APPLICATION

UPWARD BOUND MATH-SCIENCE

Am I Preparing? Am I Prepared?
I AM PREPARING! I have PREPARED! I AM UPWARD BOUND!

PLEASE, DO NOT ATTEMPT TO ~FAX~ THIS PACKET! BRING INTO THE OFFICE TO CONFIRM YOU HAVE ALL PAPERWORK COMPLETE, Thank You!!
PROJECT EXPERIENCE:
THE UPWARD BOUND MATH-SCIENCE PROGRAM

To The APPLICANT: Please Read Before You Proceed

Upward Bound Math-Science (UBMS) provides fundamental support to participants in their preparation for college entrance. The program provides opportunities for participants to succeed in pre-college performance and ultimately in higher education pursuits in the areas of Math and Science. Upward Bound Math-Science serves high school students from low-income families, high school students from families in which neither parent holds a bachelor’s degree, and low-income first-generation military veterans who are preparing to enter postsecondary education with an interest in developing their potential to excel in science and math and to pursue postsecondary degrees in these fields. The goal of Upward Bound Math-Science is to increase the interest in math and science and to increase the rates at which participants enroll in and graduate from institutions of postsecondary education.

All Upward Bound projects provide instruction in math, laboratory science, composition, literature, and foreign language. Other services include:

- Instruction in reading, writing, study skills, and other subjects necessary for success in education beyond high school
- Academic, financial, or personal counseling
- Exposure to academic programs and cultural events
- Tutorial services
- Mentoring programs
- Information on postsecondary education opportunities
- Assistance in completing college entrance and financial aid applications
- Assistance in preparing for college entrance exams
- Work study positions to expose participants to careers requiring a postsecondary degree

Eligibility
Who May Apply

Students must have completed the 8th grade, be between the ages of 13 and 19 (except Veterans), and have a need for academic support in order to pursue a program of postsecondary education. All students must either be from low-income families or be potential first-generation college students. The program requires that two-thirds of the participants in a project must be both low-income and potential first generation college students. The remaining one-third must be either low-income or potential first-generation college students. Students are selected based on recommendations from local educators, social workers, clergy, or other interested parties. It is preferred that students apply to Upward Bound Math Science before they reach the eleventh grade. Students going into their senior year are not eligible for Upward Bound Math-Science.

FOR YOUR INFORMATION: Upward Bound Math-Science does not determine the degree status or ages of students who may apply to Upward Bound Math-Science. Therefore, it is not up to program staff to change or alter these requirements in any way to help an applicant qualify for Upward Bound Math-Science. For questions on how the degree status and age limits are determined, for TRIO programs or for comments on how they affect your personal family situation, please contact the United States Department of Education in Washington, D. C.

The Information Resource Center (IRC) is home of 1-800-USA-LEARN (1-800-872-5327), the telephone number for information on the Department of Education’s major education improvement priorities (e.g., reading, family involvement, technology). Services provided by the IRC include:

- Information on the Department’s programs and agenda;
- Registration for satellite events;
- Directory assistance for the Department;
- Referrals to Department specialists or other experts; and
- Answers to frequently asked questions.
Did either of your parents graduate from a four-year college or university? Yes____ No___

Applicant Name________________________ Gender: M___ F___
First ___________________ Middle ___________________ Last ___________________

Parent/Guardian Name:____________________ Phone number:____________________

Mailing Address:
Number and Street Name:_________________ City:_________________ State:________ Zip Code:________ Apt#__________

Age____ Date of Birth __________________________
Month____ Date____ Year________

Citizenship: (Please Check) United States Citizen___ Permanent Resident___ Eligible Non-Citizen ____
Country of birth:__________________________

Current Grade:___________ Current Grade Point Average:______________
(Please submit a copy of your most current grade report and transcript with the Pre-Application.)

