



WICHITA STATE
UNIVERSITY

TRIO PROGRAMS

Upward Bound/Math Science



WICHITA STATE
UNIVERSITY

DIVISION OF DIVERSITY AND
COMMUNITY ENGAGEMENT

*TRIO Upward Bound
Math/Science Center*

UBMS Application for Admission

Hosted By Wichita State University



Our Mission

It is the mission of the TRIO Upward Bound Math Science Center to:

- Educate students with the propensity for study in STEM (Science, Technology, Engineering, and Math) areas for post-secondary
- Stimulate and sustain interest in STEM careers, and
- Motivate low-income and potential first generation college students to realistically consider the attainment of a post-secondary degree in STEM.



PROGRAM & APPLICATION INFORMATION

Dear Potential TRIO Upward Bound Math Science Center Family:

Thank you for your interest in the TRIO Upward Bound Math Science Center (UBMS Center). This letter is to provide you with more information about the services available at Wichita State University and to encourage your family with the application process.

What is UBMS?

UBMS is a College Access program funded by the U.S. Department of Education and hosted by Wichita State University. The major objective of the UBMS Center is to stimulate interest in Science, Technology, Engineering and Mathematics. The Center's programs are specifically designed to assist limited-income youth (high school freshmen, sophomores, and juniors) who have the potential to be the first in their families to complete a four-year college degree.

What does UBMS offer?

The UBMS Center has two components in which students are expected to participate: the academic-year component and the summer component. The academic-year program services include:

- Educational support through the Homework Assistance Program, Supplemental Instruction & Individual Academic Support
- Personal and leadership skill development
- Social and cultural programs
- Career and college exploration, campus visits, ACT test preparation, and financial aid application assistance
- Service-learning and community service opportunities

Students participating in the six to eight week intensive summer component are exposed to a college-like experience that includes:

- Living in a college residence hall
- A rich, intergrated, pre-college curriculum (basic through advanced)
- Experience with collaborative work groups and research projects
- Opportunities to complete college course work and earn up to eight hours of college credit (UBMS grads only)
- Social and cultural programs
- Career and college exploration, campus visits, ACT test preparation, financial aid application assistance
- Service-learning and community service opportunities

Focus is placed on helping students sharpen leadership skills, engage in career and college exploration, learn from guest speakers, and participate in service-learning opportunities and social and cultural outings.

What will this program cost me?

All academic and student development services are provided to qualifying students at no cost. Tuition, as well as room & board for the summer component, will be paid by the Center. Students fulfilling their responsibilities during the summer component can earn a stipend.

How successful is Upward Bound?

There are over 160 UBMS Centers in the United States today. Research studies show that students in the Upward Bound program are four times more likely to earn an undergraduate degree than those students from similar backgrounds who did not participate in TRIO. The UBMS Center at WSU currently has a 100% high school graduation rate (Class of 2013), an 85% college-going rate (2013), and a 89% college persistence rate (High School Class of 2012).

What about supervision for my child while he/she is away from home?

UBMS students are supervised by trained teachers, counselors, and para-professionals at all UBMS activities. UBMS rules of conduct are strict, and students who violate these rules are dismissed.

Who may apply?

Any student who has completed the 8th grade, but not entered the 12th grade, currently living in Kansas. He/she must be from a limited-income family or a family where neither the mother nor father has a four-year college degree. To be admitted, the U.S. Department of Education requires the student to be a U.S. citizen or permanent resident alien. The student must also have a "demonstrated interest in math or science" and the potential for college success as demonstrated by school grades, letters of recommendation, and standardized tests.



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APPLICATION FOR ADMISSION

- DIRECTIONS: 1) Please read the program and application information prior to completing the application. 2) Print or type clearly. 3) Answer each question completely. 4) Give special attention to directions in bold or parentheses. 5) Please attach a 100-200 word essay explaining, "Why I want to be in Upward Bound Math Science."

Statement of Confidentiality:

The personal information you give to the UBMS program is sent to the U.S. Department of Education. This information is protected by the Privacy Act. No one may see the information unless they work with or for the UB project or are specifically authorized to see the information. The information is necessary to determine your eligibility for participation and it helps the government measure our, and your, success.

