



Creighton Upward Bound is a federally funded program designed to assist students in developing the academic skills and personal growth necessary for successful completion of high school and admission to a four-year university or college. The Classic Upward Bound (CUB) program provides career exploration, academic, cultural, and social activities intended to build confidence and motivation, who will in turn lead students to succeed in college and have a better future. CUB is offered at no cost to participants.

#### Are you interested in:

- Receiving a post-secondary education after graduating high school
- Academic tutoring, instruction and mentorship
- · Assistance with planning for college, scholarships and financial aid
- Increasing and/or maintaining your Grade Point Average (GPA)
- Working with staff who have a passion to serve
- Building relationships with peers
- · Being awarded and celebrated for your successes
- · Attending social, cultural and enrichment activities
- Participating in community service projects
- · Developing leadership skills
- ACT fee waivers and preparation
- Touring colleges in and/or out of Nebraska
- Networking with professionals from various fields of study
- Earning credits through the CUB Summer Bridge Program (12<sup>th</sup> graduate)
- Earning an incentive stipend for participation

If your answer is yes, then CUB wants to hear from you—apply today!

#### Eligibility:

- Attend an Omaha metropolitan area high school and be currently in the 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, or (1<sup>st</sup> semester)11<sup>th</sup> grade
- O Plan to attend a college or university
- Have minimum of a 2.00 GPA or above
- **O** Be a first-generation student (neither parent/guardian have graduated with a four-year degree) and/or meet federal income guidelines
- Be willing to commit to and participate in the Upward Bound program throughout your high school career

#### Services we offer at CUB:

- **Tutoring** Participants are required to attend at least two hours of tutoring each week. Tutorial services are available for subjects taught in high schools that are a part of the college preparation core curriculum (i.e., English, Science, Math, Language).
- Workshops CUB provides students with academic skill coaching, career counseling, ACT/SAT test preparation, and college selection advisement.
- Saturday Morning Classes (SMC)— Students attend classes every first and third Saturday of each month from 9:00 A.M. 12:00 P.M. SMC includes ACT prep classes, supplemental academic instruction, hands on activities, and off-campus field trips.
- **College Tours** CUB participants will attend college tours locally and out of state.
- **Cultural Activities** To spark curiosity and increase exposure to new ideas and experiences, students attend activities such as musicals, theatre, workshops, museums, etc.
- Community Service Students have opportunities to develop a stronger connection to their community, develop life skills, and create connections that can guide them to career opportunities.
- Six-week Summer Residential Program During the summer, students that meet qualifications are invited to participate in the 6-week summer program held at Creighton University. Students live in one of the residence halls, attend core and elective classes, and experience the various sides of student life on a college campus.
- End of Summer Trip During the week-long trip, students visit multiple universities and engage in a variety of new academic, cultural, and social activities in different cities.

Applying to CUB requires completion of an application and gathering necessary documents to submit to the program for review. Before completing an application, discuss with your parent/guardian the eligibility requirements for the program.

## **APPLICATION INSTRUCTIONS**

- 1. Applicant and parent/guardian should completely fill out all sections.
- 2. Students should ask their guidance counselor, English teacher, science teacher, and math teacher to complete their evaluation forms. These forms should be returned to the student in a sealed envelope or sent directly to the Classic Upward Bound Program *via* email, fax, or mail.
- 3. Attach a copy of your transcript showing at least your two most recent semesters.
- 4. Attach a copy of the parent/guardian's most recent Federal income tax form(s). If taxes are not filed, a letter of income may be submitted. (contact coordinator)

If you have any questions, please contact our office at (402) 280-2958 or email a Classic Upward Bound Coordinator.

Following the completion of this application, if you meet eligibility requirements, both the student and parent(s)/guardian(s) will be scheduled for an interview. The interview is the final step of the application process before an admissions decision will be made.





# Application for Enrollment STUDENT INFORMATION

Last Name:	First Nan	ne:		MI:
Preferred name:				
Address:				
Address:Street	Apt. #	City	State	Zip
With whom do you currently reside ☐ Both Parents ☐ M☐ Legal Guardian ☐ F	Mother Only	☐ Father 0	Only	
Home/Cell:	St	udent Email: _		
DOB:/	Gender: M□ F□	Socia	al Security #:	<del>-</del>
Are you a U.S. Citizen? : YES	□ NO			
Ethnicity:  Hispanic/Latino Native American/Native Alaska Other:	☐ African A an ☐ Asian	merican	☐ Caucasian ☐ Native Hawaiian	or Pacific Islander
What Middle/High school do you curr	rently attend:			
What is your current grade? $\square 8^{\text{th}}$ Gra	de □Freshman □S	Sophomore $\square$	Junior	
If you are an 8th grader, what school at	re you planning on att	ending in the fa	all?	
What do you plan to do after you grad □Enroll in a technical/trade school □Full-time employment □Other(s	☐Attend a four-year	r college/unive	rsity  Attend a com	munity college
What career do you hope to pursue aft	ter college?			
Are you enrolled in another TRIO pro If yes, please indicate:				□Yes □No
How did you hear about Upward Bou	nd?			
Student Signature:		г	Date:	

