

(Required items are marked with an asterisk *.)

About Me:

*1. First Name _____ MI _____ Last Name _____

I prefer to be called (name): _____ *2. Soc.Sec.# _____ *3. Sex: Male Female

*4. Current Age: _____ *5. Date of Birth: (mon.) _____ (day) _____ (year) _____

*6. Check ONE to complete the sentence: I am
 a U.S. citizen. a Permanent Resident. (PR # _____). applying for citizenship.

7. Ethnic/Race Background: (For reporting purposes only. NOT used for selection.) *If appropriate, mark more than one.*

A. Are you Hispanic/Latino? Yes No

B. Check all of the following that apply to you:

- American Indian/Alaskan Native. What "tribe/nation (e.g. Osage)"? _____
- Asian What national heritage? (e.g., Vietnamese) _____
- Black or African American
- White
- Native Hawaiian or other Pacific Islander

*8. Mailing Address:
 % (Mr. Ms. Mr.&Mrs.) _____
 Street Address: _____
 City, State, ZIP _____

*9. Phone #s
My Home Phone: () _____
 Cell Phone: () _____ (if available)
Parent's
 Cell Phone: () _____
 Work Phone: () _____

10. My email address (if available): _____
 Parent(s) email address: _____

About My Family:

*11. The **male** head of the household is : my birth father, my step-father, my foster father, my grandfather,
 Other, There is **no** male head of household.

The **female** head of the household is : my birth mother, my step-mother, my foster mother, my grandmother,
 Other, There is **no** female head of household.

Please list the **names, relationships** to you (applicant) and approximate **ages** of all people living in your household. (Include yourself on the first line.)

Name	Rel. to applicant	Age
	self	
	Male parent (<i>above</i>)	
	Female parent (<i>above</i>)	

*Including me, there are a total of _____ people living in my household.

*12. Please check the **highest educational levels** of the parent(s)/legal guardian(s) **you live with.**

<p>Male head of household <i>(identified above)</i></p> <hr/> <input type="checkbox"/> Less than high school diploma <input type="checkbox"/> High school diploma <input type="checkbox"/> 4-year degree (BA or BS) <input type="checkbox"/> Adv. degree (MA or MS or higher)	<p>Female head of household <i>(identified above)</i></p> <hr/> <input type="checkbox"/> Less than high school diploma <input type="checkbox"/> High school diploma <input type="checkbox"/> 4-year degree (BA or BS) <input type="checkbox"/> Adv. degree (MA or MS or higher)
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*13. Are you a ward of the court? Yes No If **Yes**, please give the **name** and **phone number** of your **legal guardian**? (Name) _____ (Phone) _____

About My School and Future Plans:

*14. Current Grade: _____ Expected year of graduation: _____ Estimated Cum. GPA _____
(on a 4.0 scale)

*15. High School Name: _____

Address: _____

City, State, ZIP _____ Phone #: () _____

*16. My HS Counselor's **Name**: _____

Counselor's **email** (if available): _____

17. List the courses (a) you **have taken**, (b) you are **currently taking**, and (c) you **plan to take** in high school.

Grade in school	Math classes	Science classes	Computer related classes
9th			
10th			
11th			
12th			

*18. Please list at least three (3) **careers** that you are interested in or are considering. (We realize that you may change your mind later, but we want to get an idea of what your interests are.)

1st choice _____ 2nd choice _____ 3rd choice _____

*19. (A) Ask your school to send an up-to-date **transcript** (with attendance and achievement test scores) to UBMS.
 (B) Ask your parent(s) to send **signed verification of the household income** to UBMS.

The first **two pages** of the **federal income tax** forms provide the best verification of income. If your parent(s) did **not** file a federal tax return for last year, please send copies of documentation showing the *source and amount* of all the household's non-taxable income (such as Aid to Dependent Children, Veteran's Benefits, Food Stamps, Social Security Benefits, Retirement/Pension, or other income).

Student Essays

Please type or write legibly approximately 100 words in response to each of the following questions. These essays should be **your** ideas.

(If preferred, you may respond to these items using a computer word processor and print out the responses on a different sheet. Sign it at the bottom)

*1. How would your personal **strengths** (those qualities or traits you have confidence in or trust about yourself) contribute to our UBMS community?

*2. Former UBMS participants have stated that they have overcome many of their personal **limitations** during the 6-week UBMS enrichment program experience. How will living and learning with a diverse group of high school students having similar interests in math and science help you overcome **your limitations**?