STUDENT INFORMATION

APPLICATION DATE: REFERRAL INFORMATION: How did you hear about our program?

STUDENT'S NAME: First Last MI

SOCIAL SECURITY #: BIRTH DATE: AGE: (If no social security #, insert "000-00-0000." It is important that one be obtained as soon as possible.)

GENDER: Male Female ETHNICITY: Are you Hispanic or of Latin descent? Yes No

RACE: (Please check all that apply.) Am. Indian Asian Black/African Am. White Native Hawaiian/Pacific Islander

CITIZENSHIP STATUS: U.S. Citizen: Yes No Permanent Resident: Yes* No If yes, Resident Alien #

CURRENT GRADE LEVEL: EXPECTED HIGH SCHOOL GRADUATION YEAR:

T-SHIRT SIZE:

CONTACT INFORMATION

EMAIL ADDRESS (STUDENT):

CURRENT ADDRESS: STREET ADDRESS CITY STATE ZIP

TELEPHONE: (If no home/work phone number is available, you must provide an alternate name and number for messages.)

Home Telephone: ()

Work Telephone: ()

Alternate Telephone: () is this phone number [] student cell; [] parent cell or [] other

Do you have access to social media? Yes No

Do you have a Facebook? Yes No Facebook Name:

Twitter Name:



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APPLICATION FOR ADMISSION

PARTICIPATION INFORMATION

Has a family member ever participated in an Upward Bound or Upward Bound Math/Science program? Yes* No

*If yes, who and when? _____

Have you ever participated in any of the following programs?

- Upward Bound Yes* No *If yes, where and when?
Talent Search Yes* No *If yes, where and when?
Communities in Schools Yes* No *If yes, where and when?
GEAR UP Yes* No *If yes, where and when?
AVID Yes* No *If yes, where and when?
Kauffman Scholars Yes* No *If yes, where and when?
Other Federally-Funded College Access Program Yes* No *If yes, where and when?

ELIGIBILITY STATUS

Do either of your parents have a four-year college degree (bachelor's degree)? Yes* No

*If yes, which parent (or both)? _____

(The following information is collected only to determine eligibility for participation)

Do you have a qualifying disability as defined in section 12102 of the Americans with Disabilities Act? Yes* No

*If yes, please explain _____

Are you: Homeless In Foster Care Involved in the Juvenile Justice System

FAMILY INFORMATION

With whom do you live? Father Mother Both Parents Guardian Self Other

Mother's Name:
Work Telephone:
Cell Phone (Mother):
Email Address (Mother):
Highest Grade Completed:

Father's Name:
Work Telephone:
Cell Phone (Father):
Email Address (Father):
Highest Grade Completed:

Step-Mother's Name:
Work Telephone:
Cell Phone (Step-Mother):
Email Address (Step-Mother):
Highest Grade Completed:

Step-Father's Name:
Work Telephone:
Cell Phone (Step-Father):
Email Address (Step-Father):
Highest Grade Completed:

EMERGENCY CONTACT PERSON: (Other than parents/guardians.)

Contact's Name:
Home Telephone:

Relationship to Student:
Work Telephone:

EDUCATIONAL DATA

SCHOOL CURRENTLY ATTENDING: _____

School Address: STREET ADDRESS CITY STATE ZIP

Telephone: () School Fax: () Website: _____



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EDUCATIONAL DATA *(continued)*

HIGH SCHOOL YOU WILL ATTEND IN 2017-2018: _____ **Last Semester GPA (per grade card):** _____

CURRENT ACADEMIC LEVEL: 8th 9th 10th 11th (The UBMS Center cannot accept students in grades below 8th or beyond 11th.)

Counselor's Name: _____ **Email Address:** _____

LAST DAY OF SCHOOL FOR 2016-2017: ____/____/____ **EXPECTED HIGH SCHOOL GRADUATION YEAR:** _____

STANDARDIZED TEST RESULTS:

Have you taken your High School State Assessment Test for Mathematics? If so, were you?

