APPLICATION INSTRUCTIONS

1. Please print or type all information requested.
2. Read all questions carefully before answering.
3. Complete the Student Information sheet and the Student Self Assessment of Needs, and ask your parent/guardian to complete the Parent Information sheet, the School Records Release form, and the Parent Assessment of Student Needs.
4. Ask your guidance counselor, English teacher, Science teacher, and Math teacher to complete their observation/evaluation forms. They should give these back to you in a sealed envelope when they are done.
5. Make sure you attach a copy of your transcript showing at least your two most recent semesters, and a copy of your parent/guardian’s most recently filed tax return.

Return completed materials to:
Creighton University
Upward Bound Math & Science Center
2500 California Plaza
Markoe Hall, #201
Omaha, NE 68178

If you have any questions, please contact our office at (402) 280-2121.

Following the completion of this application, if you meet eligibility requirements, both you and your parent(s) will be scheduled for an interview with the Upward Bound staff. This is the final step of the process before your admissions decision will be made.

---------------------------------------------------------------

AN APPLICATION WILL NOT BE CONSIDERED FOR ADMISSION UNTIL IT IS COMPLETE.

An application is considered complete when it contains:

- A complete, signed Student Information sheet.
- A complete, signed Parent Information sheet.
- A complete, signed Student Self Assessment of Needs.
- A complete, signed Parent Assessment of Student's Needs.
- A complete, signed School Records Release form.
- A complete, signed Guidance Counselor's observation form.
- A complete, signed English Teacher's Evaluation form.
- A complete, signed Science Teacher's Evaluation form.
- A complete, signed Math Teacher's Evaluation form.
- Student's school transcript showing at least the two most recent semester grades, as well as standardized test scores.
- Parents/Legal Guardian's most recently filed tax returns showing TAXABLE INCOME.
Department of Educational Opportunity Programs

Upward Bound Math & Science Center

Purpose:
To offer Omaha area high school students an opportunity to study and explore topics in math, science, and technology, which will help prepare and encourage them to pursue a course of study in either math, science, or technology at a college or university.

Who is eligible:
Omaha and Council Bluffs high school students are eligible for the Math Science program if the following requirements are met:
1. If the student is enrolled in the 9th, 10th, or 11th grade and has successfully passed Algebra I and one science course (chemistry, biology or physics) with a grade of C or higher in both classes.
2. If the student has academically demonstrated the desire to attend a post-secondary institution (namely the student holds a G.P.A. of 2.5 or higher).
3. If the student has demonstrated an interest in a math, science or technology related field (shown by their math and science grades, honors and/or extracurricular activities).
4. If the student is first generation (neither parent has had a four-year college degree).
5. If the student meets the U.S. Department of Education income guidelines.

What services are provided:

Academic Year

- Tutoring – During the school year, Upward Bound Math & Science students are required to attend a minimum of two hours of individual tutoring each week. Students with a G.P.A. of 3.3+ may be exempt from tutoring.
- Academic Advisement – Upward Bound Math & Science provides students with academic and career counseling, ACT/SAT tests preparation and college selection.
- Saturday Morning Classes – Students attend classes every first and third Saturday of each month from 9:00 a.m. – 12 noon. These classes are hands on activities and field trips for further enhancement in math & science.
- College Tours – Upward Bound Math & Science students will attend college tours locally and out of state to help in the search of a college. Previous colleges visited include: Iowa State University, University of Central Florida, University of Nebraska-Lincoln, University of Chicago, Dana College, University of Kansas, and University of Nebraska at Omaha.

Summer Residential Session

- Upward Bound Math & Science conducts a six-week summer residential session. Students stay in one of the Creighton residence halls, attend classes, and are exposed to various facets of life on a college campus. Curriculum emphasis is on subject matter enrichment, the development of critical thinking and analytical skills, computer literacy, utilization of the library resources and the development of a research project.
- End of the summer trip – Students visit colleges out of state and are exposed to various activities and events in different cities throughout the U.S. Cities previously visited include: Orlando, Chicago, Denver, Albuquerque, Washington D.C., Los Angeles, Maryland, Virginia

Applications:
Applications are available through the Guidance Office at area high schools, or call the Upward Bound Math & Science office at (402) 280-2121 for additional information.
STUDENT INFORMATION

EVERY ITEM MUST BE ANSWERED.

