



Dear Applicant:

Thank you for your interest in joining the Upward Bound Program at the University of North Carolina at Chapel Hill! The Upward Bound Program is a Federally Funded Educational Grant Project awarded by the Department of Education. Upward Bound is designed to develop the Skills and Motivation necessary to complete High School and succeed in Postsecondary Education. This Program is FREE to Participants and all Expenses are paid by the Upward Bound Grant.

You may apply as early as the Spring Semester of 8th grade. All Applicants should meet the required minimum Grade Point Average (GPA) of 2.5 on a 4.0 scale. Please see our Website for Additional Eligibility Requirements. Applications are accepted on a Rolling Basis. This means Applications are reviewed and decided upon once the Application is complete. It is Important that you complete your Application as soon as possible, as there are a Limited Number of Seats in the Program. When space is not available, an Applicant will be referred to our Waitlist for Later Consideration.

Please download the Application to your Computer and fill it out electronically. You can also print a Copy and fill it out. Be sure to write legibly to avoid Errors in processing. Following Submission, please gather the following REQUIRED Application Materials to ensure Prompt Review.

- Signed Copy of Parent's 1040, 1040A, or 1040EZ Income Tax Return for the Most Recent Year
- Signed Certification (Page 5)
- Signed Release of Information Authorization Form (This will be emailed to you)
- One Character Recommendation Form from a Teacher, School Counselor or Community Member
- One Teacher/Counselor Recommendation Form from a Teacher or School Counselor
- Academic Transcript, Recent Report Card, and EOC/EOG Test Scores from your School Counselor

Upon Completion, please return your Application and the Required Application Materials to the Upward Bound Program as Saved or Scanned Documents via Email to upwardbound@unc.edu, via Fax at 919-962-4381, or via Mail to:

Upward Bound, UNC Chapel Hill
385 Manning Drive, SASB South, Suite 2301
Campus Box 8010
Chapel Hill, NC 27599

If you have any Questions and/or do not receive an Email regarding your Application Status within Two Weeks of Submission, please contact our Office at 919-962-1281. Thank you!

Sincerely,

Maximillian Matthews, M.Ed.
Assistant Director, Upward Bound

Privacy Statement: All Information on this Application will be held in Strict Confidence. This Information is necessary to ensure that the Applicant meets the Criteria for Admission to Upward Bound as established by the U.S. Department of Education. Information will only be shared with Upward Bound Staff and for Reporting Purposes to the U.S. Department of Education.



I. Student Information

First Name		Middle Name		Last Name	
Permanent/Home Address		City		State	Zip
Current/Local Address		City		State	Zip
Email Address					
<p><i>*You will receive Confirmation of your application at this Email Address. This will be the Primary Address for contacting you during the Application Process. Emails to School Accounts may not be received.</i></p>					
Home Phone		Cell Phone		Work Phone	
Date of Birth (MM/DD/YYYY)			Gender		
Race/Ethnicity (select all that apply):					
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Hispanic or Latino			
<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian or Pacific Islander			
<input type="checkbox"/> Black or African American		<input type="checkbox"/> White			
<input type="checkbox"/> Other					

II. Academic Information

Please note that, due to the Nature of our Programming, Priority is given to Applicants in Grades 8, 9, and 10; however, Applications are accepted for Grades 11 and 12 as Space permits.

Current Year in School:		Name of Current/Future High School	
<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		<input type="checkbox"/> Chatham Central High School <input type="checkbox"/> Hillside/Hillside New Tech High School <input type="checkbox"/> Jordan Matthews High School <input type="checkbox"/> Lee County High School <input type="checkbox"/> Northwood High School <input type="checkbox"/> Southern High School	
Expected Month/Year of Graduation (MM/YYYY)			
High School Guidance Counselor:			
Have you been suspended or had other Disciplinary Issues? If yes, please explain:			



III. Citizenship

Are you a Citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered No to the above Question, please answer the following:		
<ul style="list-style-type: none"> ▪ Are you a permanent resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ If applicable: <ul style="list-style-type: none"> ○ Permanent Resident #: _____ ○ Date Issued _____ ▪ If you are not a Permanent Resident, are you in the U.S. for other than a Temporary Purpose with the intent of becoming a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
<i>If you are in the process of becoming a Permanent Resident, please provide Evidence from Immigration and Naturalization Service of your intent to become a Permanent Resident.</i>		

IV. Family Background

Did your Parent/Guardian file Taxes in the Last Year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Do you currently receive or are eligible to receive Free/Reduced Lunch through your School?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
How many people, including yourself, are currently living in your Household? <i>(Line 6d on Income Tax Forms 1040 and 1040A)</i>		
Family Annual Taxable Income (for last Tax Year): <i>(Line 43 on Income Tax Form 1040, line 27 on Form 1040A)</i>	\$ _____	
Has your Mother, Father or Guardian earned a Bachelor's Degree?		
Father <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/NA	Mother <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/NA	Guardian/Other (Specify relationship) <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Unknown/NA
With whom have you regularly resided and for how long?		
<input type="checkbox"/> Mother How long?	<input type="checkbox"/> Father How long?	<input type="checkbox"/> Guardian/Other How long?

Briefly provide any Additional Information, if necessary, regarding your Family/Living Situation (ie. Homelessness, Foster Care, Recent Adoption). If you Indicated Guardianship above, please note whether this is a Court-Approved Guardianship.