- Exemplary Exceeds Standard Meets Standard Approaches Standard Academic Warning

Have you taken your High School State Assessment Test for Reading? If so, were you?

- Exemplary Exceeds Standard Meets Standard Approaches Standard Academic Warning

Have you taken any of the following tests? ACT SAT PLAN EXPLORE PSAT

If so, please list your composite score: _____

MATH & SCIENCE COURSES: (Please list the math and science courses you have taken and are currently taking below. Please also include the school year.)

MATH COURSES	GRADE LEVEL	SCHOOL YEAR	SCIENCE COURSES	GRADE LEVEL	SCHOOL YEAR

COLLEGE INFORMATION: **Which of the following are you planning to attend?**

- Two-Year College Four-Year College Other College _____

What are your top three college choices? _____

ACADEMIC SERVICES: (Please mark any study skills assistance you wish to receive.)

- Concentration Notetaking Textbook Comprehension Memorization
- Time Management Test Prep Outlining Organization
- Motivation Test Anxiety Test Taking Strategies Other _____

APPLICATION SIGNATURES

I understand the goals, objectives, and requirements of the UBMS Center and agree to fulfill them. I also understand that if I do not fulfill the required goals and objectives, I will be terminated from the program. I certify that all the information I have provided is valid and correct to the best of my knowledge.

Student Signature: _____ Date: _____

I understand the goals, objectives, and requirements of the UBMS Center and agree to support my child in fulfilling them. I also understand that if my son/daughter does not fulfill the required goals and objectives, he/she will be terminated from the program. I certify that all the information I have provided is valid and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____



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FAMILY FINANCIAL STATEMENT (To be completed by a parent or guardian.)

DIRECTIONS: One of the criterion for admission is meeting the income guidelines established by the U.S. Department of Education. Before UBMS can determine your son or daughter's eligibility, the Center needs the following information. Please read carefully and complete all blanks. If all information is not completed, the form cannot be processed. This information is strictly confidential and will be maintained in the office only.

YOU MUST ATTACH A COMPLETE COPY OF YOUR 2016 or 2017 FEDERAL INCOME TAX RETURN FORM 1040, 1040A, OR 1040EZ WITH YOUR STUDENT'S APPLICATION.

FAMILY SIZE:

What is the number of persons living in your household (including yourself)? _____

FAMILY INCOME:

Did you file an income tax return for 2016 [] Yes [] No 2017 [] Yes [] No Year _____

If no, what is the most recent year that you did file? Year _____

For the year indicated, please list the Gross Family Income (before anything is taken out) \$ _____

For the year indicated, please list the Taxable Income \$ _____

Which of the following was the source of the above income?

(Check one or more. If you have additional income, such as child support, alimony, etc., please list each under "Other Income.")

- [] Father's Employment Company: _____ Occupation: _____
[] Mother's Employment Company: _____ Occupation: _____
[] Welfare \$ _____ per month
[] Social Security \$ _____ per month
[] Other Income _____ \$ _____ per month

Are you eligible for veteran's benefits? [] Yes* [] No *If yes, what kind? _____

What are your major concerns involving your student's educational plans? (Please check all that apply.)

- [] How to pay for college [] Helping them be academically prepared [] Deciding where they should go
[] How to apply for college [] Helping them be socially prepared [] Other _____

- [] I certify that all of the information on this form is valid and correct.
[] A copy of my most recent income tax return, welfare medical card, or income verification (notarized statement) is attached.