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Information:		
Last Name:	First Name:	MI:
Home/Cell Phone:	Email address:	
In case of an emergency, please	list a family member or friend who does n	not live with you.
Name:	Relation to applicant:	Home/Cell:
ELIGIBILITY INFORMATION:		
Either parent/guardian obtain	a degree from a 4-year college or university?	Yes □No
	ncome (the amount <u>after</u> deductions is subtra	acted as reported on your most recent
Total number of persons clain	ned on your most recently filed tax returns (in	ncluding yourself)
checking the appropriate be income.	the tax return for the most recent year, plead ox(es) below and include a signed written	statement verifying your annual
Social Security Unemployment	☐ Public Assistance Disability	y □Veteran's Benefits
	ion provided is to my knowledge fully true	
i declare that the miormat	ion provided is to my knowledge fully true	and correct.
Parent/Guardian Signature:	Dat	e:
Staff Only:		
Application Reviewed by:	Date:	
Eligibility: Y/N GPA:	Grade:	





#### DEPARTMENT OF EDUCATIONAL OPPORTUNITY PROGRAMS **UPWARD BOUND PROGRAMS**

#### SCHOOL RECORDS RELEASE FORM

# **Student Permission:** \_\_\_\_\_, hereby consent to the release of my academic records, including (Student Full Name) 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 Program. 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 I am actively involved with Upward Bound Programs at the time of the records request. Student Signature: \_\_\_\_\_ DOB DD/MM/YYYY Student ID Number 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's Classic Upward Bound Program. 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 Programs at the time of the records request. I declare that the information provided is to my knowledge fully true and correct. Parent/Guardian's Signature

**Date** 



## Student Self-Assessment - Part I

Student Last Name:	First: _		Gra	de:	Date:
Student Applicant: Please indicate		•	the areas in which	ı you fe	el you need or would
like assistance. Return this form v	vith your appli	cation.			
		Scale			
1 - Do not need help $2 - Note that the second s$	leeds a little he	lp 3	<ul> <li>Usually needs he</li> </ul>	lp	4– Needs a lot of help
Academics		_			1
Reading	1 🔲	2 📙	3 🔛	4	
Writing	1 🔛	2 📙	3 🔛	4	
Mathematics	1 🔛	2 📙	3 🔛	4	]
Social Studies	1 🔲	2 🔲	3 🔲	4	]
Science	1	2 📙	3 🔲	4	]
English as a Second Language (ESL)	1	2 🔲	3 🔛	4	
Careers					
Career Awareness	1 🔲	2 🔲	3	4	]
Knowledge of professions/job	1 🔲	2 🔲	3	4	]
Knowledge of career opportunities	1 🔲	2 🔲	3	4	]
Info on job training/internships	1	2 🔲	3	4	]
Postsecondary Education		_			n
Visits to college campuses	1 🔲	2 📙	3 🔛	4	
Postsecondary opportunities	1 🔲	2 📙	3 🔛	4	
College admission process	1 🔲	2 📙	3 🔛	4	
Info on financial aid options	1	2 🔲	3 🔛	4	
Personal					
Study Skills	1 🔲	2. 🔲	3 🗍	4	]
Self-esteem	1 🗍	2 🔲	3	4	]
Time Management Skills	1 🔲	2 🔲	3 🔲	4	]

Goal settings



## Student Self-Assessment - Part II

Out of the area listed on the assessment, what do you feel you need the most help? V	Vhy —
Are there other areas that you feel you need help with? Explain	
What are your future educational goals?	
Are you involved in extra-curricular activities (sports, clubs, etc.)?  If yes, please indicate	_
What are you passionate about? (education, personal, etc.)	
Write a brief paragraph explaining why you should be chosen as part of this program what make you different from other applicants?	and





