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)

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   College Now   ☐ Yes   ☐ No
Gear Up   ☐ 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

<table>
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<tr>
<th>Name</th>
<th>Age</th>
<th>Name</th>
<th>Age</th>
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</table>

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: _______________

The City University of New York
TRiO
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).

______________________________________________________________________________________
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______________________________________________________________________________________

Student Signature: ____________________________________________________________

CUNY The City University of New York

TRiO
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 ____________________________

The City University of New York
TRiO
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:

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
<td>1. Attitude towards school work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Intellectual ability/level of understanding</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>3. Ability to function effectively, follow rules and accept</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>consequences</td>
<td></td>
<td></td>
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<td>4. Communication Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>5. Study Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Responsibility</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>7. Concern for other/interpersonal Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>8. Goals Orientation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Academic Ambition</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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 _______

Has the Student taken Regents? □Yes □No
Mathematics ______ 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)


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 ____________

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)

Allergies    Diseases
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 your Child Have any Physical restrictions? ________________________________________________

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

Suggestion FromParent/Guardian________________________________________________________________

SIGNIFICANT HEALTH 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: ____________________________

TRiO
The City University of New York
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 ___
  - Date ___

- **Polio**
  - Date ___
  - 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 __________________________ Weight _______________ Blood Pressure _______________

Height _______________ 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 RESTRICTIONS 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____