



Dear Applicant:

The Upward Bound Math and Science (UBMS) Program at New Covenant Community Development Center is a federally funded educational program which prepares high school students for college and careers in the fields of math and science. The UBMS Program at NCCDC serves Union County students attending Monroe High and Forest Hills High School. Students must have completed the 8th grade at the time of admission into the program.

If you are interested in participating in the Upward Bound Math & Science Program, please follow the below instructions in order to complete the application process:

- (1) Complete the entire application packet by supplying all of the required information as outlined.
- (2) Submit a copy of parent's 1040 or 1040A Income Tax Return for the previous year. (Tax return must include parent's signature).
- (3) Submit a copy of student's high school transcript or most recent report card and test scores.
- (4) Sign the Release Form so that your school's guidance department will release your academic records to Upward Bound Math & Science Program.
- (5) Submit two (2) letters of recommendation: One (1) from an academic teacher(math/science) and one (1) from your high school counselor.
- (6) Return the completed application to: **Upward Bound Math & Science Program, Attn: Jasmine Huntley, 402 E. Hudson St. Monroe, NC 28112**, or email to **newcovenantcdctrio@gmail.com**

Your application cannot be processed without completing all of the requested information. Once your application has been received, you will be notified by mail of your application status. If you have any questions, please contact our office at (704) 226-1702. Thank you for your interest in our Upward Bound Math & Science Program.

Sincerely,

Jasmine Huntley

Jasmine Huntley
Program Coordinator
NCCDC Upward Bound Math & Science Program

Upward Bound Math & Science Program
New Covenant Community Development Center
402 E. Hudson St. Monroe, NC 28112
(704) 226-1702 Fax (704) 283-7665

For Office Use only	
Taxable Income \$ _____	Household Size _____
Eligibility Codes:	
<input type="checkbox"/> LI/FG <input type="checkbox"/> FG <input type="checkbox"/> Military <input type="checkbox"/> LI <input type="checkbox"/> Disabled <input type="checkbox"/> Foster/Homeless	
Coordinator's Signature _____	
First Service Date: ____/____/____	Initials: _____

Upward Bound Math & Science is a federally funded program designed to assist students who wish to continue their studies beyond the high school level with the exploration of college and career opportunities.

STUDENT INFORMATION

Name: _____ Social Security#: _____
 First MI Last

Address: _____ City: _____ State: ____ Zip: _____

Home Phone #: _____ Student Cellular Phone #: _____

E-mail Address: _____ Student School ID#: _____

Date of Birth: ____ / ____ / ____ Age: _____ Sex: M or F Current Grade Level: 8 9 10 11 12

Name of Middle/or High School: _____ T-Shirt size: **S M L XL XXL**

Expected High School Month and Graduation year: (MM/YY) ____ / ____

Citizenship: US Citizen or Permanent Resident If Resident, Card Number: _____

Ethnicity: Are you Hispanic/Latino? Yes ____ No ____

Race: Am. Ind. /Alaska Native _____ Asian _____ Black/African American _____

Native Hawaiian/Other Pacific Islander _____ White _____ Multiple Races _____ Other _____

Facebook: _____ Twitter: _____

NEEDS ASSESSMENT

1	I would like to attend college after graduating from high school.	Yes	No
2	I would like to participate in classes that will prepare me for the SAT and/or ACT.	Yes	No
3	I would like to attend college fairs to speak to various college representatives.	Yes	No
4	I would like to attend college visits in state and out of state.	Yes	No
5	I would like to develop stronger study skills/test taking skills.	Yes	No
6	I would like academic assistance in Math, Science, and English and/or Foreign Languages.	Yes	No
7	I would like assistance with preparing for the End of Course (EOC) exams.	Yes	No
8	I would like to explore careers in the STEM (Science, Technology, Engineering and Math) fields.	Yes	No
9	I would like to learn about a more rigorous course load that should be taken to prepare for college.	Yes	No
10	I would like to learn more about college admissions requirements and online college tools.	Yes	No
11	I would like to learn about college characteristics regarding college selection.	Yes	No
12	I would like to learn more about financial economic literacy, financial aid and scholarships.	Yes	No
13	I have an interest in pursuing a career in the STEM (Science, Technology, Engineering and Math) field.	Yes	No
14	McKinney Vento Act: I am currently sharing housing due to economic hardships or loss of housing, awaiting foster care placement, living in a foster home, residing in a group home or an emergency /transitional shelter.	Yes	No

Student's Signature

Date

FAMILY INFORMATION FORM

This information is needed to certify eligibility for the Upward Bound Math & Science Program

ALL INFORMATION ON THIS FORM WILL BE HELD STRICTLY CONFIDENTIAL.

