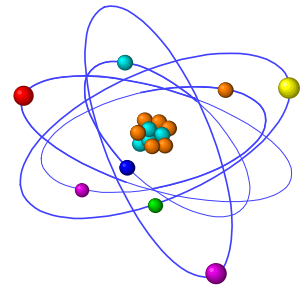
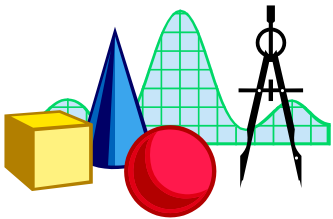


Creighton
UNIVERSITY

TRIO

UPWARD BOUND MATH & SCIENCE CENTER



APPLICATION

Upward Bound Math & Science Center Office
Creighton University
Labaj Building
523 N. 20th Street
Omaha, Nebraska 68178

PHONE: (402) 280-2121
FAX: (402) 280-3032

Office Hours: Monday – Friday, 8:00 A.M. – 4:30 P.M.

Thank you for applying for admission to the
Creighton University Upward Bound Math & Science Center.

APPLICATION INSTRUCTIONS

1. Print or type all requested information.
2. Prospective applicants should fill out the Student Information Sheet and the School Records Release Form with the student's information. A parent/guardian should complete the Parent Information sheet and then sign the completed School Records Release form.
3. Prospective applicants 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 Upward Bound Math & Science Center *via* email, fax, or mail.
4. Attach a copy of your transcript showing at least your two most recent semesters.
5. Attach a copy of the parent/guardian's most recently filed tax return showing *taxable income*.
6. Return completed materials via fax/email or mail to:

Upward Bound Math & Science Center Office
Creighton University
Labaj Building
523 N. 20th Street
Omaha, Nebraska 68178

- If you have any questions, please contact our office at (402) 280-2121 or email an Upward Bound Math & Science Center Coordinator.
- Following the completion of this application, if you meet eligibility requirements, both the prospective student and parent(s)/guardian(s) will be scheduled for an interview with the UBMSC coordinator. The interview is the final step of the application process before an admissions decision will be made.

Prospective students will NOT be contacted for an interview or considered for admission until the application is complete.

An application is considered complete when it contains

- A complete, signed Student Information form
- A complete, signed Parent Information form
- 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
- Parent/guardian's most recently filed tax returns showing **taxable income**

Upward Bound Math & Science Center

Purpose:

The Upward Bound Math and Science Center program (UBMSC) is designed to further develop students' skillsets in and passion for science, technology, engineering, and math, so they may pursue a course of study in a STEM field at a college or university.



Eligibility:

Omaha metro-area high school students are eligible for the UBMSC program if all the following requirements are met:

- The student is first generation (neither parent has a four-year college degree) and/or the student meets the U.S. Department of Education low-income income guidelines.
- The student is enrolled in the 9th, 10th, or 11th grade and has successfully passed Algebra I and one science course (chemistry/biology/physics) with a grade of C or higher in each.
- Based on their math and science grades, honors, and/or extracurricular activities, the student has demonstrated an interest in a math, science, engineering, or technology field.
- The student has *academically* demonstrated the desire to attend a post-secondary institution by maintaining a cumulative GPA of 2.5 or higher.

Services:

Academic Year

- **Tutoring** – Local college students acts as mentors for our UBMSC participants and help them develop mastery in various subject areas. Participants are required to attend at least two hours of tutoring each week.
- **Workshops** – UBMSC provides students with academic skill coaching, career counseling, ACT/SAT test preparation, and college selection advisement.
- **Saturday Morning Classes** – Students attend classes every first and third Saturday of each month from 9:00 A.M. – 12:00 P.M. Saturday Morning Classes provide enhancement in STEM topics through in-class instruction, hands-on activities, and off-campus field trips.
- **College Tours** – Upward Bound Math & Science participants will attend college tours locally and out of state, such as UNO, UNL, University of Kansas, University of Chicago, etc.
- **Cultural Activities** – To spark curiosity and increase exposure to new ideas and experiences, students attend such activities as UNL Science Day, Cinco de Mayo parade, shows at Orpheum Theatre, and more.
- **Community Service** – Students have opportunities to develop a stronger connection to their community, increase job readiness skills, and heighten their marketability to colleges through various service activities.



Summer Session

- **Six-week Summer Residential Program** – Students stay in one of Creighton University's residence halls, attend core and elective classes, and experience the various facets of student life on a college campus.

The Summer Session curriculum emphasis is on subject matter enrichment, the development of critical thinking and analytical skills, utilization of the library resources and increased computer literacy.

- **End of Summer Trip** – During the week-long trip, students visit multiple universities and engage a variety of new academic, cultural, and social activities in different cities throughout the U.S., such as Miami, Denver, Washington D.C., Los Angeles, and more.



STUDENT INFORMATION

All Requested Information is REQUIRED.

