



Student Application

Check List

The Upward Bound Student Application Includes:

- Student Information Form (page 1)
- Parent(s) Information Form (page 2)
- Student Personal Statement (page 3)
- ACADEMIC Release Form (page 4) *submit to Guidance Office*
- Math/Science Teacher Recommendation Form (page 5)
- Guidance Counselor Recommendation Form (page 6)
- Medical Form/ Copy of Immunization Record (page 7 & page 8)

In order for the Upward Bound Program Staff to process your Application for Admission in a timely manner, you must include the following documents with your application:

- Copy of your High School transcript and recent report card.
- Copy of your Parent's most recent 1040, 1040A, 1040EZ tax return.
The tax return must be sign.
- Copy of non-taxable income. Budget letter from the Department of Social Services/ Social Security Award Letter.
- Most recent student photo for identification. (passport size)
- Copy of your Social Security Card.
- Copy of your Alien registration Card (ARC), if applicable.

Please remember that an application is not fully complete until ALL forms in the application packet, including Income Documentation, Transcript, and Counselor and Teacher Recommendation. Application will be considered for admission once they are completed.

John Jay College

Upward Bound

524 W. 59th Street

New York, NY 10019

Phone: 212-237-8274 Fax: 212-237-8906

APPLICATION FOR ADMISSION

Part A: Personal Information (please print or type)

Date: _____

Student Name: _____
Last Name First Name Middle Name

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ - _____ Student Cell Phone: () _____ - _____

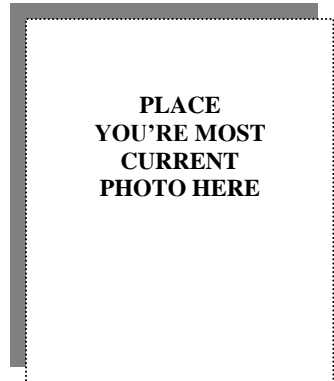
Social Security #: _____ Date of Birth: ____/____/____

Sex: Male Female Age: _____

Place of Birth: _____

Student's Email: _____

I am a citizen or national of the U.S. Yes No
If "No", please provide Alien Registration Card Number: A# _____



Ethnic Background:

Black or African American Hispanic White American Indian/Alaskan Native
 Asian Native Hawaiian or Other Pacific Islander Other Explain) _____

PART B: INFORMATION ABOUT YOUR ACADEMIC BACKGROUND

Are you currently participating in?

Educational Talent Search Yes No
Gear Up Yes No

College Now Yes No
AVID Yes No

Name of Present High School: _____

Student's Guidance Counselor Name: _____

Type of School: Public Private OSIS # _____

Your present grade in school: Rising 9th (summer between 8th and 9th grade) 9th 10th

Expected High School Graduation Year 20____
Year

For UB Office Use:

Application Received Date: ____/____/____ Interview Date: ____/____/____

Acceptance Date: ____/____/____ First Date of Service: ____/____/____



Part C: Parental/Guardianship Information

I live with: Mother Father Guardian

Mother/Guardian's

Name: _____

Address _____

City NY Zip Code

Home number: _____

Cell Phone Number: _____

Present Occupation: _____

Employer: _____

Work Number: _____

Email: _____

Annual Income: \$ _____

Educational Status:

Highest level of education completed? _____

Did you graduate? Yes No

Highest college grade completed? _____

Did you graduate? Yes No

If yes, type of degree received: 2 yr A.A.

4 yr Bachelors other: _____

Father/Guardian's

Name: _____

Address: _____

City NY Zip Code

Home number: _____

Cell Phone number: _____

Present Occupation: _____

Employer: _____

Work Number: _____

Email: _____

Annual Income: \$ _____

Educational Status:

Highest level of education completed? _____

Did you graduate? Yes No

Highest college grade completed? _____

Did you graduate? Yes No

If yes, type of degree received: 2 yr A.A.

4 yr Bachelors other: _____

Additional Family Member Living at Home including Applicant

Name

Age

1. _____

2. _____

3. _____

Name

Age

Total Family Income \$ _____

Other Source of Income: _____

(If applicable)

Total Family Size: _____

Due to the fact that John Jay College Upward Bound Program receives funding from the U.S. Department of Education, it is required that the Program staff verifies student eligibility by obtaining income documentation. Therefore, please attach a copy of the parent's income tax (1040). This documentation is extremely important in order for us to consider a student's admission into the program. All information is kept confidential. Thank you.

Student's Signature _____

Date: _____

Mother/Guardian Signature _____

Date: _____

Father/Guardian Signature _____

Date: _____



PERSONAL STATEMENT

How you rate your academic ability and motivation on a scale of 1 to 4?