Name of High School:___________________________________ Name of Parish: __________________________

School Address:____________________________________________________________________
Number and Street ___________________ City:_________________ State:________ Zip Code:________

How would you rate your motivation to graduate from high school and complete a four-year college degree?
High Motivation ☐ Average Motivation ☐ Low Motivation ☐

Did any person(s) or event(s) influence your plans for college? ☐ Yes ☐ No

Do you have an email address? ☐ Yes___ ☐ No___ If yes, what is it? ____________________________________________

Do you have a cell phone? ☐ Yes___ ☐ No___ If yes, what is the number (____ )__________________________

Have you ever applied to the Upward Bound Math-Science Program before? ☐ Yes___ ☐ No___

Do you participate in another pre-college program) (Ex. Educational Talent Search, GEAR UP, LSYOU, TIMBUKTU, or Young Leaders Academy) ☐ Yes___ ☐ No___ If yes, which? __________________________

Do you have a sister or brother currently participating in the Classic Upward Bound Program? ☐ Yes___ ☐ No___ If yes, list their name: ____________________________________________

Do you have a sister or brother currently participating in the Math and Science Upward Bound Program? ☐ Yes___ ☐ No___ If yes, list their name: ____________________________________________

Do you have a sister or brother who graduated from the Upward Bound Math-Science Program? ☐ Yes___ ☐ No___
If yes, list their name(s):____________________________________________________________________
Are you physically challenged or have any certified learning disabilities? Yes___ No___ (If yes, please explain on an attached sheet.)

Describe yourself by checking one circle:
- African American, Black
- Asian American, Asian, Pacific Islander
- European American, Anglo, Caucasian
- Hispanic American, Latino, Chicano
- Native American, American Indian, Alaskan Indian
- Bi-Cultural (please specify) __________________________________________
- Bi-Racial (please specify) ____________________________________________
- Other (please specify) _______________________________________________

Check One: I receive free lunch___ I receive reduced lunch___ I pay full price for lunch___

________________________________________________________________________________________

Have you taken the PSAT test? Yes___ No___ What is your PSAT score? ______ (please attach a copy of your PSAT Score Results)

Have you taken the ACT? Yes___ No___ Score____ Have you taken the SAT? Yes___ No___ Score____ (You must attach a copy of your ACT or SAT Score Results to this application.)

Have you failed any parts of the ILEAP or LEAP? Yes___ No___ (A copy of your ILEAP AND LEAP results must be attached with this application.)

UNDERSTANDING

PLEASE READ THIS SECTION CAREFULLY:

The Federal Government, through the Department of Education, funds the Upward Bound Math-Science Program of COPE Inc., Alexandria, Louisiana. Applicants are admitted regardless of race, color, national or ethnic origin, or physical challenges. The personal information that you provide to the Upward Bound Math-Science Program is available upon request to the United States Department of Education, COPE Inc., and federal and state auditors. Each of these agencies has the authority to gather information on the Upward Bound Math-Science Program. The information you submit therefore becomes the property of the Upward Bound Math-Science Program and its affiliates. In accordance with the Privacy ACT of 1974, agencies other than those authorized are prohibited access to the files and records of the Upward Bound Math-Science Program. Applicants, parents and legal guardians are reminded that affiliates of the Upward Bound Math-Science Program have the authority to verify the information reported herein. Misrepresentation of information is a serious offense and because of the involvement of federal funds, any misrepresentation may lead to fines and/or imprisonment. All participant records will be kept in the strictest confidence in accordance with the Privacy Act of 1974

Signature of Parent(s) or Guardian(s) ________________________________________________ Date: ____________

Date Pre-Application Completed: ___________________________________________________________________________

Month Date Year

FOR OFFICE USE ONLY:

DATE PRE-APPLICATION RECEIVED IN OFFICE

PLEASE PLACE DATE STAMP ABOVE

Signature of Administrator Receiving Application ________________________________ Date __________________________
UPWARD BOUND MATH-SCIENCE
APPLICATION INFORMATION

SECTION A  FAMILY INFORMATION

ONLY PARENTS AND LEGAL GUARDIANS SHOULD RESPOND TO QUESTIONS IN SECTIONS A-D. ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.