Parent/Guardian Signature: _____ Date: _____



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STUDENT AGREEMENT

PARTICIPANT NAME: _____

I understand that the purpose of the TRIO Upward Bound Math Science Center (UBMS Center) is to prepare participants to successfully complete a four-year college program. As part of my personal effort in this preparation, I commit to the UBMS Center to do the following:

All Participants

1. I will attend school daily, unless a parent/guardian has properly excused the absence. An excessive number of absences, either unexcused or excused, will not be acceptable.
2. I will have and maintain an acceptable grade point average of a 2.75 or better and show progress each semester thereafter. If I enter the program with less than a 2.75, I understand that I may be put on hold or on probation until improvement is shown or until this requirement is met.
3. I will enroll in math and science classes each year in high school.
4. I will register for and take the ACT test by the end of my junior year and/or the beginning of my senior year.
5. I will attend the UBMS Summer Galaxy Experience for the entire duration of the program.
6. I will follow all UBMS policies and submit all program paperwork on time. Paperwork includes permission slips, progress reports, report cards, ACT and other test scores and college and financial aid papers. By participating in UBMS I give consent for release of my postsecondary enrollment records to UBMS.
7. I will enroll in a rigorous curriculum as identified by Kansas Board of Regents to prepare for college.
8. I will continue to participate in UBMS until I graduate from high school.
9. I will graduate from high school and enroll in college the semester following my graduation.
10. I will communicate with the UBMS staff while enrolled in college.

Local Participants

1. I understand if my GPA is below 3.5, I am required to attend tutoring/Homework Assistance Program (HAP) sessions unless involved in a school sponsored extra-curricular activity for which the appropriate waiver will be on file. HAP is mandatory for all freshman.
2. I will attend both a summer residential component and an academic year component.
3. I will participate in no less than 75% of all activities planned for the year.
4. I will attend at least 80% of the scheduled Saturday Seminars.
5. I may miss these sessions only if I am involved in a school-related activity that conflicts with the session or for illness or family emergency. I understand that missing these sessions for work is not acceptable. Only if UBMS changes the date of/or adds a session will I be excused if a work conflict occurs.
6. I will attend meetings and appointments arranged with the UBMS staff member to discuss my academic progress, attendance, etc.

I understand that repeated failure to comply with these guidelines will result in my expulsion from the TRIO Upward Bound Math Science Center. Special activities offered by UBMS are privileges. Failure to meet the guidelines and expectations of UBMS may result in exclusion from these activities.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



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PARENT AGREEMENT

STUDENT NAME: _____

I understand that acceptance into the TRIO Upward Bound Math Science Center (UBMS Center) brings responsibilities for my son/daughter but will also require my support and participation. The following defines (but does not limit) my responsibility as a UBMS parent:

1. I grant permission for my son/daughter to participate in the UBMS Academic Year and Summer Programs. I understand the Center's expectation for my child to participate in both programs.
2. I will attend Parent/Teacher Conferences at my son/daughter's school during the Fall and Spring Semesters and meet with the Center's staff after the conferences.
3. I will attend a minimum of two UBMS-sponsored activities.* (*Local Parents Only*)
4. I will attend the scheduled orientation meetings.* (*Local Parents Only*)
5. When my student becomes a senior, I will also attend a fall college conference, a winter financial aid workshop, and a spring exit interview.* (*Local Parents Only*)
6. I will contact the Center's office prior to any UBMS activity for which my son/daughter will be absent.
7. I will support the Center by volunteering when possible.
8. I agree to cooperate with the Center's staff regarding my son/daughter's academic progress and goals for improvement.
9. I understand that I am to take an active role in seeing that my child is fulfilling the Center's requirements. Students who do not fulfill the requirements face probation and/or expulsion. In some cases counseling may be required for a student to continue in UBMS.
10. I assume responsibility for any damage brought about by my child to the Center's technology, the university, residential hall or other facilities.
11. I understand that my child may be dismissed from UBMS for failing to comply with the Center's regulations. Immediate removal from the Center will occur if my child is in possession of tobacco, alcohol, drugs, firearms or other weapons during program activities.
12. I understand that my child will be sent home at the expense of my family if he/she violates the Center's rules during a UBMS trip/activity.

Statement of Acceptance:

I have read and understand the responsibilities and expectations my son/daughter is undertaking by joining the TRIO Upward Bound Math Science Center. I agree to support my son/daughter in achieving his/her goal of graduating from high school and pursuing a college education by meeting the "Parent Agreement" as listed above.

Parent Signature: _____

Date: _____



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AUTHORIZATION FOR RELEASE OF RECORDS

STUDENT NAME: _____

DATE OF BIRTH: _____ -- _____ -- _____

DIRECTIONS: This form must be completed by the student and the parent/guardian.