*3. What **academic need(s)** do you have that UBMS could help you meet?

*Please sign here to indicate that this is your own work.

(Signed) _____ (Date) _____

Statement of Confidentiality and Understandings

•**Statement of Confidentiality** – "The personal information you give to the Director of Upward Bound Math & Science may be sent to the Department of Education. The Privacy Act protects the information. No one may see the information unless he or she works with or for the Upward Bound Math & Science Program, or is specifically authorized to see the information. The information is necessary to determine if the applicant is eligible to participate in the program and helps the federal government to measure your success. The Department of Education has the authority to gather information to help make Upward Bound Math & Science a better program (20 USC 1231a). If you do **not** give this information to the Upward Bound Math & Science Program and the Department of Education, you **cannot** receive any benefits from the program."

•We recognize that the Math and Science Regional Center Program is a major investment by the U.S. Department of Education and we understand that if the student is accepted and wishes to attend, he or she will be required to be in attendance the **entire summer program** period (six weeks) including the weekends. (In **very special** circumstances, exceptions may be made. Contact the Center if you have any questions/conflicts.)

•Stipends, room, board, accident insurance, and laboratory fees are provided free of charge to the participants. We understand that the student's family or guardian must assume responsibility for providing **medical release forms** and any information needed to complete them. (These forms will be supplied upon the student's acceptance to the program as either a participant or an alternate.)

•We understand that **round-trip mileage** will be paid (1) for the Spring Orientation, (2) for delivering the student at the start of the summer program, and (3) for returning the student home at the end of the program. Mileage will be paid at the University's prevailing rate at that time, but must be reported on forms that will be provided. Should the student withdraw/leave before the end of the program, parents will assume the return travel expenses.

•We agree that the student, if accepted into the Math/Science Regional Program, and parent(s) may participate in answering **questionnaires** and other appropriate and approved research projects done as a part of the program's evaluation. We also agree that photographs of the student taken during the program, papers written by the student during the program, and similar items may be used by the Center in reports and public information materials. We further agree to allow the Upward Bound Math/Science Center to release, for educational and/or promotional purposes, photographs and video recordings, with or without audio, of Math and Science Regional Center activities involving the student.

•We agree to cooperate with the UBMS program staff and the mentor in follow-up activities, including the release of needed school records. These follow-up activities will continue throughout high school and college.

CERTIFICATION and AGREEMENT: I(We) hereby certify (1) that I/we have read the Statement of Confidentiality and (2) that the information provided or amended in this application is true and correct to the best of my(our) knowledge.

_____ Printed Name of Student	_____ Signature	_____ Date
_____ Printed Name of Parent/Guardian	_____ Signature	_____ Date

Math Teacher Recommendation Form – Part 1

This form is to be filled out by your **Math Teacher** (or school principal, counselor, or computer science teacher).

Name of **Applicant** (student) _____

Name of **Math Teacher** (printed) _____

Title or Position (if *not* the Math Teacher) _____

Teacher's email address: _____

It is important to keep these points in mind:

- A. If selected, the participant will **live for six weeks** on the campus of Northwest Missouri State University. Although they will have live-in supervision, for the sake of the students it is essential that they have the **maturity** to handle the "loneliness" and the **responsibility** of being away from their parents'/guardians' supervision. This should be considered when recommending them for the program.
- B. The UBMS participant will be actively involved in a program that concentrates on math and science. Although these students will also enjoy a variety of recreational activities, it is essential that they possess a **genuine interest or curiosity** in mathematics and/or science. This is enrichment, **not** a remedial program.

1. For how long have you known the applicant?

2. Please write a paragraph about the student's sense of **responsibility** and level of **maturity**.

3. What evidence do you have of the applicant's **interest in math and/or science**?

4. What **academic needs** does he/she have that UBMS can help meet? (*Check all that apply.*)

- | | |
|---|---|
| <input type="checkbox"/> Low GPA
<input type="checkbox"/> Low achievement test scores
<input type="checkbox"/> Low educational aspirations
<input type="checkbox"/> Lack of opportunity, support or guidance to take challenging college prep courses
<input type="checkbox"/> Lack of career goals or need for accurate information on careers | <input type="checkbox"/> Limited English proficiency
<input type="checkbox"/> Lack of confidence, self-esteem or social skills
<input type="checkbox"/> Predominantly low-income community
<input type="checkbox"/> Rural isolation
<input type="checkbox"/> Interest in careers in math or science
<input type="checkbox"/> Other (specify) |
|---|---|

To the Teacher:

Please complete **both sides** of this Recommendation and mail it to the UBMS Center. It may be sent either *with* the rest of the student's application or *separately*. The postmark deadline for applications is **January 31** each year, but applications will be accepted until all of the positions have been filled.