DEMOGRAPHIC INFORMATION:

NAME:_________________________________________________________________________________________________________________________________
First                   Middle                   Last

ADDRESS:_________________________________________________________________________________________________________________________________
Street                   Apt. #                  City                   State                   Zip

HOME PHONE: (____)____________________         CELLULAR #:(____) ______________________

Email address:______________________________________________________________

BIRTHDATE: _____/_____/_____         SS# ______-____-______  Male/Female  (Circle one)

ETHNIC GROUP:     ____African-American     ____Mexican-American     ____Asian/Pacific Islander
 ____Native American     ____Caucasian     ____Other:_____________________

With whom do you live?________________________________________________________________________ Relation to you:__________________________

EDUCATION INFORMATION:

1. What school are you currently attending? ___________________________________________________ School Year: ___________

2. What grade are you in?   ___8th Grade   ___Freshman   ___Sophomore   ___Junior   ___Senior

3. If you are an 8th grader, what school are you planning on attending in the fall? _____________________________

4. Do you plan on going to college/university after graduation from High School?   ___Yes   ___No

OTHER INFORMATION:

1. Are you a member of another TRIO Program? (Upward Bound, Educational Talent Search, etc.)   ___Yes   ___No
   If yes, which one? _______________________________________________________________________

2. When would you like to start Upward Bound?   ___Fall   ___Spring   ___Summer   Year ___________

3. Why did you apply for Upward Bound? _______________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

4. How did you hear about Creighton University Upward Bound? _______________________________________________________________________

___________________________________________
Student's signature

___________________________________________
Date
PARENT/GUARDIAN INFORMATION

EVERY ITEM MUST BE ANSWERED.

DEMOGRAPHIC INFORMATION:

NAME:__________________________________________________________

First          Middle          Last

ADDRESS:______________________________________________________

Street          Apt. #          City          State          Zip

HOME PHONE: (____)____________________  BUSINESS PHONE: (____)____________________

CELL PHONE: (____)____________________

RELATION TO STUDENT: ___________________________  Email address:______________________________

-----------------------------------------------------------------------------------

ELIGIBILITY INFORMATION:

1.  Do you have a 4 year college degree?   YES   NO

2.  Is your child a United States citizen?   YES   NO

   (If No, what type of VISA does your child hold?)_______________________________

3.  What is your TAXABLE income (the amount of money after deductions are subtracted) on your most recently filed tax return? $____________________

4.  How many people are claimed on your most recently filed tax returns (including yourself)? __________________

Please attached a copy of your most recently filed tax returns. Make sure it has a line that says "TAXABLE INCOME". If you do NOT file taxes, check here: ______

-----------------------------------------------------------------------------------

EMERGENCY CONTACT INFORMATION:

Please provide the name of an adult who can be contacted in case of an emergency situation involving your child.

NAME:__________________________________________________________  RELATIONSHIP TO APPLICANT:__________________________

ADDRESS:______________________________________________________

HOME #:_____________________________  WORK/CELL #:_____________________________

-----------------------------------------------------------------------------------

I declare that the information provided is true and correct to the fullest extent of my knowledge.

______________________________________________  _____________________________
Parent/Guardian’s signature  Date
DEPARTMENT OF EDUCATIONAL OPPORTUNITY PROGRAMS
UPWARD BOUND MATH & SCIENCE CENTER

SCHOOL RECORDS RELEASE FORM

Student Permission:

I, __________________________________, hereby consent to the release of my academic records – including but not limited to transcripts, grade reports, test scores, course evaluations, attendance records, recommendations and other information regarding my school performance – to Creighton University’s Upward Bound Math & Science Center. This release is to be effective throughout my middle school, high school, and college career and includes my final transcripts upon graduation from secondary school and college. It is effective regardless of whether or not I am actively involved with Upward Bound at the time of records request.

______________________________________________
Student’s Signature

______________________________________________
Date

______________________________________________
Social Security Number

______________________________________________
Birth date

______________________________________________
Street Address

______________________________________________
City/State

______________________________________________
Zip Code

Parent/Guardian Permission:

As the parent/guardian of _____________________________, I hereby consent to the release of my child’s academic records – including but not limited to transcripts, grade reports, test scores, course evaluations, attendance records, recommendations and other information regarding my school performance – to Creighton University Upward Bound Math & Science Center. This release is to be effective throughout his/her middle school, high school, and college career and includes his/her final transcripts upon graduation from secondary school and college. It is effective regardless of whether or not my child is actively involved with Upward Bound at the time of records request.

______________________________________________
Parent/Guardian’s Signature

______________________________________________
Date
Dear Educator:

This student is applying for admission to the Creighton University Upward Bound Math & Science Center (UBMSC). UBMSC is an educational enrichment project funded by the United States Department of Education. It is designed to increase its members’ academic skills so they can complete high school and enroll in the college of their choice. The program supplements its students’ high school experience and assists them in academic preparation, career exploration, and self-development. It is a competitive program serving 55 students in the Omaha Public School System.