The U.S. Department of Education requires that the TRIO Upward Bound Math Science Center (UBMS Center) at Wichita State University follow and monitor the academic progress of students participating in UBMS by tracking secondary school graduation, college matriculation, persistence and subsequent college graduation, etc.

In consideration of (Student Name) _____ being accepted for participation in the TRIO Upward Bound Math Science Center at Wichita State University, I/we hereby specifically authorize all secondary and post-secondary institutions attended by (Student Name) _____ to release the following information to representatives of the TRIO Upward Bound Math Science Center at Wichita State University:

Secondary Schools:

- Achievement, aptitude proficiency, state assessments, and interest scores (ACT, PACT, SAT, PSAT, Iowa Test of Basic Skills scores and all other tests taken since 7th grade)
Official transcripts
Official copies of report cards
Activities chart or lists of extra- or co-curricular activities
Family background data
Interview information from school administration, counselors, and teachers
Special education reports, such as the Individualized Education Program (IEP)
Health Related information during the summer residential.

Post-Secondary Schools:

- Enrollment verification information
Transcripts or transcript information documenting academic progress
Degree attainment information
Interview information from school administrators
Financial Aid records

This permission is granted for a period of time not to exceed ten (10) years after secondary school graduation or until this authorization is specifically cancelled by both (Student Name) _____ and his/her parent or guardian.

As a result of signing this form, the student applicant and his/her parent/guardian certify that they are providing this authorization with full understanding and voluntarily in consideration of the student applicant's participation in the TRIO Upward Bound Math Science Center at Wichita State University and to permit the Center to fulfill requirements imposed by the U.S. Department of Education, the funding agency. The records secured with this Release will not be shared with any third-party in accordance with FERPA.

Student Name (Printed) Date Parent/Guardian Name (Printed) Date

Student Name (Signed) Date Parent/Guardian Name (Signed) Date

NOTE: Information obtained by this form shall not be transferred to any other person or agency than that listed above without the consent of the person whose signature appears here on.

SCHOOLS: Current school may retain copy of this form for student file.



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STUDENT GOALS SURVEY

STUDENT NAME: _____

DIRECTIONS: The following section is to be completed by the student. This is not a test with “right” or “wrong” answers but rather an opportunity to express your opinions and attitudes about school, your career interests, and your future. This information will be reviewed by the selection committee to determine if the services of the TRIO Upward Bound Math Science Center will be beneficial to you. Honest and accurate information is very important. Read each question carefully, and then write a short statement to answer it completely. Incomplete applications cannot be accepted.

1. Of what value is successful completion of high school to your future?
2. Where (home or school) do you complete your homework and about how many hours each week do you spend on it?
3. On a scale of 1 – 10 (10 being the most important), what is the importance or lack of importance of regular attendance at school? Why?
4. On a scale of 1 – 10 (10 being the most important), how important are good grades in school? Why?
5. Describe your plans following your high school graduation. (University, Community College, Vo-Tech, Military Service or Work). Please give your reasons.
6. What kind of career do you think you might like to have? Please give your reasons.
7. Describe a person or event that has had a significant influence upon your life and explain why.



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STUDENT INTERVIEW QUESTIONNAIRE

STUDENT NAME: _____

DIRECTIONS: The following section is to be completed by the student. The answers should reflect the views of the student, who should answer honestly and accurately. Answer the questions in detail and rate the following items on a scale from 1 to 5, with 5 being the highest and 1 being the lowest.