Math Teacher’s Recommendation – Part 2

Please rate the applicant according to your observations and/or knowledge, *compared to all of the students you have known*, by placing an X or checkmark in the appropriate box.

	Outstanding	Above Avg.	Average	Below Avg.	Not Observed or Unknown
Academic Performance					
Comprehension					
Class Preparedness					
Oral Communications Skills					
Written Communication Skills					
Interpersonal skills					
Positive self-image					
Homework Submitted On Time					
Attendance					
Ability to Work with Others					
Tolerance of minor disappointments					
Motivation for a Math /Science/ Technology Career					
Ability to cope with stressful experiences					
Maturity					
Leadership Skills					
Independent Intellectual Skills					
Analytical/Problem Solving Skills					
Potential to appreciate/maximize learning opportunities					

Printed Name _____

Signature _____ Date _____

Please return this completed form to:

James F. Clark, Director
 Upward Bound Math & Science Center
 Northwest Missouri State University
 800 University Drive, 358 AD
 Maryville MO 64468-6001

Science Teacher Recommendation Form – Part 1

This form is to be filled out by your **Science Teacher** (or school principal, counselor, or computer science teacher).

Name of **Applicant** (student) _____

Name of **Science Teacher** (printed) _____

Title or Position (if *not* the Science Teacher) _____

Teacher's email address: _____

It is important to keep these points in mind:

- A. If selected, the participant will **live for six weeks** on the campus of Northwest Missouri State University. Although they will have live-in supervision, for the sake of the students it is essential that they have the **maturity** to handle the "loneliness" and the **responsibility** of being away from their parents'/guardians' supervision. This should be considered when recommending them for the program.
- B. The UBMS participant will be actively involved in a program that concentrates on math and science. Although these students will also enjoy a variety of recreational activities, it is essential that they possess a **genuine interest or curiosity** in mathematics and/or science. This is **not** a remedial program.

1. For how long have you known the applicant?

2. Please write a paragraph about the student's sense of **responsibility** and level of **maturity**.

3. What evidence do you have of the applicant's **interest in math and/or science**?

4. What **academic needs** does he/she have that UBMS can help meet? (*Check all that apply.*)

- | | |
|---|---|
| <input type="checkbox"/> Low GPA
<input type="checkbox"/> Low achievement test scores
<input type="checkbox"/> Low educational aspirations
<input type="checkbox"/> Lack of opportunity, support or guidance to take challenging college prep courses
<input type="checkbox"/> Lack of career goals or need for accurate information on careers | <input type="checkbox"/> Limited English proficiency
<input type="checkbox"/> Lack of confidence, self-esteem or social skills
<input type="checkbox"/> Predominantly low-income community
<input type="checkbox"/> Rural isolation
<input type="checkbox"/> Interest in careers in math or science
<input type="checkbox"/> Other (specify) |
|---|---|

To the Teacher:

Please complete **both sides** of this Recommendation and mail it to the UBMS Center. It may be sent either *with* the rest of the application or *separately*. The postmark deadline for applications is **January 31** each year, but applications will be accepted until all of the positions have been filled.

Science Teacher’s Recommendation – Part 2

Please rate the applicant according to your observations and/or knowledge, *compared to all of the students you have known*, by placing an X or checkmark in the appropriate box.

	Outstanding	Above Avg.	Average	Below Avg.	Not Observed or Unknown
Academic Performance					
Comprehension					
Class Preparedness					
Oral Communications Skills					
Written Communication Skills					
Interpersonal skills					
Positive self-image					
Homework Submitted On Time					
Attendance					
Ability to Work with Others					
Tolerance of minor disappointments					
Motivation for a Math /Science/ Technology Career					
Ability to cope with stressful experiences					
Maturity					
Leadership Skills					
Independent Intellectual Skills					
Analytical/Problem Solving Skills					
Potential to appreciate/maximize learning opportunities					

Printed Name _____

Signature _____ Date _____

Please return this completed form to:

James F. Clark, Director
 Upward Bound Math & Science Center
 Northwest Missouri State University
 800 University Drive, 358 AD
 Maryville MO 64468-6001