Mother (please circle one: Parent/Guardian): _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Facebook: _____ Twitter: _____
Highest Grade Completed: High School _____ Some College: 1 2 3 4 Bachelor's Degree _____

Father (please circle one: Parent/Guardian): _____
Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Facebook: _____ Twitter: _____
Highest Grade Completed: High School _____ Some College: 1 2 3 4 Bachelor's Degree _____

Medical History

Does your child have a physical impairment, medical condition, emotional or psychological problems, or Disability? Yes No

If yes, please list: _____

Does your child take any type of medication? Yes No

If yes, please list: _____

Does your child have any allergies? Yes No

If yes, please list: _____

Income Verification

Did you file income taxes this year? Yes No

If yes, please submit a signed copy of your completed income tax form (**1040, 1040A, 1040EZ**).

Family Income

What is your family's ***Taxable Income** for last year? (**1040-line43; 1040A-line 27; 1040EZ-Line 6**)

\$ _____

PLEASE DO NOT USE YOUR ANNUAL SALARY.

Please circle all that apply

Do you receive Public Assistance (TANF, SNAP, Social Security, or Disability)? Yes _____ No _____

How many people reside in your household? _____

My signature certifies that the above information is correct to the best of my knowledge. I understand that this information is confidential and will only be used for income verification for the Upward Bound Math & Science Program at New Covenant Community Center.

Signature of Parent/Guardian

Date

**NEW COVENANT COMMUNITY DEVELOPMENT CENTER
UPWARD BOUND MATH & SCIENCE PROGRAM
RELEASE FORM**

Student's Name: _____ **School:** _____

Student ID # at School: _____

The information requested on this form will be utilized to assist us in providing services for your child. To provide the most effective services, we may need to obtain information from several sources such as your child's school of enrollment, testing agencies, counselors, social workers, etc. **ALL INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL IN COMPLIANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT.**

SCHOOL RECORDS

As the parent and/or guardian of _____, I grant Upward Bound Math & Science permission to obtain school records, and test results from the secondary school my child is attending. I will also permit Upward Bound Math & Science staff to speak with teachers, counselors, and other school administrators at my child's school in order to obtain and exchange information as part of the services my child will receive from the Upward Bound Math & Science Program. I authorize the Upward Bound Math & Science Program to access or release copies of my child's progress reports and/or test scores that are necessary to assist my son/daughter in achieving his/her educational goals.

WAIVER OF LIABILITY

As parent and legal guardian of the above-mentioned student, I authorize and permit my child to participate in field trips, activities, and events offered by the Upward Bound Math & Science Program. I understand that my child may be leaving his/her school campus or New Covenant Community Development Center and may be transported by the Upward Bound Math & Science staff at New Covenant Community Development Center. I agree that New Covenant Community Development Center, the Upward Bound Math & Science Program, the Union County School System, nor the school my child is attending, and anyone associated with New Covenant Community Development Center will not be held liable for any loss, injury, or death related to any field trips, or events. Further, I agree to hold New Covenant Community Development Center, Upward Bound Math & Science, Advisory Committee members, officers, staff, volunteers, the Union County School System, and the school my child is attending harmless from any claims whatsoever occasioned in any of the situations that I have agreed, that Upward Bound Math & Science at New Covenant Community Development Center shall not be held liable.

In the event that my child, _____ is involved in a medical emergency, I authorize the Upward Bound Math & Science staff to make decisions regarding immediate medical attention (hospitalization, administration of prescribed medications, doctor treatment, etc.) if they are unable to contact me for verbal authorization.

Insurance Name and Number: _____

Medicaid Card Number: _____

Emergency Contacts:

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

MEDIA RELEASE

Periodically, students participating in Upward Bound Math & Science Program events may be photographed, filmed, or interviewed. As the parent and/or legal guardian of _____, I grant permission for my child to participate in photographs, films, social media or interviews as they pertain to the Upward Bound Math & Science Program and I understand that such pictures, films, social media, or interviews may be used to promote or publicize the Upward Bound Math & Science events or demonstrate how federal funds are being used to assist students.