## **Guidance Counselor Recommendation Form**

tudent Full Name:			School	ol:	Grad	de:	
ounselor Name:							
	ne student listed is applying to jo te your evaluation of his/her ove		•		-		
	it to the student in a sealed enve					•	,p.c.ca
•	eighton.edu, or fax to 402-280-	•	to lucylli	Unitanieze	ycieigiitoii	i.euu oi	
eaimapremice@ci	eignton.edu, or lax to 402-280-	.3032.					
nank you in advanc	e for your anticipated cooperati	ion. Should y	ou have	any quest	ions or co	ncerns that abo	out the
aluation process, p	olease feel free to contact the C	lassic Upwar	d Bound	office at (	402) 280-2	958.	
	Constitution falls of the section of the	(Charles )					
lease rate the appil	cant in the following categories		:			Cycollont	
F		Poor			4	Excellent	
_		1	2	3	4	5	
	Academic Potential						
	Initiative						
	Self-Discipline						
	Interpersonal Skills						
	Communication Skills						
_		I		ll_			
/hat areas do you 1 bove):	feel this student needs the mos	st help in or o	could ben	efit from	? (Do not l	limit yourself t	o the list
lease feel free to p	rovide any additional informati	ion about th	is applica	nt:			
•	•		• •				
uidance Counselor	's Signature:		D	ate:			
uluance counselor	s signature		D	ate			





## **English Teacher Recommendation Form**

Student Full Name: \_\_\_\_\_ School: \_\_\_\_ Grade: \_\_\_\_

·		ance for your anticipated cooperat ss, please feel free to contact the C	-				
Academic Potential  Initiative  Self-Discipline  Interpersonal Skills  Communication Skills  Vhat areas do you feel this student needs the most help in or could benefit from? (Do not limit yourself)	lease rate the a	pplicant in the following categories					Excellent
Initiative  Self-Discipline Interpersonal Skills			1	2	3	4	5
Self-Discipline Interpersonal Skills Communication Skills  What areas do you feel this student needs the most help in or could benefit from? (Do not limit yourself)		Academic Potential					
Interpersonal Skills  Communication Skills  What areas do you feel this student needs the most help in or could benefit from? (Do not limit yourself)		Initiative					
Communication Skills  What areas do you feel this student needs the most help in or could benefit from? (Do not limit yourselve)		Self-Discipline					
What areas do you feel this student needs the most help in or could benefit from? (Do not limit yoursel		Interpersonal Skills					
		Communication Skills					
	•	ou feel this student needs the mo	st help in or c	ould ben	efit fron	ı? (Do not	limit yourself





#### **Math Teacher Recommendation Form**

Student Full Name:			Schoo	ol:	Gra	de:
Teacher's Name:						
We would appreciate form, please return i	student listed is applying to join e your evaluation of his/her ove t to the student in a sealed env eighton.edu, or fax to 402-280	erall academi velope, email	c and mo	tivationa	l skills. Wh	en you have completed
	e for your anticipated cooperat please feel free to contact the C		•	, ,		
Please rate the appli	cant in the following categories	s (Check one) <b>Poor</b>	:			Excellent
Γ		1	2	3	4	5
	Academic Potential	•			-	
	Initiative					
	Self-Discipline					
	Interpersonal Skills					
	Communication Skills					
What areas do you f above):	eel this student needs the mo	st help in or o	could ben	efit fron	ո? (Do not	limit yourself to the list
Please feel free to p	rovide any additional informat	tion about th	is applica	nt:		
Teacher's Signature:		Date	:			-





#### **Science Teacher Recommendation Form**

Student Full Name: \_\_\_\_\_ School: \_\_\_\_ Grade: \_\_\_\_

Teacher's Name: _							
We would appreci	e student listed is applying to joing ate your evaluation of his/her own it to the student in a sealed env	erall academi	c and mo	tivationa	l skills. Wh	nen you have o	•
• •	creighton.edu, or fax to 402-280	•	•				
•	nce for your anticipated cooperat s, please feel free to contact the 0						bout the
Please rate the ap	plicant in the following categories	s (Check one) <i>Poor</i>	:			Excellent	
		1	2	3	4	5	
	Academic Potential	-			•		
	Initiative						
	Self-Discipline						
	Interpersonal Skills						
	Communication Skills						
What areas do yo	u feel this student needs the mo	st help in or o	could ber	nefit fron	n? (Do not	limit yourself	to the list
Please feel free to	provide any additional informat	tion about th	is applica	int:			
Teacher's Signatur	re:	Date	:			_	



### **CLASSIC UPWARD BOUND PROGRAM**

## Mrs. Anitra Townsend, Project Director

Telephone: 402-280-2050 E-mail: afd@creighton.edu

## Ms. Deanna Prentice, Senior Coordinator

Telephone: 402-280-2959

E-mail: <u>deannaprentice@creighton.edu</u>

## Mrs. Lucy Montanez, Coordinator

Telephone: 402-280-2267

E-mail: <u>lucymontanez@creighton.edu</u>

#### **OFFICE:**

Labaj Building 523 North 20th Street Omaha, NE 68178

Telephone: 402.280.2958 \* Fax:402.280-3032

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

#### ALL INFORMATION IS CONFIDENTIAL

Please note that all information provided in this application is protected by the privacy act. However, the Department of Education does have the authority to gather statistical data about the program and its participants to improve and measure the success of the Classic Upward Bound Program.

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