



STUDENT APPLICATION PACKET

Enrollment Management
Upward Bound Math & Science
Mitchell Hall Suite 205
PO Box 413
Milwaukee, WI 53201-9816
Office (414)229-4434 Fax (414)229-3643

Upward Bound Math & Science (UBMS) is a year-round pre-college program for 9-12 grade students to help them realize their potential to excel in math & science; expose them to STEM majors and careers; and encourage students to pursue college degrees in these fields. UBMS students must be a first-generation college student or meet income eligibility guidelines. UBMS is funded through the U.S. Department of Education and sponsored by the University of Wisconsin-Milwaukee. We concentrate on students attending Rufus King International High School, Bay View High School, Riverside International High School, Reagan IB High School, Casimir Pulaski High School and Milwaukee Marshall High School.

Services provided by Upward Bound Math & Science include:

Mandatory tutoring in core academic courses
Mandatory 6-week Summer Program
Individualized Academic Advising
Supplemental Instruction in Math and Science
Assistance with College Admissions and Financial Aid Process
Academic, Study, and Professional Skills Workshops
College Campus Visits (regionally and nationally)
Community Service Projects
Cultural Activities
Parent Workshops

All services are FREE, and participants can earn up to \$40 a month during the academic year and \$90 during the 6-week summer session! Feel free to contact our office with any questions about this application or our program.

Your application cannot be processed without all of the required information requested on the application, along with a copy of your current report card, 2 teacher recommendation forms, and guidance counselor recommendation form!

Part I: Student and Family Information

Date _____

Applicant Name (first/middle/last): _____

Home Address: _____ City: _____ Zip code: _____

Student Telephone Number: _____ Student Email: _____

Date of Birth (dd/mm/yr): _____ Age: _____ Gender: Female Male

Student Social Security Number: _____ - _____ - _____

Social Security number is required for post-secondary tracking purposes and to assist with FAFSA (Free Application for Federal Student Aid)

Current High School: _____ Cumulative GPA: _____

Student ID Number: _____

Race/Ethnicity-Please answer both a and b. Check ALL that apply.

a. Is the student Spanish/Hispanic/Latino/a?

- No, not Spanish/Hispanic/Latino/a
- Yes, Cuban
- Yes, Puerto Rican
- Yes, Mexican American / Chicano/a
- Yes, other Spanish/Hispanic/Latino/a – please specify: _____

b. What is the student’s race? Please check ALL that apply:

- | | |
|---|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian/Alaska Native – please specify principal WI or other tribe and/or reservation: _____ | |
| <input type="checkbox"/> Other Asian – please specify: _____ | |
| <input type="checkbox"/> Other race – please specify: _____ | |

Languages spoken at home: _____

Areas of Interest (check up to 5):

- | | | |
|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Environmental science | <input type="checkbox"/> Natural science |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Exercise science | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Arts/humanities | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> History | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Business | <input type="checkbox"/> Languages | <input type="checkbox"/> Political science |
| <input type="checkbox"/> Computer science | <input type="checkbox"/> Law | <input type="checkbox"/> Social science/culture |
| <input type="checkbox"/> Education | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Study skills |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Medicine | |
| <input type="checkbox"/> English/literature | <input type="checkbox"/> Music | |

T-Shirt size: _____

Part II: Program Eligibility Criteria

The information below is personal and will be kept confidential. The U.S. Department of Education requires federally funded programs to collect this information to determine the applicant's eligibility for the program.

Guardian / Parent (including adoptive) Name: _____

- Mother
 Father
 Other – please specify: _____

Home Address: _____ City: _____ Zip code: _____

Telephone Number: _____ Email: _____

Is this parent/guardian a 4-year college graduate? Yes No

Guardian / Parent (including adoptive) Name: _____

- Mother
 Father
 Other – please specify: _____

Home Address: _____ City: _____ Zip code: _____

Telephone Number: _____ Email: _____

Is this parent/guardian a 4-year college graduate? Yes No

Is the student:

- | | |
|---|--|
| <input type="checkbox"/> U.S. citizen | <input type="checkbox"/> Ward of the court |
| <input type="checkbox"/> Permanent resident of the U.S. | <input type="checkbox"/> Adopted |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Other – please list _____ | |

Who does the student currently live with? _____

How many adults, children and other family members live in your home, or depend on you for financial support, or room and board?