To assist me in determining this student’s academic motivation and need for program services, I would greatly appreciate it if you would complete the attached questionnaire. It is important that we have a thorough evaluation of the student’s strengths and weaknesses. Please return the completed evaluation in a sealed envelope to the student, or mail it directly to the UBMSC office.

Thank you in advance for your anticipated cooperation. Should you have any questions or concerns, please feel free to contact the Upward Bound office at (402) 280-2121.

Sincerely,

Mrs. Anitra Townsend
Director, Upward Bound Math & Science Center
**ENGLISH TEACHER’S EVALUATION**

Student’s Name: ____________________________  School: ____________________________

Please rate the student according to your observation or knowledge:

1 = Excellent  2 = Good  3 = Satisfactory  4 = Unsatisfactory  0 = No opportunity to observe

<table>
<thead>
<tr>
<th>Student’s ability to understand and apply basic concepts of your class/subject.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>Explain areas of difficulty</th>
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<tr>
<td>Student’s attendance and punctuality for your class.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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Please provide any additional comments you may have:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Educator’s Signature/Date: ______________________________________________________
SCIENCE TEACHER’S EVALUATION

Student’s Name: _____________________________ School: ____________________________

Please rate the student according to your observation or knowledge:

1 = Excellent    2 = Good    3 = Satisfactory    4 = Unsatisfactory    0 = No opportunity to observe

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Please provide any additional comments you may have:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Educator’s Signature/Date: ____________________________________________________________
MATH TEACHER’S EVALUATION

Student’s Name: _____________________________ School: __________________________

Please rate the student according to your observation or knowledge:

1 = Excellent  2 = Good  3 = Satisfactory  4 = Unsatisfactory  0 = No opportunity to observe

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Please provide any additional comments you may have:

______________________________________________________________________________
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______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Educator’s Signature/Date: _______________________________________________________
GUIDANCE COUNSELOR’S EVALUATION

Student’s Name:___________________________ School: __________________________

Please rate the student according to your observation or knowledge:

1 = Excellent     2 = Good      3 = Satisfactory     4 = Unsatisfactory     0 = No opportunity to observe

| Student’s ability to understand and apply basic concepts for his/her grade. | 1 | 2 | 3 | 4 | 0 | Explain areas of difficulty |
| Student’s achievement in his/her classes (Is the student living up to his/her full potential in school?). | 1 | 2 | 3 | 4 | 0 | |
| Student’s level of interest in school. | 1 | 2 | 3 | 4 | 0 | |
| Student’s behavior in school. | 1 | 2 | 3 | 4 | 0 | |
| Student’s level of maturity. | 1 | 2 | 3 | 4 | 0 | |
| Student’s level of motivation in school. | 1 | 2 | 3 | 4 | 0 | |
| Student’s level of initiative in seeking assistance when needed. | 1 | 2 | 3 | 4 | 0 | |
| Student’s level of participation in extracurricular activities. | 1 | 2 | 3 | 4 | 0 | |
| Student’s attendance and punctuality. | 1 | 2 | 3 | 4 | 0 | |
| Student’s level of parental involvement in school. | 1 | 2 | 3 | 4 | 0 | |
| Student’s ability/interest in maintaining a college preparatory curriculum. | 1 | 2 | 3 | 4 | 0 | |
| Student’s level of interest in attending college. | 1 | 2 | 3 | 4 | 0 | |
| Student’s potential for success in post-secondary education. | 1 | 2 | 3 | 4 | 0 | |
| Anticipated commitment of student to Upward Bound for entire high school career. | 1 | 2 | 3 | 4 | 0 | |
| Anticipated commitment of parent to support student in Upward Bound for entire high school career. | 1 | 2 | 3 | 4 | 0 | |
| Your anticipated level of support of student in Upward Bound for entire high school career. | 1 | 2 | 3 | 4 | 0 | |

Please provide any additional comments you may have:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Educator’s Signature/Date:________________________________________________________
DEPARTMENT OF EDUCATIONAL OPPORTUNITY PROGRAMS
“A place where excellence is expected and achieved”

UPWARD BOUND MATH & SCIENCE CENTER

2500 California Plaza, Markoe Hall
Omaha, NE 68178

Telephone: (402) 280-2121
Fax: (402) 280-1214

Office Hours: 8:00 a.m.- 4:30 p.m. Monday-Friday

Mrs. Anitra Townsend, Director
Upward Bound Math & Science Center
Telephone: 280-2050
E-mail: afd@creighton.edu

Ms. Deidra Devers
Senior Academic Advisor
Telephone: 280-3454
E-mail: deidradevers@creighton.edu

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