1. Poor 2. Below Average 3. Average 4. Above Average

What are you major areas of concern?

- Natural Science(s) Mathematics English Social Studies/ History Study Skills
 Interpersonal skills/ Communication Skills Communication Skills Cultural Enrichment
 Career Exploration Other (Explain) _____

(Please print in your own handwriting)

In the space provided, please write an autobiography. This should include your experiences, interests, activities, and plans for the future. Please give specific reasons for wanting to participate in the Upward Bound Program. (This is required for admission).

Student Signature: _____



ACADEMIC RECORD RELEASE FORM

Junior High School and High School Transcripts Individualized Evaluation Plan (I.E.P), College Transcripts & National Student Clearinghouse-Student Enrollment Search

Permission for Release of School Information

High School/Education Institution: _____

The student named below has applied and/or been selected to participate in the John Jay College/Upward Bound Program. In Order to assess this student's need for the program, potential for academic success, or academic progress, we are requesting a copy of his/her grades, transcript, test scores and/or any other relevant information.

Student Information:

Name: _____ Date Of Birth: _____
(Please print)

OSIS #: _____ Social Security#: _____

Home Address _____

Parent/Guardian Permission for release of school Information:

I, the undersigned, am the parent or legal guardian of the named above. I give my permission for the high school, educational institution, or program, to **release grades, transcript, test scores and/or any other relevant information** to John Jay College/Upward Bound Program upon request of the program or its representative. I understand that the Upward Bound Program will keep this information confidential.

Mail to: **John Jay College of Criminal Justice
Upward Bound Program
524 West 59th Street
New York, N.Y. 10019
ATTN: Karen K. Texeira - Program Director**

The John Jay Upward Bound Program maintains compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 as amended. FERPA defines educational requirements which are designed to protect the privacy of students concerning their records maintained by The John Jay Upward Bound Program.

Parent/Guardian Signature _____

Student Signature _____



Math/Science TEACHER'S RECOMMENDATION

Student's Name: _____ School Name: _____

Teacher's Name: _____ Subject: _____

How long have you known the student? ___ Less than 1 yr. ___ 1yr. ___ 2yrs. ___ 3yrs.

Please rate the student's level of motivation and academic ability. (Circle one)

1. Poor 2. Below Average 3. Average 4. Above Average

What is the student's classroom attendance? Regular Irregular

Please rate the student according to your observation or knowledge:	Poor	Fair	Average	Good	Excellent
1. Attitude towards school work.	1	2	3	4	5
2. Intellectual ability/level of understanding	1	2	3	4	5
3. Ability to function effectively, follow rules and accept consequences	1	2	3	4	5
4. Communication Skills	1	2	3	4	5
5. Study Skills	1	2	3	4	5
6. Responsibility	1	2	3	4	5
7. Concern for other/interpersonal Skills	1	2	3	4	5
8. Goals Orientation	1	2	3	4	5
9. Academic Ambition	1	2	3	4	5

Please give specific reasons for recommending this student, and provide any additional information, which will assist us with assessing the student's academic and personal qualities as a candidate for the Upward Bound Program.

I recommend don't recommend _____ to participate in the Upward Bound Program.

Teacher Signature _____

Date: _____

HIGH SCHOOL COUNSELOR RECOMMENDATION

Name of Counselor _____ Phone Number () _____ - _____

High School Name _____ Students OSIS# _____

What is the student's current Cumulative GPA? _____ Student Current Grade Level _____

Expected Year of graduation? **20** _____ Student Current High School Credits _____
Year

Has the Student taken Regents? Yes No

Mathematic _____ Score _____, English _____ Score _____, Science _____ Score _____

Other _____ Score _____

What is the student's high school curriculum? _____

Is the participant currently in rolled in ESL classes? Yes NO

INTELLECTUAL ABILITY AND ACHIEVEMENT

Please rate the student's ability and motivation on a scale of 1 to 4. (Circle one)

1. Poor 2. Average 3. Below Average 4. Above Average

What is the student's school attendance? Regular Irregular

To your knowledge, has the student had any social, physical/health, or psychological problems? Yes No

If yes, please explain: _____
_____.

I recommend don't recommend _____ to participate in the Upward Bound Program.

Please give specific reasons for recommending this student, and provide any additional information which will assist us in assessing the student's personal and academic qualities as a candidate for the Upward Bound Program. _____
_____.

Counselor Signature _____

Date ____ / ____ / ____

Please attach a copy of the student's CURRENT TRANSCRIPT/REPORT CARD and Regents TEST. The student will not be considered without academic documentation.