	NOT AT ALL LIKE ME		SOMEWHAT LIKE ME		VERY MUCH LIKE ME	
	0	1	2	3	4	5
1. I consider myself a highly motivated student. Explain your answer. _____ _____	0	1	2	3	4	5
2. I know how to apply for financial aid. If so, describe the process. _____ _____	0	1	2	3	4	5
3. I know what kinds of financial aid are offered. If so, please list. _____ _____	0	1	2	3	4	5
4. New math concepts come easily to me. Explain your answer. _____ _____	0	1	2	3	4	5
5. I am confident in my math skills. Explain your answer. _____ _____	0	1	2	3	4	5
6. I plan to go to college. If so, where? _____	0	1	2	3	4	5
7. I know what it takes to succeed in college? Explain your answer. _____ _____	0	1	2	3	4	5
8. New science concepts come easily to me. Explain your answer. _____ _____	0	1	2	3	4	5
9. I am confident in my science skills. Explain your answer. _____ _____	0	1	2	3	4	5
10. I am familiar with the process of applying to college. If so, describe the process. _____ _____	0	1	2	3	4	5
11. I plan to pursue a career in science, technology, engineering, or math. If so, describe what you want to do. _____ _____	0	1	2	3	4	5

STUDENT NAME: _____

NOT AT ALL LIKE ME SOMEWHAT LIKE ME VERY MUCH LIKE ME

- | | |
|--|---|
| <p>12. I am confident in my reading skills.
Explain your answer.</p> <p>_____</p> <p>_____</p> | <p>0 1 2 3 4 5</p> |
| <p>13. My parents/guardians support my goal to go to college.
Explain your answer.</p> <p>_____</p> <p>_____</p> | <p>0 1 2 3 4 5</p> |
| <p>14. I am comfortable associating with people from diverse ethnic, cultural and racial backgrounds.
Explain your answer.</p> <p>_____</p> <p>_____</p> | <p>0 1 2 3 4 5</p> |
| <p>15. My teachers and counselors at school describe me as a motivated student.
Explain your answer.</p> <p>_____</p> <p>_____</p> | <p>0 1 2 3 4 5</p> |
| <p>16. I know the purpose of the UBMS program.
If so, describe the purpose.</p> <p>_____</p> <p>_____</p> | <p>0 1 2 3 4 5</p> |
| <p>17. I know what it will take to achieve my career goals.
If so, explain what it will take.</p> <p>_____</p> <p>_____</p> | <p>0 1 2 3 4 5</p> |
| <p>18. I enjoy taking on new learning challenges.
Explain your answer.</p> <p>_____</p> <p>_____</p> | <p>0 1 2 3 4 5</p> |
| <p>19. I have strong study skills.
Explain your answer.</p> <p>_____</p> <p>_____</p> | <p>0 1 2 3 4 5</p> |
| <p>20. I know what is expected of me when living in a college residential setting.
Explain your answer.</p> <p>_____</p> <p>_____</p> | <p>0 1 2 3 4 5</p> |
| <p>21. My school has explained the college and financial aid processes.
If so, describe what they told you.</p> <p>_____</p> <p>_____</p> | <p>0 1 2 3 4 5</p> |
| <p>22. I have received career counseling at my school.
If so, describe what career advice you received.</p> <p>_____</p> <p>_____</p> | <p>0 1 2 3 4 5</p> |
| <p>23. I have strong self-discipline.
Explain your answer.</p> <p>_____</p> <p>_____</p> | <p>0 1 2 3 4 5</p> |

Calculated score = _____



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NOMINATION FORM

DIRECTIONS: This form must be completed by a school principal, counselor, teacher, or an Upward Bound or Talent Search Director).

STUDENT NAME: _____ **GRADE LEVEL:** _____

NOMINATOR'S NAME: _____ **TITLE:** _____

PROGRAM OR SCHOOL: _____ **TELEPHONE:** (_____) _____

SCHOOL ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

EMAIL: _____

1. How long and in what capacity have you known the student?
2. Is this student interested in earning a post-secondary education? (Check one) Definitely Yes Maybe No
3. Why is this student well suited to participate in the TRIO Upward Bound Math Science Center Academic Program?