Parent's Signature

Date

Student's Signature

Date

Counselor/Principal Recommendation Form

Student: _____
(Name) (School)

Counselor: _____
(Name) (School Phone) (Email)

Current GPA: _____ GPA Scale: _____

PSAT: Verbal _____ Written _____ Math _____

STUDENT GRADE REPORT/TRANSCRIPT MUST BE ATTACHED

The U.S. Department of Education requires us to include the following information for each student in our Annual Performance Report.

1. Did this student meet the 10th-12th grade State Academic Achievement Standard in Reading/language arts?
 - Yes, student met standard. The grade level the student was most recently assessed was: _____
 - No, student did not meet standard
 - Not applicable, student did not take the assessment test

2. Did this student meet the 10th-12th grade State Academic Achievement Standard in Math?
 - Yes, student met standard. The grade level the student was most recently assessed was: _____
 - No, student did not meet standard
 - Not applicable, student did not take the assessment test

	POOR	_____	_____	_____	EXCELLENT
Overall academic potential:	1	2	3	4	5
Motivation:	1	2	3	4	5
Self-discipline:	1	2	3	4	5
Self-reliance:	1	2	3	4	5
Perseverance:	1	2	3	4	5
Cooperativeness:	1	2	3	4	5
Ability to get along with others:	1	2	3	4	5
Regard for rules/regulations:	1	2	3	4	5
Math/science ability:	1	2	3	4	5

- Your overall assessment of this student:**
- Highly recommend**
 - Recommend with reservation**
 - Do not recommend**

Please provide additional comments, as appropriate. We would appreciate comments concerning the student's potential for college-level work and a career in mathematics or science.

Counselor's Signature: _____ Date: ____ / ____ / ____

Upward Bound Math Science
 New Covenant Community Development Center
 402 E. Hudson St., Monroe, NC 28112



Math/Science Teacher Recommendation Form

Dear Teacher:

This student is applying for admission into Upward Bound Math & Science Program at New Covenant Community Development Center. Your assessment of this student is an integral element in the selection process. Please fax the completed Recommendation Form to (704) 283-7665. You may also return the completed Recommendation Form to the student in a sealed envelope to submit with his/her completed student application. Should you have any questions or concerns, please feel free to contact us at (704) 226-1702.

Student's Name _____ Grade Level _____ School _____

Class/Course Subject name: _____ Current Class/Course Grade _____

Please place an "x" in the appropriate column for each characteristic listed below:

STUDENT CHARACTERISTICS	No 1	Low 2	Neutral 3	High 4
Ability to obtain and/or maintain a B in your class or better				
Has shown interest in Math, Science or Engineering related fields				
Has shown or expressed commitment toward completing a college preparatory curriculum				
Has shown interest in post-secondary education				
Capable of completing college level work				
Completes all or most of assignments				
Potential to perform well in math and/or science, but need academic support				
Works up to academic potential in your class				
Is cooperative in academic/social settings				

Your overall assessment of this student:

- Highly recommend**
- Recommend with reservation**
- Do not recommend**

Does this applicant have any of the academic needs below? (Check all that apply.)

- | | | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Low GPA | <input type="checkbox"/> Limited English proficiency | <input type="checkbox"/> Interest in careers in math and/or science |
| <input type="checkbox"/> Low achievement test scores | <input type="checkbox"/> Resides in predominantly low-income community | <input type="checkbox"/> Lack strong writing/study skills |
| <input type="checkbox"/> Rural isolation | <input type="checkbox"/> Lack of confidence, self-esteem and/or social skills | <input type="checkbox"/> Lack of career goals |
| <input type="checkbox"/> Lack of support to take challenging college prep courses | <input type="checkbox"/> Other _____ | |

Please comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the student's participation in the Upward Bound Math Science Program.

Print Name & Title _____ Telephone: _____

Signature _____ Date _____

Please return recommendation to: New Covenant Community Development Center, Upward Bound Math & Science Program, 402 E. Hudson St. Monroe, North Carolina, 28112 or fax (704) 283-7665. If you have any questions, please call us at (704) 226-1702. Thank you for your help!