We are required by the United States Department of Education to obtain income information on the families of all applicants desiring to be served by the Upward Bound Programs.

THIS SECTION IS TO BE COMPLETED BY PARENTS/LEGAL GUARDIANS ONLY.

Applicant lives with: (Please circle)
Both Parents  Mother  Father  Guardian
Other (Please specify) __________________________________________

If applicant is adopted, in foster care, or living with a court appointed guardian, etc. is this recognized through a court of law? Yes___ No___ In what State? ____________________ (Written verification of the Court Order must be attached to this application.)

SECTION B  DOCUMENTATION OF INCOME

Name of the Head of the Household____________________________________________________

What is the relationship to the applicant?___________________________________________

Note: The applicant cannot be listed as the head of the household. This must be an adult.

Is the applicant claimed as a dependent on the tax form of the head of the household? Yes___ No ___
(If not, an explanation must be attached to this application.)

Please list all family members who live within the household on the chart, please include the applicant.
(You may use a separate sheet of paper if necessary.)

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP TO APPLICANT</th>
<th>GRADE LEVEL IF IN SCHOOL</th>
<th>INDICATE FREE OR REDUCED LUNCH AT SCHOOL IF APPLICABLE</th>
<th>CHECK IF ATTENDING COLLEGE</th>
<th>CHECK IF EMPLOYED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example Jane Doe (Applicant)</td>
<td>14</td>
<td></td>
<td>9th</td>
<td>Free Lunch</td>
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</table>
A copy of your most recent income tax statement must be attached to this application. Please do not submit copies of W-2 forms or check stubs.

Does your family receive income from any of the sources listed below:  (Please check all applicable sources and indicate the dollar amount received.)

Food Stamps__________ SSI __________ VA/GI Bill__________ Pension/Retirement __________
Unemployment__________ Alimony__________ Child Support __________ Other __________

(A statement from your caseworker or a copy of a document confirming the information you provide must be attached to this application.)

Please ATTACH any additional income information you NEED to share with us in support of this application.

SECTION C  EDUCATIONAL ATTAINMENT OF PARENTS/GUARDIANS

<table>
<thead>
<tr>
<th>Educational Attainment Level</th>
<th>Mother</th>
<th>Father</th>
<th>Legal Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Middle School (answer yes or no, if applicable)</td>
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<tr>
<td>Completed High School (answer yes or no, if applicable)</td>
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<tr>
<td>Number of Years in High School (tell us how many, if applicable)</td>
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<tr>
<td>Graduated from High School (answer yes or no, if applicable)</td>
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<tr>
<td>Number of Years in a College/University (tell us how many, if applicable)</td>
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<tr>
<td>Graduated from a Four Year College/University (answer yes or no, if applicable)</td>
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<tr>
<td>Attended a Graduate or Professional Program (answer yes or no, if applicable)</td>
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<tr>
<td>Completed a Graduate or Professional Program (answer yes or no, if applicable)</td>
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</tbody>
</table>

Have any of your other children earned a four-year college degree? Yes____ No____ How many?

SECTION D  PARENTAL INVOLVEMENT

One of the goals of the Upward Bound Program is to encourage parents and legal guardians to support participation in the development of participants’ academic progress. Are you willing to become involved in the activities of the Parental Supporters Organization? Yes___ No_______

Please list two (2) things you want Upward Bound to do for your child.
1. __________________________________________________________________________
2. __________________________________________________________________________

Please list two things you want Upward Bound to do for you as a committed parent/guardian.
1. __________________________________________________________________________
2. __________________________________________________________________________

Please list at least two ways in which you plan to support your child’s participation in the Upward Bound Program.
1. __________________________________________________________________________
2. __________________________________________________________________________