Adults: _____ Children: _____

What is your family's total annual taxable income for last year? \$

If you did not or will not file a tax return, does the family receive any of the following benefits?

AFDC Benefits \$	Social Security \$	Veterans Benefits \$	Unemployment \$
Child Support \$	Government Housing \$	Other \$	

I, the undersigned parent/guardian, verify that this information is correct.

Parent/Guardian Signature

Date

If you filed a federal tax return, please attach a copy that verifies your taxable income.

For Office Use Only

Size of Family Unit	2021 Family Income Level
1	\$20,385 or less
2	\$27,465 or less
3	\$34,545 or less
4	\$41,625 or less
5	\$48,705 or less
6	\$55,785 or less
7	\$62,865 or less
8	\$69,945 or less
More than 8	Add \$6,480 for each additional family member

Part III: Parent Consent and Authorization

I, the undersigned parent or guardian, give my permission for my child/ward to participate in activity sponsored by the Upward Bound Math & Science Program, and in doing so, voluntarily agree to assume all of the risk and responsibilities involving my child/ward's participation in this activity.

In the event of a medical emergency, I authorize UWM and its designated representatives to consent, on my behalf, to any emergency care or treatment to be rendered to the above-identified student upon the advice of any appropriate health care provider. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Name of parent/guardian to be contacted in event of emergency:

Name: _____ Telephone: _____

Name of parent/guardian to be contacted in event of emergency:

Name: _____ Telephone: _____

Name secondary adult to be contacted in event of emergency:

Name: _____ Telephone: _____

Parent/Guardian Signature	Date

Insurance Information

Named of Primary person insured: _____

Name of Insurance Carrier: _____

Policy Number: _____

Member/Group Number: _____

Please list anything staff should be aware of about the student participating in this activity, including any medical conditions, allergies, or limitations on the student's physical activities:

Publication Release

I give permission to the Upward Bound Math and Science to display photos of myself and/or my student on the Upward Bound Math and Science Web site, newsletter and other publicity materials.

Accept Decline Student Initials: _____ Parent/guardian initials: _____

Part IV: Consent Document

Parental Permission to Release Academic Records

In order for your child to participate in the Upward Bound Math & Science Program, we need your permission to review your child's high school records to monitor his/her academic progress. Please sign this form and return it along with the completed application packet.

Student Last Name Student First Name M.I. Date of Birth

I give permission to the High School personnel to copy and submit my child's transcripts, proficiency status, and related records to the Upward Bound Math & Science Program for the purposes of academic monitoring. I understand that the Upward Bound Math & Science Program will request quarterly transcripts, proficiency status, and related records and this permission form will remain in effect until my child graduates from high school.

Parent/Guardian Signature	Date

For Office Use Only

Dear School Staff:
Please note the parent or guardian has signed this authorization form. Please forward a copy of an official transcript for the student to the Upward Bound Math & Science Program.

Upward Bound Math & Science
University of Wisconsin-Milwaukee
Mitchell 205
Milwaukee, WI 53211
or
Fax: (414) 229-3643

Please retain a copy of this document in the student's file for future requests. Thank You.

High School: _____
Address: _____
Fax #: _____ Phone: _____
School Official / Title: _____

Student Permission for Academic Release

As you will be a legal adult at the age of 18, we will need your signed consent to access your college academic records. The information you share with us will be kept completely confidential and used for reporting purposes only. Please read and sign this Release for Academic Records form. Your signature will authorize the Upward Bound Math & Science Program to obtain your academic performance and enrollment data from the college you are enrolled in at the time of our request.

Student Last Name	Student First Name	M.I.	Date of Birth
Permanent Address	City	State	Zip code
Parent/Guardian Name			

As a participant of the Upward Bound Math & Science Program, I hereby agree to the release of my postsecondary academic records to the program upon future request. I have read and understand the terms.

Student Signature	Date

Part V: University of Wisconsin-Milwaukee Upward Bound Math & Science Program Responsibility Agreement

Our workshops and activities are designed to help you increase your academic and social abilities -- helping you work toward a better future. For this reason, all students have the responsibility to help maintain the best possible atmosphere for learning so that everyone will be able to do his/her best. By paying attention, following directions, participating in activities and, most of all, by treating everyone with respect, you will be helping to accomplish this goal.