4. In what academic and/or career area(s) does the student display interest?

5. Does this student participate in any of the following services at school:
- | | | | |
|------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Math Lab | <input type="checkbox"/> Reading/Writing Lab | <input type="checkbox"/> ESOL Program | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Math Club | <input type="checkbox"/> Newspaper/Yearbook | <input type="checkbox"/> Robotics Club | <input type="checkbox"/> AVID |
| <input type="checkbox"/> Band | <input type="checkbox"/> Kauffman Scholar's Program | <input type="checkbox"/> Choir | <input type="checkbox"/> Other _____ |

6. This student would be the first in his/her family to earn a baccalaureate degree. Yes No Unsure

7. Is this student at high risk for academic failure? Yes No

- a. If yes, please note why:
- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Student did not achieve at the proficient level on state assessments in reading/language arts and or in math. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Student has a cumulative grade point average less than 2.5 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | At the beginning of 10 th grade, student had not completed pre-algebra or algebra |

8. Student has limited English proficiency Yes No

9. Student has a disability defined in the Americans with Disabilities Act Yes No

10. Student is a Disconnected Youth (Homeless or in Foster care) Yes No

11. This student qualifies as being at low-income status according to federal guidelines. Yes No Unsure

12. Please circle at least one area of need as listed below: (Please use the "Other" category sparingly.)
- | | |
|---|--|
| 03 Low educational aspirations | 09 Limited proficiency in English |
| 07 Lack of opportunity, support, and/or guidance to take challenging college prep courses | 11 Predominantly low-income community |
| 08 Lack of career goals and/or need for accurate information on careers | 13 Interest in careers in math and science |
| 10 Lack of confidence, self esteem, and/or social skills | 15 Other _____ |
| 12 Rural isolation | |
| 14 Diganosed learning disability | |

Nominator's Signature: _____ Date: _____



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RECOMMENDATION FORM

DIRECTIONS: This form must be completed by a school principal, counselor, teacher, or an Upward Bound or Talent Search Director).

STUDENT NAME: _____

GRADE LEVEL: _____

EVALUATOR'S NAME: _____

TITLE: _____

PROGRAM OR SCHOOL: _____

TELEPHONE: (_____) _____

SCHOOL ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

EMAIL: _____

1. How long and in what capacity have you known the student?
2. What qualities has the student demonstrated (in academic, extracurricular, community service activities) that attest to the student's commitment to furthering his/her educational pursuits? Please be specific regarding the student's strengths.
3. Explain how the student would benefit from participating in this academic enrichment program. Please be specific about the areas of need (study skills, time management, social skills, academic challenges, etc.).
4. Does this student complete most assignments on time? Explain. Always Mostly Sometimes Rarely

Please rate the above-mentioned student with respect to other students of comparable age, experience, and backgrounds.

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	N/A
Personality	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____
Positive Sense of Self	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Verbal Ability	_____	_____	_____	_____	_____
Class Participation	_____	_____	_____	_____	_____
Willingness to Learn	_____	_____	_____	_____	_____
Academic Potential	_____	_____	_____	_____	_____
Achievements – Academic	_____	_____	_____	_____	_____
Achievements – Non-Academic	_____	_____	_____	_____	_____
Interest in Science	_____	_____	_____	_____	_____
Interest in Technology	_____	_____	_____	_____	_____
Interest in Engineering	_____	_____	_____	_____	_____
Interest in Math	_____	_____	_____	_____	_____

Please select, from the list provided, the categories which describe this student’s needs. (Please use the “Other” category sparingly.)

In rank order: (Codes only please) _____

- 03 Low educational aspirations
- 07 Lack of opportunity, support, and/or guidance to take challenging college prep courses
- 08 Lack of career goals and/or need for accurate information on careers
- 09 Limited proficiency in English
- 10 Lack of confidence, self esteem, and/or social skills
- 11 Predominantly low-income community
- 12 Rural isolation
- 13 Interest in careers in math and science
- 14 Diganosed learning disability
- 15 Other _____

Please address anything else about this student that you believe will be helpful for the selection committee to make a decision.

Other Comments:

Evaluator’s Signature: _____

Date: _____



WICHITA STATE UNIVERSITY

TRIO PROGRAMS

Upward Bound/Math Science

RECOMMENDATION FORM

DIRECTIONS: This form must be completed by a school principal, counselor, teacher, or an Upward Bound or Talent Search Director).

