Source(s) of income:

☐ ADC  ☐ Social Security  ☐ Supplemental Security Income
☐ Child Support  ☐ Employment  ☐ Worker’s Compensation

List all siblings who live with applicant

Signature of Mother or Guardian__________________________________ Signature of Father or Guardian______________________________

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION:

A copy of last year’s Income Tax Form, OWF, Food Stamp or Medicaid Benefit documentation, Social Security/Supplemental Security Benefit Letter, or Worker’s Compensation Benefit letter, and your son/daughter’s most recent transcript.
I, ________________________________________, DECLARE THAT ALL
INFORMATION GIVEN IS CORRECT AND COMPLETE TO THE BEST OF MY
KNOWLEDGE.

_________________________________
PARENT OR GUARDIAN’S SIGNATURE

_________________________________
NOTARY PUBLIC’S SIGNATURE

SUBSCRIBED AND SWORN TO ME THIS DAY _____________________20 _________
AT __________________________________ COUNTY, STATE OF __________________.
TO BE COMPLETED BY A PRINCIPAL, COUNSELOR, OR TEACHER (PLEASE SEND WITH TRANSCRIPTS, WHICH SHOULD INCLUDE ALL GRADES, STANDARDIZED TEST SCORES AND ATTENDANCE RECORDS).

Please complete and send directly to:
University of Cincinnati
Upward Bound Program
Teachers College, Suite 230/238
Mail Location 0118
Cincinnati, Ohio 45221-0118
(513)556-1625

The application will not be processed without this form.

________________________ has applied for admission to the Upward Bound Program. Please check the rating that best describes his or her character.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<tbody>
<tr>
<td>1. Mental Abilities</td>
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<td>2. Academic Achievement</td>
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<td>3. Interest Academic Work</td>
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<td>4. Perseverance</td>
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<td>5. Social Behavior/Citizenship</td>
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<td>6. Emotional Stability</td>
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<td>7. Outlook in Life</td>
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<tr>
<td>8. Physical Health</td>
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<tr>
<td>9. Cleanliness and General Appearance</td>
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</table>

ATTENDANCE (Please provide attendance date for current school year and previous year):

<table>
<thead>
<tr>
<th></th>
<th>Times Absent</th>
<th>Times Tardy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Year</td>
<td></td>
<td></td>
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<tr>
<td>Previous Year</td>
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</tbody>
</table>

SUSPENSIONS/EXPULSIONS:
Please indicate if the student has been suspended and/or expelled from school within the past two years?

☐ Yes  ☐ No

If yes, please state the reason:

Reference Signature

Name of School

Street Address

City __________________________ State __________________________ Zip __________________________

Telephone __________________________

Completed by (please check one): Principal ☐ Counselor ☐ Teacher ☐
I HEREBY AUTHORIZE THE RELEASE OF MY HIGH SCHOOL AND COLLEGE TRANSCRIPTS:

I. All high school grades, attendance, punctuality, schedules, truancy, and disciplinary records;

II. PSAT, ACT, SAT, Ohio Graduation Test and other Standardized Test Scores; and

III. All college grades, test scores, course schedules, financial aid records, progress reports, and billing information held by colleges/universities attended and those on record with the Ohio Department of Education and the National Student Clearinghouse.

Student Signature

Parent/Guardian Signature

Student Date of Birth

Student Social Security Number

UNIVERSITY OF CINCINNATI UPWARD BOUND PROGRAM
PHOTO RELEASE

I hereby acknowledge that pictures will be taken throughout the program by Upward Bound staff, students, and others. I hereby give Upward Bound permission to place my child’s image on Upward Bound, University of Cincinnati, and TRIO Program-related publications, public displays, and websites.

Student Signature

Parent/Guardian Signature
I hereby give my permission for to receive medical services at the University of Cincinnati Student Health Services Center or at the nearest hospital during the time he/she is in the Upward Bound Program at the University of Cincinnati. I understand that these services must be covered by my insurance policy. Upward Bound does not pay for medical or dental services.

Parent or Guardian’s Signature ______________________________________            Date________________________

<table>
<thead>
<tr>
<th>FirstName</th>
<th>MI</th>
<th>LastName</th>
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<table>
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<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<td></td>
<td></td>
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</table>

Current Phone Number

__-__-______

Social Security Number

__-__-______

Birth Date

__-__-______

Gender

Male [ ] Female [ ]

PAST MEDICAL INFORMATION

Have you ever been hospitalized? [ ] YES [ ] NO

If yes, indicate the reason:

Are you on any medication? [ ] YES [ ] NO

Indicate any current medical problems:

Name of family physician, clinic and/or hospital:

THIS SECTION MUST BE COMPLETED BY THE PHYSICIAN

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Abnormal</th>
<th></th>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Blood Vessels</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Abdomen</td>
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<td></td>
<td></td>
<td></td>
<td>Liver</td>
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<td></td>
<td>Spleen</td>
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<td></td>
<td></td>
<td></td>
<td>Skeletal</td>
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</tbody>
</table>

Please check appropriate box

Skin

Nose

Teeth

Chest

Heart
If abnormal, describe briefly in space below:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Physician’s Signature

Date

<table>
<thead>
<tr>
<th>Weight:</th>
<th>Height:</th>
<th>Blood Pressure</th>
</tr>
</thead>
</table>

ENT Exam:

Eyes: [ ] Normal  [ ] Abnormal

If abnormal, please indicate your recommendations:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Laboratory:</th>
<th>Protein:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine:</td>
<td></td>
</tr>
<tr>
<td>Hematocrit:</td>
<td></td>
</tr>
<tr>
<td>Chest x-ray:</td>
<td></td>
</tr>
</tbody>
</table>

Immunizations:

<table>
<thead>
<tr>
<th>Polio</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
</tr>
<tr>
<td>Other(s)</td>
<td></td>
</tr>
</tbody>
</table>

Final recommendations:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
1. What is your career goal?