Student Expectations

- I. Students are expected to remain in Upward Bound Math Science program through high school graduation.
- II. Students are required to participate in both the six-week summer program and the after-school program.
 - i. During the school year, students commute to campus after school at least twice a week for tutoring, enrichment classes like ACT test preparation and workshops to assist with the college / financial aid application process, as well as skill building.
 - ii. During the summer program, select students live in a residence hall on the UW-Milwaukee campus Sunday nights through Friday afternoons, except for holidays. All other students will commute to campus.
- III. Students are expected to ask questions if you do not understand what is being discussed.
- IV. Students are expected to follow the rules and regulations of Upward Bound Math Science and UW-Milwaukee. Full copies of the Upward Bound Math Science Student and Parent Handbook are distributed at the start of the program, each fall semester, and are available upon request. Students and parents are expected to read the full version of the program's rules and regulations. The program rules can be summarized as follows:
 - i. Students are expected to be on time and prepared for all program activities.
 - ii. Students are expected to show respect for themselves and to others at all times.
 - iii. Students are expected to avoid abusive or loud language.
 - iv. Students are expected to follow reasonable staff directives.
 - v. Students are expected to respect the property of other students, presenters, tutors, and the university.
 - vi. Students are not permitted to bring Mp3 players, headphones, or cell phones to tutoring sessions, workshops or classes.
 - vii. Students are expected to earn at least the grade of a C in all of their high school classes each semester. If a student earns a grade below a C, Upward Bound Math Science will place them on academic probation. Any student on academic probation for two consecutive semesters could be dismissed from the program.
 - viii. Students are not allowed to have non-program friends as visitors on the UW-Milwaukee campus while participating in Upward Bound Math Science.
 - ix. Students are expected to observe the program's curfew and lights-out policy during the summer program and on overnight travel.

- x. Students will be automatically dismissed for the following infractions: possession or use of illegal drugs, alcohol, weapons; physical violence; intentional destruction or theft of property.

Parent Responsibilities

- I. To encourage your student to participate and do his/her best – your interest and involvement are crucial to their success.
- II. To participate in parent workshops as often as possible. They will provide you with information which will help you and your student. Your involvement sends a strong message to your student that these programs are an important contributor to their success.
- III. To provide transportation to and from the program. Bus tickets will be provided by the UBMS program.
- IV. To communicate with the program in writing about any special needs or circumstances. For example, if a student attending alone needs to leave early, please send a note.
- V. To attend mandatory parent meetings.

Staff Responsibilities

- I. Deliver quality programs designed to help students excel in math & science; expose them to STEM majors and careers; and encourage students to pursue college degrees in these fields.
- II. Provide a safe and respectful environment conducive to learning.
- III. Comply with all federal, state and University regulations.

Thanks to all parents and students for your understanding and cooperation in these matters!

I have read and agree to abide by the above expectations for the Upward Bound Math & Science Program

Student Signature	Date
Parent/Guardian Signature	Date

Part VI: Academic Information

Given your knowledge of the Upward Bound Math & Science Program and its goals. Answer the following questions in paragraph form.

1. I would like to participate in Upward Bound Math Science because... (You might want to write about the hopes you have for continuing your education beyond high school, what you want to gain from the program, which high school subjects you like and which subjects you would like some help with.)

2. Please discuss your educational and career goals (major/career path)

3. What do you feel is the greatest academic challenge you face, and how do you manage it?

4. What is one accomplishment you are proud of. Why?

5. What academic areas do you believe could use improvement, and what habits hinder you from reaching your academic goals?

6. Are you currently enrolled in advanced diploma, IB, AP or honors classes? Yes No
If yes, please list:

School and Extra Curricular Activities

Do you participate in any extracurricular activities? Yes No
If so, please list:

Sports:

School groups / Activities:

Community-Based Programs:

Other TRIO Programs: Upward Bound Yes No
 Talent Search Yes No
 Gear Up Yes No

Other Pre-College Programs (please list):

Can you commit to UBMS twice weekly after school during the school year? Yes No

Completed Application Packet Checklist:

- A completed application signed by student & parent/guardians
- Student's Social Security Number
- Completed Recommendation Forms (Can be mailed/faxed from the school)
- A copy of student's current report card or transcript
- A copy of parent/guardian's federal tax return
- After your application is received, UBMS will schedule an interview with you

Please return all application materials to:

Upward Bound Math & Science
University of Wisconsin – Milwaukee
3203 N Downer Ave.
Mitchell Hall Suite 205
Milwaukee, WI 53211

or fax to 414.229.3643

Please do not email this application as email is not a secure way to transmit social security numbers!