STUDENT NAME: _____

GRADE LEVEL: _____

EVALUATOR'S NAME: _____

TITLE: _____

PROGRAM OR SCHOOL: _____

TELEPHONE: (_____) _____

SCHOOL ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

EMAIL: _____

1. How long and in what capacity have you known the student?
2. What qualities has the student demonstrated (in academic, extracurricular, community service activities) that attest to the student's commitment to furthering his/her educational pursuits? Please be specific regarding the student's strengths.
3. Explain how the student would benefit from participating in this academic enrichment program. Please be specific about the areas of need (study skills, time management, social skills, academic challenges, etc.).
4. Does this student complete most assignments on time? Explain. Always Mostly Sometimes Rarely

Please rate the above-mentioned student with respect to other students of comparable age, experience, and backgrounds.

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	N/A
Personality	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____
Positive Sense of Self	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Verbal Ability	_____	_____	_____	_____	_____
Class Participation	_____	_____	_____	_____	_____
Willingness to Learn	_____	_____	_____	_____	_____
Academic Potential	_____	_____	_____	_____	_____
Achievements – Academic	_____	_____	_____	_____	_____
Achievements – Non-Academic	_____	_____	_____	_____	_____
Interest in Science	_____	_____	_____	_____	_____
Interest in Technology	_____	_____	_____	_____	_____
Interest in Engineering	_____	_____	_____	_____	_____
Interest in Math	_____	_____	_____	_____	_____

Please select, from the list provided, the categories which describe this student’s needs. (Please use the “Other” category sparingly.)

In rank order: (Codes only please) _____

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WICHITA STATE UNIVERSITY

TRIO PROGRAMS

Upward Bound/Math Science

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STREET ADDRESS CITY STATE ZIP

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Cooperativeness	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____
Positive Sense of Self	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Verbal Ability	_____	_____	_____	_____	_____
Class Participation	_____	_____	_____	_____	_____
Willingness to Learn	_____	_____	_____	_____	_____
Academic Potential	_____	_____	_____	_____	_____
Achievements – Academic	_____	_____	_____	_____	_____
Achievements – Non-Academic	_____	_____	_____	_____	_____
Interest in Science	_____	_____	_____	_____	_____
Interest in Technology	_____	_____	_____	_____	_____
Interest in Engineering	_____	_____	_____	_____	_____
Interest in Math	_____	_____	_____	_____	_____

Please select, from the list provided, the categories which describe this student’s needs. (Please use the “Other” category sparingly.)

In rank order: (Codes only please) _____

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Please address anything else about this student that you believe will be helpful for the selection committee to make a decision.

Other Comments:

Evaluator’s Signature: _____

Date: _____



WICHITA STATE UNIVERSITY

TRIO PROGRAMS

Upward Bound/Math Science

APPLICATION CHECKLIST

STUDENT NAME: _____

DATE: _____

GRADE LEVEL: _____

GENDER: _____

_____ Application for Admission Form (3 pages)

_____ Authorization for Release of Records (1 page)

_____ Student Goals Survey (1 page)

_____ Student Essay (1 page)

_____ Student Interview Questionnaire (2 pages)

_____ Student Agreement (1 page)

_____ Parent Agreement (1 page)

_____ Nomination Form (1 page)

_____ Recommendation Form #1 (2 pages)

_____ Recommendation Form #2 (2 pages)

_____ Recommendation Form #3 (2 pages)

_____ Official School Transcript
Please fax to 316-978-5411 or send in sealed envelope to:
UBMS
1845 Fairmount, Box 156
Wichita, KS 67260-0156

_____ Income Verification (Please provide one of the following):

- Copy of IRS 1040, 1040A, or 1040EZ (be sure to include the pages that include the number of dependents and your taxable income)
• Copy of Medicare Insurance Card
• Notarized statement of income

March 5, 2018 is the priority deadline for applications.

UBMS OFFICE USE ONLY

Date Received Partial Application: _____

Staff Initials: _____

Date Request Sent for Missing Documents: _____

Staff Initials: _____

Date Received Completed Application: _____

Staff Initials: _____

Notes: