Please Return to:

Education Coordinator, TRIO Upward Bound
Community College of Philadelphia
1700 Spring Garden Street, Suite W4-5B
Philadelphia, PA 19130-3991

Phone: (215) 751-8840
Fax: (215) 972-6385
### Community College of Philadelphia
### Division of Adult and Community Education
### TRIO Upward Bound Program Application

#### Date: ___________

#### STUDENT INFORMATION:

<table>
<thead>
<tr>
<th>Full Name: ____________________________</th>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security #: ____________________</td>
<td>Date of Birth: __________</td>
<td>Age: ______</td>
<td></td>
</tr>
<tr>
<td>High School: __________________________</td>
<td>Grade: ___</td>
<td>Student ID#: __________________</td>
<td></td>
</tr>
<tr>
<td>Address: ______________________________</td>
<td>City, State, Zip Code: ______________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone Number: ____________________</td>
<td>Cell Phone Number: __________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail address: _______________________</td>
<td>Are you a U.S. Citizen?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Check ALL that Apply:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>American Indian/Alaska Native</td>
<td>Asian</td>
<td>Black/African American</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>White</td>
<td>Other, please specify: __________________</td>
<td></td>
</tr>
</tbody>
</table>

#### MOTHER/FEMALE GUARDIAN INFORMATION:

| Full Name: ____________________________ | Relationship to student if not mother: __________________ |
| Address: ______________________________ | City, State, Zip Code: __________________ |
| Place of Employment: __________________ | Occupation: __________________ |
| Salary: $___________ per year          | Other Source of Income (check all that apply): |
|                                        | DPA | Social Security | Disability | Other: __________________ |
| Does mother/female guardian have a Bachelors degree? | Yes | No |

#### FATHER/MALE GUARDIAN INFORMATION:

| Full Name: ____________________________ | Relationship to student if not father: __________________ |
| Address: ______________________________ | City, State, Zip Code: __________________ |
| Place of Employment: __________________ | Occupation: __________________ |
| Salary: $___________ per year          | Other Source of Income (check all that apply): |
|                                        | DPA | Social Security | Disability | Other: __________________ |
| Does father/male guardian have a Bachelors degree? | Yes | No |
OTHER INFORMATION:

Do you live with your parent(s)?  ○ Yes  ○ No

If not, with whom do you live? (ex. grandma, sister, foster parent) __________________________

Including yourself, please give the total number of people in your household: ________

Have your grades been: (Please Check One)

○ Excellent (Mostly A’s)
○ Good (Mostly B’s)
○ Fair (Mostly C’s)
○ Poor (D’s and F’s)

If your grades have been poor in the past, please explain below:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please mark your score on each section of the 8th Grade PSSA Test:

Math  ○ Advanced  ○ Proficient  ○ Basic  ○ Below Basic
Reading ○ Advanced  ○ Proficient  ○ Basic  ○ Below Basic

Are there any suspensions or expulsions on your school records?  ○ Yes  ○ No
If yes, please explain:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Date: __________________
The United States Department of Education provides funding for the TRIO Upward Bound Program based on specific eligibility requirements. In order to be eligible for TRIO Upward Bound participation, the student’s parents/guardians must provide copies of their most recent tax (1040) form or a copy of their DPA access card, proof of Social Security benefits or other official verification of income.

| I have attached a copy of my most recent 1040 tax form | I have attached a copy of my DPA Access Card | I have attached other verification of income (i.e. SSI benefits) Please specify: ______________________________ |

Students whose family income is more than the amount allowed for Upward Bound participation may qualify under the “first generation” eligibility requirement guidelines. The parent/guardians of all Upward Bound participants must complete the information below.

I affirm that (please check if true):

| The mother/female guardian of the above named student does not have a bachelor’s degree. |
| The father/male guardian of the above named student does not have a bachelor’s degree. |

| Mother/Guardian’s Signature | Father/Guardian’s Signature |

If guardian, please state relationship: ______________________________

**Note:** The information that is requested in this application is necessary and will be treated in a confidential manner. The student applicant and his/her parents/guardians must complete all items to be considered for entrance into the program.

**Affirmative Action Policy:** Community College of Philadelphia does not discriminate on the grounds of race, color, national origin, gender, age, disability, sexual preference, or status as a disabled veteran or veteran of the Vietnam era in the administration of any of its educational programs, activities or employment in accordance with applicable Federal statutes and regulation.
Community College of Philadelphia
Division of Adult and Community Education
TRIO Upward Bound Program Application

Date: _____________

TEACHER RECOMMENDATION

Student’s Name: __________________ Grade: ________

Teacher’s Name: __________________ Subject/Course: __________________

School: ___________________ Is this student currently enrolled in your class? Yes____ No____

Please rate the student on each of the criteria listed below by circling a number from 1 to 10. Please note that 1 is strongly disagree, 5 is neither agree or disagree and 10 is strongly agree.

This student displays:
1. Motivation in completing class work 1 2 3 4 5 6 7 8 9 10
2. Effort in approaching difficult tasks 1 2 3 4 5 6 7 8 9 10
3. Cooperation when working with others 1 2 3 4 5 6 7 8 9 10
4. Productivity 1 2 3 4 5 6 7 8 9 10
5. Positive Attitude toward learning 1 2 3 4 5 6 7 8 9 10

This student:
1. Completes assignments on time 1 2 3 4 5 6 7 8 9 10
2. Has excellent class participation 1 2 3 4 5 6 7 8 9 10
3. Has excellent attendance 1 2 3 4 5 6 7 8 9 10
4. Is rarely late for class 1 2 3 4 5 6 7 8 9 10
5. Is inquisitive about the subject matter 1 2 3 4 5 6 7 8 9 10
6. Is respectful and well behaved in class 1 2 3 4 5 6 7 8 9 10
7. Treats instructors and classmates courteously 1 2 3 4 5 6 7 8 9 10

Additional comments may be helpful in evaluating the student’s potential in succeeding in the TRIO Upward Bound program:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Teacher’s Signature: __________________________

Student’s Name: ___________________________ Grade: __________
Teacher’s Name: ___________________________ Subject/Course: ______________________
School: ___________________ Is this student currently enrolled in your class? Yes____ No____

Please rate the student on each of the criteria listed below by circling a number from 1 to 10. Please note that 1 is strongly disagree, 5 is neither agree or disagree and 10 is strongly agree.

This student displays:

6. Motivation in completing class work
   1 2 3 4 5 6 7 8 9 10
7. Effort in approaching difficult tasks
   1 2 3 4 5 6 7 8 9 10
8. Cooperation when working with others
   1 2 3 4 5 6 7 8 9 10
9. Productivity
   1 2 3 4 5 6 7 8 9 10
10. Positive Attitude toward learning
    1 2 3 4 5 6 7 8 9 10

This student:

8. Completes assignments on time
   1 2 3 4 5 6 7 8 9 10
9. Has excellent class participation
   1 2 3 4 5 6 7 8 9 10
10. Has excellent attendance
    1 2 3 4 5 6 7 8 9 10
11. Is rarely late for class
    1 2 3 4 5 6 7 8 9 10
12. Is inquisitive about the subject matter
    1 2 3 4 5 6 7 8 9 10
13. Is respectful and well behaved in class
    1 2 3 4 5 6 7 8 9 10
14. Treats instructors and classmates courteously
    1 2 3 4 5 6 7 8 9 10

Additional comments may be helpful in evaluating the student’s potential in succeeding in the TRIO Upward Bound program:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Teacher’s Signature: ___________________________