V. Parent/Guardian Information

First Name		Middle Initial		Last Name	
Address		City		State	Zip Code
Email Address		Home Phone		Cell Phone	
Relationship to You:					
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____		<input type="checkbox"/> Lives with you <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Unknown			
Education Level					
<input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> Unknown <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Advanced Degree (Master's, JD, MD, PhD, etc.)					
Name of College(s), if any:			Degree(s), if any:		
Employer:			Work Phone:		
<input type="checkbox"/> Please check here if you would like this individual to be listed as your Emergency Contact. <input type="checkbox"/> Prefiero comunicación en Español.					

First Name		Middle Initial		Last Name	
Address		City		State	Zip Code
Email Address		Home Phone		Cell Phone	
Relationship to You:					
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____		<input type="checkbox"/> Lives with you <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Unknown			
Education Level					
<input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> Unknown <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Advanced Degree (Master's, JD, MD, PhD, etc.)					
Name of College(s), if any:			Degree(s), if any:		
Employer:			Work Phone:		
<input type="checkbox"/> Please indicate here if you would like this individual to be listed as your Emergency Contact. <input type="checkbox"/> Prefiero comunicación en Español.					



VI. Emergency Contact Information

This is your next of kin or someone you feel comfortable making Medical Decisions on your behalf. If your Primary Emergency contact is not someone listed above, please provide their Contact Information below:

First Name		Middle Initial		Last Name	
Address			City	State	Zip Code
Email Address		Home Phone		Cell Phone	
Relationship to You:					
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Sister <input type="checkbox"/> Other <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Brother				Does this individual live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education Level					
<input type="checkbox"/> No High School		<input type="checkbox"/> Some High School		<input type="checkbox"/> High School Grad/GED	
<input type="checkbox"/> Associate's Degree		<input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Advanced Degree (Master's, JD, MD, PhD, etc.)	

VII. Interest Information

How did you learn about Upward Bound:	
Have you ever applied to our Program before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate year applied: _____
Please select <u>all</u> Pre-College Access Programs that you currently participate or have participated in:	
<input type="checkbox"/> AVID (Advancement Via Individual Determination) <input type="checkbox"/> Educational Talent Search <input type="checkbox"/> Student U <input type="checkbox"/> GEAR UP <input type="checkbox"/> Scholars Latino Initiative (SLI) <input type="checkbox"/> HSALA (Health Sciences Leadership Academy)	

VIII. Parent/Guardian Certification

I declare that the information provided in this application is complete and accurate to the best of my Knowledge. I understand that, if selected, my child will be expected to regularly attend all Upward Bound Program Activities including Saturday Enrichment Academy, the After School Scholastic Institute Sessions, and Summer Programs and participate fully throughout High School until he/she/they graduate(s) and enrolls in a College or University.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date



UPWARD BOUND CHARACTER RECOMMENDATION FORM

Please complete this Form and return to Applicant or the Upward Bound Assistant Director via Email.
Thank you for your assistance in evaluating this Applicant for the Upward Bound Program!

Name of Applicant [Click here to enter text.](#)

NAME OF RECOMMENDER [Click here to enter text.](#)

TITLE/OCCUPATION [Click here to enter text.](#)

TELEPHONE NUMBER [Click here to enter text.](#) EMAIL ADDRESS [Click here to enter text.](#)

1. How long have you known the Applicant and in what Capacity? (Provide Dates, if possible).

[Click here to enter text.](#)

2. What four Words would you use to describe this Applicant? Please briefly explain each Word.

[Click here to enter text.](#)

3. How would you describe the Applicant's Ability to work with a Team? Please speak to the Applicant's Ability to collaborate, lead and/or manage conflict within a Team.

[Click here to enter text.](#)



4. Please comment on the Applicant’s Ability to receive/implement Constructive Criticism from a Manager or Supervisor.

Click here to enter text.

5. Please rank the Applicant in the Following Areas:

	Excellent 5	Good 4	Average 3	Fair 2	Poor 1	No opportunity to observe	Comments
Record Keeping/Data Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Study Habits/Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Accuracy/Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Maturity/Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Motivation/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Ability to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Initiative/Industriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Cooperative Attitude in group setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Leadership/Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Ability to receive constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Ability to interact with people from diverse backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Ability to accept change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Ability to resolve conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Overall Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

SIGNATURE

DATE



TEACHER/COUNSELOR RECOMMENDATION FORM

Please complete this Form and return to Applicant or the Upward Bound Assistant Director via Email. Thank you for your assistance in evaluating this Applicant for the Upward Bound Program!

STUDENT'S NAME _____ **COURSE** _____

Please rate the Applicant on the following Factors, from 1 (low) to 5 (high), or mark N/S if you are not sure how to rate based on your Interaction with the Applicant:

- | | | | | | | |
|---------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| 1. Academic Skills | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |
| 2. Motivation to Learn | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |
| 3. Self-Discipline | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |
| 4. Timely Assignment Completion | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |
| 5. Test Preparation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |
| 6. Test Performance | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |
| 7. Punctuality | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |
| 8. Overall Attendance | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> N/S |

Please provide Specific Comments regarding the Applicant's Academic and Personal Strengths:

Please provide Specific Comments regarding the Areas in which the Applicant needs to improve, or in which they are lacking Support:

In Specific Detail, please comment on the Applicant's Demonstrated Need for the Academic Support in Preparation for College provided by Upward Bound:

Name of Teacher/Counselor (please print)

Signature of Teacher/Counselor

Date