2. What is the name of your school?

3. What is the name of your community (Avondale, Lincoln Heights, etc.)?

4. Please rank the following statements in order of importance from 1 through 10 (1 being the most important, 10 being the least important). Please use the numbers from 1 through 10 only once (for example: 3, 10, 1, 4, 8, 6, 9, 5, 7, 2).

<table>
<thead>
<tr>
<th>Statement</th>
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</thead>
<tbody>
<tr>
<td>I need to improve my grade point average.</td>
</tr>
<tr>
<td>I need to improve my achievement test scores.</td>
</tr>
<tr>
<td>I need more opportunity, encouragement, and counseling to take the challenging courses that will prepare me for college.</td>
</tr>
<tr>
<td>I am unsure of my career goals and need more information on careers.</td>
</tr>
<tr>
<td>I need to improve my use of the English language.</td>
</tr>
<tr>
<td>I need to have more confidence in my abilities.</td>
</tr>
<tr>
<td>I need to understand, accept and like myself better.</td>
</tr>
<tr>
<td>I need to improve how I interact with others socially.</td>
</tr>
<tr>
<td>I need to improve my behavior in the classroom.</td>
</tr>
<tr>
<td>I need to become a more disciplined person in regards to my homework and test preparation.</td>
</tr>
</tbody>
</table>
In your own words and handwriting, please use all of the space below to explain why you want to become a member of the Upward Bound Program. How will the program help you to meet your college and career goals?
**OFFICE USE ONLY:**

Student Name: ________________________________

Eligibility:

☐ 1 = Low-Income and First Generation
☐ 2 = Low-Income Only
☐ 3 = First Generation Only

Academic Need (Grade Point Average = GPA):

☐ 01 Low High School GPA
☐ 02 Low achievement test scores
☐ 03 Low educational aspirations
☐ 04 Low High School GPA and low educational aspirations
☐ 05 Low High School GPA 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 Predominately low income community
☐ 12 Rural isolation
☐ 13 Interest in careers in math and science
☐ 14 Other

**Certification:**

My signature certifies that the above student meets the eligibility criteria for membership in the Upward Bound Program as established by the U.S. Department of Education and is hereby accepted into the program.

Director: ________________________________ Date: ________________________________
Upward Bound
is a pre-college program administered by the U.S. Department of Education and the University of Cincinnati. It is designed to motivate and provide academic skills for eligible students interested in education beyond high school.

Summer Program for Grades 9 through 12
Each Upward Bound student spends six weeks of the summer at the University of Cincinnati, living in the college dormitories with other Upward Bound students. They attend academic classes and personal development activities aimed at equipping them with the skills necessary to succeed in college. Courses are taught by skilled instructors whose primary concern is the student. Students receive guidance, tutoring, room and board, recreation, and travel. A Summer Food Program is also available to all students regardless of race, national origin, sex, or disability.

Academic Year Program for Grades 9 through 12
The Academic Year Program which convenes from October to May is the second phase of Upward Bound. During this period students come to the University of Cincinnati campus for tutoring and academic counseling. Tutoring sessions are conducted by U.C. juniors, seniors, and graduate students. Students also attend classes on Saturday mornings, receiving instruction in reading, mathematics, science, and writing proficiency. Personal, career, and academic counseling are also provided.

Summer Bridge Program for High School Graduates
Upward Bound graduates (called Bridge students) are eligible to take courses free of charge at the University of Cincinnati. They may register for one or two college courses and live in one of the dormitories. Bridge students receive tuition, room and board, books, academic guidance, recreation, cultural exposure, and travel free of charge.

Upward Bound Eligibility Requirements
1) The applicant must be an excellent school citizen with a good attendance record.
2) To receive consideration, the applicant must be enrolled or scheduled to enroll in the 9th-11th grades in the following high schools:
   Aiken
   Hughes Center
   Mt. Healthy
   North College Hill
   Princeton
   Western Hills
   Withrow
   Woodward
   Taft
   Schroeder Paideia
3) The applicant must meet federal “Low Income” guidelines or be a first generation college-bound student. (Parent(s) living in household must have less than a Bachelor’s Degree).

How to Apply
Secure an application form from the school counselor, the Upward Bound office located on the University of Cincinnati’s main campus, or the Upward Bound website (www.uc.edu/upwardbound).

Submit the completed application forms and all necessary documents (including proof of income, report card, medical evaluation, etc.) to the Upward Bound office. Failure to provide complete information will delay processing of the application.

All applicants will receive an response by mail or telephone. Those who meet the program requirements will be invited in for a meeting in September or March.