Have you discussed attending and graduating from a college/university with your child? Yes___ No____
Have you discussed participating in the Upward Bound Program with your child? Yes___ No___
Do you review your child’s grades with them after each grading period? Yes___ No___
Do you help your child plan their class schedule? Yes___ No___
Have you ever met with any of your child’s teachers at school? Yes___ No___
Are there established rules for studying in your household? Yes___ No___
Do you know the high school graduation requirements? Yes___ No___ Are you aware of TOPS? Yes___ No___
Have you started a college savings plan for your child? Yes___ No___ Have you ever heard of financial aid? Yes___ No___
How do you feel about helping your child with homework? ____________________________________________________

After your child is admitted into the Upward Bound Program, you will have other parental responsibility documents to complete.
UPWARD BOUND MATH-SCIENCE
SUMMER COMPONENT

Student/Parent/Teacher Compact

Parent/Guardian Agreement:
I would like to see my child become a good student and do well in school.

I will help him/her by doing the following:
► See that the child is ready each morning and attends the program daily.
► Support the program in its effort to teach and maintain proper discipline.
► Establish a time for daily homework and review it with my child.
► Stay aware of what my child is learning by reviewing papers sent home by the teacher.
► Sign papers sent home by teachers.
► Read with my child and let my child see me read.

► Signature __________________________________________ Date ____________
    (parent)

Student Agreement
It is important that I work to the best of my ability in UB/UBMS and at home and become the best student I can be.

TO DO THIS I WILL:
► Attend the UB/UBMS Summer Component everyday that I am not sick.
► Come to the UB/UBMS Summer Component each day with all supplies I need for class.
► Complete and return all homework assignments.
► Home learning assignments should be completed before the play/television hour.
► Follow the UB/UBMS Summer Component and classroom rules.
► Study and review daily.

► Signature __________________________________________ Date ____________
    (student)

Teacher Agreement
It is important that students learn good study habits, learn in a developmentally appropriate manner, achieve to the best of their ability.

I will do my best to do the following:
► Provide homework assignments that will enhance the daily UB/UBMS Summer Component work.
► Provides assistance to parents so that they will be able to help their children with assignments.
► Give feedback to student and parents by giving information about progress.
► Use special activities in the classroom to make learning enjoyable.
► Plan lessons that will challenge each child’s ability.

► Signature __________________________________________ Date ____________
    (teacher)
Child’s Name____________________________________________________

Date of Birth_____________________________________________________

I hereby consent for my child to participate in the Upward Bound/Upward Bound Math-Science Summer Component activities.

In case of emergency whereas I cannot be readily contacted, I grant permission for my child’s transfer to a local hospital. I will not hold Cope Inc., TRiO Programs liable for any medical expenses or accidents incurred by my child.

SIGNED: ________________________________________________________

Parent or Guardian                                       Date

Address_________________________________________________________

Zip Code

PHONE: __________________________________________________________

Parents Home                                              Mother’s /Father’s Work Number

FAMILY PHYSICIAN: _______________________________________________

Name                                              Phone Number

ALLERGIES TO FOOD/MEDICATIONS/ETC. ________________________________

MEDICATION PRESENTLY TAKEN: ________________________________

HEALTH PROBLEMS: ____________________________________________

MEDICAL INSURANCE CO. __________________________________________

POLICY NUMBER: _______________________________________________

EMERGENCY CONTACT PERSON: _____________________________________

PHONE: ________________________________________________________
PERMISSION FOR RELEASE OF RECORDS

STUDENT NAME:_____________________________________________________.

SOCIAL SECURITY NUMBER:__________________________________________

The applicant and parents certify that all information on this application is correct, and by signing this form agree to grant permission for the release of any information regarding the student’s school records.

