

New Covenant Community Development Center
TRIO Upward Bound Math and Science Program

SUMMER COMPONENT 2026



WINGATE
UNIVERSITY



New Covenant

A hands-on college experience where education and activities intersect to create an unforgettable adventure.

June 8 - July 23

newcovenantcdc.com

New Covenant Community Development Center Upward Bound Math and Science Program

- **Commuter**

- **Week 1:** @TRIO Office (402 E. Hudson St. Monroe, NC 28112) June 8th – June 11th [8:15 am - 11:30 am]
- **Week 2:** @Wingate University June 15th – June 18th (Drop off at Cafeteria) [7:00 am - 4:30 pm]

- **Residential:** Dorm Assignment TBD

Monday – Thursday classes will begin at 8:00 am, Friday morning pickup is at 11:00 am at dorm)

- **Move-In/ Welcome Cookout:** June 21st - 2:00 pm (Move-In), 3:00 pm (Welcome Cookout, @Campus Lake)
- **Week 1:** June 22nd – June 26th
- **Off week:** June 29th – July 3rd (July 4th Holiday)
- **Week 2:** July 5th (Move back into dorm @5:00 pm) - July 10th (Pick up @11:00 am)
- **Week 3:** July 12th (Move back into dorm @5:00 pm) – July 17th(Pick up @11:00 am)

- **Cultural Enrichment Trip (Atlanta, Georgia)**

- **Depart:** July 19th
- **Return:** July 23rd

- **Annual TRIO Banquet**

- July 25th, 2026
- 5:00 pm
- Rosa Bell Event Center (402 East Hudson Street Monroe, NC 28112)

Summer Program Closeout

- Program Evaluation: July 16th
- Collection of staff records and classroom materials

Wingate University Class Schedule

Summer Class Schedule:

Breakfast	7:00 am - 7:50 am
Class 1	8:00 am - 8:55 am
Class 2	9:00 am - 9:55 am
Class 3	10:00 am - 10:55 am
Class 4	11:00 am - 11:55 am
Lunch	12:00 pm - 12:55 pm
Class 5	1:00 pm - 1:55 pm
Class 6	2:00 pm - 2:55 pm
Class 7	3:00 pm - 3:55 pm
Class 8	4:00 pm - 4:30 pm
Dinner	5:30 pm

Points To Remember

- ▶ Weekly Check-In Sundays, 5:00 pm
(If arriving after 5:45 pm, you must notify the Academic Coordinator)
- ▶ Weekly Check-Out Fridays, by 11:00 am
- ▶ REMEMBER! While in the dormitory at Wingate University, **KEEP YOUR DOOR LOCKED AT ALL TIMES!** If you go outside or just next door, please lock your door and keep your belongings safe. All students should lock their doors when inside their room to keep you and your belongings safe. **BE SAFE and always check in and out with the NCCDC Staff.** This is grounds for immediate dismissal from the UBMS Program.
- ▶ **Participants may be picked up only by those persons listed on the Parental Consent for Child Pick-Up Form.** The person picking up students must show I.D. before the students will be allowed to leave with them.
- ▶ No scheduled laundry days.
- ▶ **Every meal is mandatory attendance, even if you do not want to eat.**
- ▶ Nightly room checks are at 10:00 pm and lights out by 11:00 pm
- ▶ Review the dress code before you pack! **NO** two-piece swimwear!
- ▶ **Be responsible. Follow the rules and regulations** to keep you happy and safe. Absolutely, no horseplay! Now is the time for you to experience a fun-filled summer. You can make your own fun by being happy and sharing a smile or you can complain and wear a frown alone. When it's all said and done enjoy your summer!
- ▶ **Lost Keys are \$100, Lost Meal Cards are \$25, Lockouts are \$5 each occurrence! Lockout fee will come out of your summer stipend.**

Summer Program

The Summer Program of Upward Bound/ Upward Bound Math & Science is very much like a summer school with added fun activities and opportunities to enhance you socially and academically. Participants will experience the life of a commuter student and a residential student while getting a head start on next year's courses.

Checklist Of Things To Bring

_____ Blanket and Sheets (To fit Twin XL bed)
_____ Pillow and Pillow Case
_____ Towel and Wash Cloths
_____ Clothes
_____ Personal Items (Soap, deodorant, sanitary supplies, toothpaste, toothbrush, comb, brush, and other desired toiletries)

_____ Cell Phone
_____ Phone Charger
_____ Headphones
_____ Clothes Hangers

May bring if desired:

_____ Insect Repellent
_____ Laundry Supplies

_____ Shower Shoes

UCPS is allowing participant to keep their laptops until end of summer component this year. TBD
Clothing: Include suitable and respectable clothing for school wear, dress wear (males include a tie and female a nice dress), play wear and rain wear. Please bring a sweater/jacket for those occasions when classrooms/buildings utilized during the summer are extremely cold).

No short-shorts, halter tops, bikini/ two-piece swimsuits, crop tops, sagging pants or do-rags permitted.