Due to the fact that John Jay College Upward Bound Program receives funding from the U.S. Department of Education, it is required that the Program staffs verify student eligibility by obtaining income documentation. Therefore, please inform parents and students that we require Proof of Income. This documentation is extremely important in order for us to consider a student's admission into the program. All information is kept confidential. Thank you.

JOHN JAY COLLEGE UPWARD BOUND PROGRAM

MEDICAL CONSENT FORM

Student's Name: _____ Date of Birth: ___/___/___ Sex: _____

Home Address: _____
Street Apt # City State Zip Code

Name of Parent/ Guardian: _____ Home Telephone No.: () _____ - _____

PLACE OF EMPLOYMENT:

Father: _____ Telephone No.: () _____ - _____

Mother: _____ Telephone No.: () _____ - _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name of the Contact: _____ Relationship: _____ Telephone _____

My family has medical insurance: Y - Yes N- No

PLEASE ATTACH A COPY OF THE INSURANCE CARD

IMPORTANT: Please notify the Program if this student has been exposed to any communicate disease during the three weeks prior to attending the Summer Session: Yes No
(If yes, state type of exposure ; _____)

HEALTH HISTORY: (Check, giving approximate dates)

		<u>Allergies</u>		<u>Diseases</u>	
Ear Infections	Y	Hay Fever	Y	Chicken Pox	Y
Rheumatic Fever	Y	Ivy Poisoning, etc.	Y	Measles	Y
Convulsion	Y	Insect Sting	Y	German measles	Y
Diabetes	Y	Penicillin	Y	Mumps	Y
Behavior	Y	Other Drugs	Y	Asthma	Y
Past Illness	Y	Contagious Illness	Y		

Operations or Serious Injuries (Date) ___/___/___ Other Diseases or Details of above _____

Hospitalization (Date) ___/___/___ Chronic or Recurring Illness _____

Does you Child Have any Physical restrictions? _____

Permission to take part in all program activities unless otherwise noted. _____

Suggestion From Parent/Guardian _____

SIGNIFICANT HEALTTH HISTORY: CURRENT CONDITIONS (PLEASE LIST)

Is the participant taking any medication _____ Appliance Worn (Glasses,

Conditions which modify activity (Seizures, Amnesia, Heart Conditions, etc) _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the John Jay College Upward Bound Program Summer Session and Academic Year Program to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship: _____

Signature: _____

Date: _____

Telephone No: _____



****INFORMATION ON THIS SIDE SHOULD BE FILLED OUT BY THE PHYSICIAN ONLY****

Student's Name _____
Last Name First Name

The purpose of this health record is to provide the staff with pertinent information, which will help to serve the needs of this child in Summer Session and the Academic Year Program).

IMMUNIZATION HISTORY.- This is a record of dates of basic immunization and most recent booster

DPT or DT or TD	Date _____	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____	Date _____
Measles	Date _____	Date _____	Date _____	Date _____	Date _____
Rubella	Date _____	Date _____	Date _____	Date _____	Date _____
Mumps	Date _____	Date _____	Date _____	Date _____	Date _____
Tuberculin Test Given (Most Recent)	Date _____				

MEDICAL EXAMINATION

To be filled out by licensed Physician. This examination should be performed within 12 months of arrival to the Summer Session.

CODE: S= Satisfactory X= Not Satisfactory (explain) 0= Not Examined

General Appearance _____	_____	_____
Height _____	Weight _____	Blood Pressure _____
Hgb. Test _____	Urinalysis _____	Posture & Spine _____
Throat-Tonsils _____	Eyes _____	Vision _____
Glasses _____	Extremities _____	Heart _____
Ears _____	Hearing _____	Feet _____
Lungs _____	Skin _____	Nose _____
Teeth _____	Abdomen _____	Hernia _____
Genitalia _____	Allergy: (Please Specify) _____	_____
Neurological Findings _____	_____	_____
Describe Abnormal Findings and / or Handicapping Conditions _____	_____	_____

Has child ever received products containing horse serum? _____

RECOMMENDATIONS AND RESTRICYTIONS WHILE ATTENDING JOHN JAY COLLEGE UPWARD BOUND PROGRAM

Special diet: _____
Special Medicine (Specify): _____
Is parent/guardian sending special medicine? _____
Swimming _____
General Appraisal _____

I have examined the person herein described and reviewed his/her health history and it is my opinion that he/she is physically healthy to engage in the Upward Bound Program at John Jay College Academic Year and Summer Component.

_____, M.D.
Examining Physician

Date of Examination _____ Address _____
Telephone () _____ - _____ City _____ State _____ Zip Code _____