I authorize the following types of information to be sent:

- Official transcript (grade level, completed grades, course grades, courses completed, credits earned and final grades; current grades are included if information is being used)
- Attendance records
- Graduation information
- Achievement, aptitude, and interest scores
- Iowa and LEAP/GEE Achievement scores
- Health data
- Extra-curricula activities
- Family background data
- Interview information from school administration, counselors, and teachers
- Official copy of report cards

We give permission to the Math-Science Upward Bound Program to have access to student records, such as report cards, transcripts, test results, disciplinary records, etc. which may be on file at the high school(s), with the local Upward Bound or Talent Search Program, or at a Postsecondary Institution. In addition, we give permission to the Math-Science Upward Bound Program to exchange such records with other educational institutions and the U.S. Department of Education. This permission is given with the understanding that such access and exchange of student records will be done in order to enhance this student’s educational opportunity and to assist the Math-Science Upward Bound Program in evaluating student progress. This permission will continue until you receive written notification to the contrary.

_________________________________________ / / __________________________ / /___
Student Signature Date Parent/Guardian Signature Date
Assessment Form FOR MATH TEACHER

I, _____________________________, am requesting your assistance with the application process for the Upward Bound Math-Science Program. Please complete this recommendation form on my behalf.

Thank you, ________________________________________________________________________

Applicant's Printed Name

Teacher Only Beyond This Point

Please return the assessment to the applicant in the envelope provided. Please seal the envelope and sign your name across the flap.

Length of time you have taught this student __________ Current Subject _______________

Last Progress Report Grade in Your Class ______________

Please check the appropriate boxes indicating your assessment of the applicant applying for admission to the Upward Bound Math-Science Program. Please return the assessment to the applicant in the envelope provided. Please seal the envelope and sign your name across the flap.

CONFIDENTIAL

<table>
<thead>
<tr>
<th>The Applicant</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
<th>Don’t Know</th>
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<tbody>
<tr>
<td>1. Has expressed an interest in postsecondary education.</td>
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<tr>
<td>2. Expresses an interest in academic endeavors and it motivated in classes.</td>
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<tr>
<td>3. Is responsible in academic obligations</td>
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<td>4. Needs to improve study habits.</td>
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<td>5. Demonstrates age appropriate social and emotional behavior.</td>
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<td>6. Relates well to peers</td>
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<td>7. Cooperates with authority in the classroom</td>
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<td>8. Has good attendance and demonstrates punctuality.</td>
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<tr>
<td>9. Seems motivated to achieve in class</td>
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<tr>
<td>10. Appearance and behavior reflects a positive self-image</td>
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<tr>
<td>11. Demonstrates good study habits.</td>
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<tr>
<td>12. Is Cooperative.</td>
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<td>13. Accepts responsibility for his/her work</td>
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<tr>
<td>14. Performs at his/her expected academic ability level.</td>
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</tbody>
</table>

15. Do you have any pertinent comments to make regarding this student’s academic abilities and achievement that may have bearing on his/her admission into the Upward Bound Math-Science Program? You may respond below.
Given his/her grades, test scores, ability, and motivation, it is realistic for this applicant to plan for college?

Yes ___ No ___ Comments ________________________________________________________________

Please rate this applicant’s skills in the following areas:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Knowledge of fundamental math</td>
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<td>Ability to relate basic math skills to practical applications</td>
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<tr>
<td>Knowledge of elementary algebraic functions</td>
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<td>Study habits and test taking skills</td>
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</tbody>
</table>

Please check areas in which you feel the applicant could benefit from Upward Bound Math-Science Program services:

- Time Management
- Note Taking
- Writing Skills
- Listening Skills
- Organization
- Test Preparation
- Attitude
- Reading
- Penmanship
- ACT/SAT Prep
- Study Skills
- Tutoring
- Assistance with high school course selection
- Assistance with career development
- Assistance with college selection
- Assistance with self-development (please circle): Motivation, Self-Esteem, Social Skills, Communication Skills, Others

Would you recommend the applicant as someone who has potential for post-secondary educational opportunities?