Participants may wish to bring a small amount of money for personal spending. The stipend will not be available until the end of the summer session.

- **MP3 PLAYERS/CELL PHONES MUST NOT BE HEARD AND/OR ANSWERED DURING ANY UBMS SESSIONS!**
- **NO WEAPONS – NO HOT PLATES**

SECURITY OF PERSONAL BELONGINGS IS THE STUDENT'S RESPONSIBILITY. KEEP YOUR DOOR LOCKED AT ALL TIMES.

LOST KEYS ARE \$100; LOST CARDS ARE \$25; LOCKOUTS ARE \$5 EACH OCCURRENCE. Lockout fee will come out of your Summer Stipend.

Summer Standard of Conduct

Participants Residing in the dormitory during the Summer Component re governed by the following rules:

1. Respect your advisors and yourself at all times.
2. Clean up behind yourself
3. Be courteous to others.
4. No profanity.
5. No horseplay.
6. No running in buildings.
7. No yelling in buildings.
8. No slamming doors.
9. Be in room by 10:00 pm.
10. Quiet time(s) and study time must be observed.
11. Be prepared and ready eh day for classes.
12. Be on time for meals, transportation, and all activities.
13. No lewd or inappropriate behavior or language.

Students who violate any of the above rules will receive a hearing within three (3) days of the offense. Recommended sanctions are as follows:

1st Offense: In-room quiet time.

2nd Offense: Counseling session with Resident Advisor. Recommendation of level of discipline will be determined by RA and given to Director.

3rd Offense: Recommend Expulsion from dormitory. Recommendations will be forwarded to Director.

Note: Some offenses result in immediate expulsion from campus, removal of privilege to attend summer trip, and/or dismissal from the UMBS Program.

Statement of Clarification

I certify that I have read, understand, and agree to abide by the summer standards of conduct. I understand that NCCDC or Wingate University is not liable for any cost incurred for self-inflicted injuries as a result of horseplay.

UMBS Participant

Date

Parent Signature

Date

Staff: _____

Date: _____

Student and Parent Letter of Understanding

As a participant in the Upward Bound Summer Program, I understand and agree that:

I. I am responsible for following procedures for checking in and out at the appropriate times and leaving only with persons authorized by my parent or guardian. I understand that all persons who pick me up, other than my parent or guardian, must present proper identification to resident staff and must be listed on the student pick-up form. All students must be checked out before departure.

II. I cannot possess a vehicle for my personal use at any time while I am a resident Wingate University.

IV. No UBMS participants of the opposite sex are to be in my room at any time!

V. Room check will be at 10:00 pm every night, and lights are out at 11:00 pm After 11:00 pm, I will not disturb others with loud music, television or conversation.

VI. For my personal safety, I WILL KEEP MY DOOR LOCKED AT ALL TIMES.

VII. I will act responsibly and not abuse the privilege of using the telephone and will suffer any and all consequences that may arise from any abuse.

VIII. I will not horseplay because it can result in injury.

Statement of Clarification

I certify that I have read, understand, and agree to abide by the above rules. I understand that NCCDC or Wingate University is not liable for any cost incurred for self-inflicted injuries as a result of horseplay.

UMBS Participant

Date

Parent Signature

Date

Witnessed By:

Staff: _____

Date: _____

Information Update

First Name: _____ Middle: _____ Last: _____
Birthrate: _____ Age: _____ Sex: _____ Race: _____
Parents Cell #: _____ Students Cell #: _____
Parent's Email: _____ Student's Email: _____
Effective Date (today's date): _____

Any Changes to Report?

Yes: _____ No: _____ If yes, list the change: _____

With Whom Do You Live?

Mother: _____	Father: _____
Address: _____ _____	Address: _____ _____
Telephone #: _____	Telephone #: _____
Place of Business: _____	Place f Business: _____
Work #: _____	Work #: _____

Guardians Name (other than parent): _____
Relationship: _____ Telephone #: _____
Address: _____ City: _____ Zip: _____
Place of Business: _____ Work #: _____

List Two Emergency Contact Persons

Name: _____	Relationship: _____
Address: _____	Telephone #: _____
Place of Business: _____	Work Number: _____

Name: _____	Relationship: _____
Address: _____	Telephone #: _____
Place of Business: _____	Work Number: _____

Participants Name: _____

Parental Consent for Child Pick-Up

Parents, if you are unable to pick up your child on Fridays by 11 :00 am, you must sign this form giving another person authorization to pick up your child. Only the persons listed on this form will be allowed to pick up your child (Use the back if necessary). Please provide all the information requested so that we can ensure the safety of your child in the event that you are not able to pick him/her up. Persons picking up your child will be required to show identification (picture ID) until the resident staff has become familiar with them. If at any time you need to add a name to this list, please provide it in writing with parental signature. No names will be taken over the telephone. This is for the protection and safety of your child.