Yes ___ No ___

If no, please explain:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Teacher’s Printed Signature_____________________________________ Contact Number____________________________________

Teacher’s Signature ___________________________________________ Date: __________________________

May we contact you regarding this assessment? Yes ___ No ___
Assessment Form

FOR SCIENCE TEACHER

I, ____________________________, am requesting your assistance with the application process for the Upward Bound Math-Science Program. Please complete this recommendation form on my behalf.

Thank you, ____________________________________________________________________

Applicant’s Printed Name

Applicant’s Signature Date

Teacher Only Beyond This Point

Please return the assessment to the applicant in the envelope provided. Please seal the envelope and sign your name across the flap.

Length of time you have taught this student ____________ Current Subject ______________________

Last Progress Report Grade in Your Class ______________

Please check the appropriate boxes indicating your assessment of the applicant applying for admission to the Upward Bound Math-Science Program. Please return the assessment to the applicant in the envelope provided. Please seal the envelope and sign your name across the flap.

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The Applicant Always Sometime Neve r Don’t Know

1. Has expressed an interest in postsecondary education.
2. Expresses an interest in academic endeavors and it motivated in classes.
3. Is responsible in academic obligations
4. Needs to improve study habits.
5. Demonstrates age appropriate social and emotional behavior.
6. Relates well to peers
7. Cooperates with authority in the classroom
8. Has good attendance and demonstrates punctuality.
9. Seems motivated to achieve in class
10. Appearance and behavior reflects a positive self-image
11. Demonstrates good study habits.
12. Is Cooperative.
13. Accepts responsibility for his/her work
14. Performs at his/her expected academic ability level.

15. Do you have any pertinent comments to make regarding this student’s academic abilities and achievement that may have bearing on his/her admission into the Upward Bound Math-Science Program? You may respond below.
Given his/her grades, test scores, ability, and motivation, it is realistic for this applicant to plan for college?
Yes ___ No ___ Comments  ____________________________________________________________________________________________
______________________________________________________________________________________

Please rate this applicant’s skills in the following areas:

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<tr>
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<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employs logical reasoning when presenting ideas</td>
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<tr>
<td>Ability to categorize information</td>
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<tr>
<td>Use of resource materials</td>
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<tr>
<td>Works as a group member</td>
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</tbody>
</table>

Please check areas in which you feel the applicant could benefit from Upward Bound Math-Science Program services:

- Time Management
- Note Taking
- Writing Skills
- Listening Skills
- Organization
- Test Preparation
- Attitude
- Reading
- Penmanship
- ACT/SAT Prep
- Study Skills
- Tutoring
- Assistance with high school course selection
- Assistance with career development
- Assistance with college selection
- Assistance with self-development (please circle): Motivation, Self-Esteem, Social Skills, Communication Skills, Others

Would you recommend the applicant as someone who has potential for post-secondary educational opportunities?
Yes ___ No ___

If no, please explain:
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Teacher’s Printed Signature _______________________________  Contact Number _______________________________

Teacher’s Signature _______________________________  Date: __________________

May we contact you regarding this assessment? Yes_____ No_____
To be considered for selection into the COPE Inc., TRIO Upward Bound Math-Science Program, the following materials must be submitted:

1. School photo (will not be returned) In packet? Yes___ No___
2. Copy of U.S. Birth Certificate In packet? Yes___ No___
3. Copy of Social Security Card In packet? Yes___ No___
4. Copy of current grades In packet? Yes___ No___
5. Copy of applicant’s transcript (9th graders only) In packet? Yes___ No___
6. Copy of parent/guardian current 1040 Income Tax return or Verification of income In packet? Yes___ No___
7. Copy of applicant’s upcoming or present high school class schedule In packet? Yes___ No___

Submitted items must be returned to:

The TRIO Upward Bound Math-Science Program  
COPE Inc.,  
904 13th St.  
Alexandria, LA 71301

Note: submission of items does not constitute acceptance into program.