List any and all persons, other than yourself, who will be authorized to pick up your child. (You may add other names on the back of this sheet.)

Name _____ **Relationship** _____

Address _____ **Telephone Number** _____

Name _____ **Relationship** _____

Address _____ **Telephone Number** _____

Name _____ **Relationship** _____

Address _____ **Telephone Number** _____

Name _____ **Relationship** _____

Address _____ **Telephone Number** _____

Name _____ **Relationship** _____

Address _____ **Telephone Number** _____

Name _____ **Relationship** _____

Address _____ **Telephone Number** _____

Parent's Signature

Date

Prescription Drug Record

Participant's Name: _____ **Date:** _____

Do you suffer from any medical condition in which you must take prescription medication?

Yes No Please list: _____

What is the name of the prescription drug(s)? _____

What is the dosage and how often do you take it? _____

Do you suffer from any food allergies? Yes No Please list: _____

Name of doctor and phone #: _____

Do you give your child permission to take over-the-counter Tylenol or Motrin? _____

PLEASE NOTE: Parents/students must inform program of all medical conditions (such as asthma, allergies, epilepsy, etc.) that may limit activities or prevent participation in trips. These trips may require prolonged walking, climbing stairs and exposure to extreme temperatures (heat/cold). Therefore, medication must be provided for all trips. Medications must be in original container with your child's name labeled.

MEDICATION(S) MUST BE PROVIDED FOR STUDENT(S) TO ATTEND ALL TRIPS.

USE OF DRUGS:

No one on the UBMS staff is trained to handle persons who exhibit behaviors directly related to the use of alcohol or other drugs. Therefore, anyone caught using or reported exhibiting behaviors attributable to alcohol or drug use will be sent home immediately. No time will be spent on hearings or lengthy discussions about this matter. If student is in need of emergency care, Police Services and Emergency Personnel will be contacted.

Statement of Clarification

I certify that I have read and understand the above statement and agree with it in its entirety.

Parent Signature

Date

Request For Roommate Assignment

NAME: _____

SCHOOL: _____ GRADE: _____

ROOMMATE CHOICES:

1st: _____

2nd: _____

3rd: _____

4th: _____

* PLEASE NOTE:

We will try to honor your first choice if at all possible. However, choices must be mutual. If you do not choose your roommates, they will be selected for you.

All roommate assignments will be honored by both students and UBMS personnel. The roommate assignments are permanent unless a room change is required for space or discipline. Make sure that the person you choose is someone you can get along with and tolerate.

NO ROOMMATE CHANGES WILL BE PERMITTED.

Participant Name: _____

Out-Of-Town Agreement

1. PARENT/STUDENT MUST PROVIDE PRESCRIPTION MEDICATION FOR STUDENTS WITH ILLNESSES THAT MAY LIMIT ACTIVITIES AND/OR PARTICIPATION IN ANY AND ALL TRIPS.
2. PARTICIPANTS WHO ADDRESS STAFF MEMBERS OR BUS DRIVER(S) IN A MANNER THAT MAY BE CONSIDERED RUDE, OFFENSIVE AND DISRESPECTFUL WILL BE PENALIZED.
3. PARENTS WILL ASSUME RESPONSIBILITY FOR ANY AND ALL TELEPHONE CHARGES OR DAMAGES CAUSED TO HOTEL(S) DURING OUT-OF-TOWN TRIPS.
4. PARTICIPANTS MUST ATTEND ALL SCHEDULED ACTIVITIES LISTED ON THE ITINERARY, UNLESS ADVISED OTHERWISE. (SHOPPING IS BUILT INTO THE ITINERARY AND AS TIME PERMITS. VISITS TO SOUVENIR SHOPS, GIFT SHOPS, ETC. ARE PROHIBITED UNLESS SCHEDULED IN THE ITINERARY OR UNLESS NOTIFIED OTHERWISE. WHEN SHORT ON TIME, THESE ACTIVITIES WILL BE CUT FIRST).
5. PARTICIPANTS WILL ADHERE TO THE RULES ESTABLISHED DURING THE RESIDENTIAL STAY WHILE ON THE TRIP.
7. PLEASE LIST THREE (3) PERSONS AND THEIR PHONE NUMBERS THAT WE MAY CALL COLLECT IN CASE OF AN EMERGENCY.

Contact # 1: _____

Relationship: _____ **Phone:** _____

Contact # 2: _____

Relationship: _____ **Phone:** _____

Contact # 3: _____

Relationship: _____ **Phone:** _____

Statement of Clarification

I agree with the above statements and agree to abide by them.

UMBS Participant

Date

Parent Signature

Date

Scheduled Conflicts

We understand that sometimes other activities and appointments are scheduled during our summer session. Please help us by letting us know as far in advance as possible so we may plan accordingly.

Event: _____ **Date(s):** _____

Reason for absence: _____

Event: _____ **Date(s):** _____

Reason for absence: _____

Event: _____ **Date(s):** _____

Reason for absence: _____