DEMOGRAPHIC INFORMATION:

NAME: _____
 First Middle Initial Last

ADDRESS: _____
 Street Apt. # City State Zip

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

EMAIL ADDRESS: _____

BIRTHDATE: ____/____/____ SS# ____ - ____ - ____ Male / Female (circle one)

ETHNICITY: __American Indian or Alaskan Native __Black or African American __Hispanic or Latino
 __Native Hawaiian or Pacific Islander __Asian __White or Caucasian Other: _____

What are the names of the people you live with & what is their 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 do you plan to attend in the fall? _____
4. Do you plan on going to college/university after graduation from High School? __Yes __No
5. What career do you hope to pursue after college? _____

OTHER INFORMATION:

1. Are you enrolled in another TRIO Program? (Classic UB, 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 Signature

Date

PARENT/GUARDIAN INFORMATION

All Requested Information is REQUIRED.

DEMOGRAPHIC INFORMATION:

NAME: _____
First Middle Initial Last

ADDRESS: _____
Street Apt. # City State Zip

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

CELL PHONE: (_____) _____ EMAIL: _____

Is another parent/guardian involved inside/outside the home? ___Yes ___No **If yes**, please complete the following:

NAME: _____
First Middle Initial Last

HOME/CELL PHONE: (_____) _____ EMAIL: _____

ELIGIBILITY INFORMATION:

1. Have you completed/earned 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, sign and date here:* _____

Signature

Date

EMERGENCY CONTACT INFORMATION:

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

NAME: _____ RELATION TO APPLICANT: _____

ADDRESS: _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

I declare that the information provided is to my knowledge fully true and correct.

Parent/Guardian 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 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 Programs at the time of records request.

Student Signature Date

School/Student ID Number Birth Date (DD/MM/YYYY)

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 Programs at the time of records request.

I declare that the information provided is to my knowledge fully true and correct.

Parent/Guardian 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 program 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 sixty-five students from the Omaha-area school districts.

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, send it my fax or email, 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

	1	2	3	4	0	Explain areas of difficulty
Student's <u>ability</u> to understand and apply basic concepts of your class/subject.						
Student's <u>achievement</u> in your class/subject (Is the student living up to his/her full potential in your class/subject?)						
Student's <u>level of interest</u> in your class/subject. (Has the student expressed or demonstrated that your field is of interest to him/her?)						
Student's level of <u>productivity</u> during class. (Does the student stay on task, fully participate, and complete assignments?)						
Student's level of productivity <u>outside</u> of class. (Does the student complete assignments and the required amount of studying to perform well in your class?)						
Student's level of motivation in your class.						
Student's level of required supervision. (Is the student able to work on his/her own?)						
Student's behavior in class. (Does the student follow rules, accept consequences, and respond to correction?)						
Student's level of maturity in your class.						
Student's attendance and punctuality for your class.						

Provide any additional comments if needed: _____

Teacher's Name

Signature

Date

This form may be returned to the student in a sealed envelope, mailed directly to the UBMSC office, faxed to 402-280-3032, or emailed to deidravers@creighton.edu.

Dear Educator:

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Sincerely,

Mrs. Anitra Townsend
Director, Upward Bound Math & Science Center

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

	1	2	3	4	0	Explain areas of difficulty
Student's <u>ability</u> to understand and apply basic concepts of your class/subject.						
Student's <u>achievement</u> in your class/subject (Is the student living up to his/her full potential in your class/subject?)						
Student's <u>level of interest</u> in your class/subject. (Has the student expressed or demonstrated that your field is of interest to him/her?)						
Student's level of <u>productivity</u> during class. (Does the student stay on task, fully participate, and complete assignments?)						
Student's level of productivity <u>outside</u> of class. (Does the student complete assignments and the required amount of studying to perform well in your class?)						
Student's level of motivation in your class.						
Student's level of required supervision. (Is the student able to work on his/her own?)						
Student's behavior in class. (Does the student follow rules, accept consequences, and respond to correction?)						
Student's level of maturity in your class.						
Student's attendance and punctuality for your class.						

Provide any additional comments if needed: _____

Teacher's Name

Signature

Date

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Sincerely,

Mrs. Anitra Townsend
Director, Upward Bound Math & Science Center

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

	1	2	3	4	0	Explain areas of difficulty
Student's <u>ability</u> to understand and apply basic concepts of your class/subject.						
Student's <u>achievement</u> in your class/subject (Is the student living up to his/her full potential in your class/subject?)						
Student's <u>level of interest</u> in your class/subject. (Has the student expressed or demonstrated that your field is of interest to him/her?)						
Student's level of <u>productivity during class</u> . (Does the student stay on task, fully participate, and complete assignments?)						
Student's level of <u>productivity outside of class</u> . (Does the student complete assignments and the required amount of studying to perform well in your class?)						
Student's level of <u>motivation</u> in your class.						
Student's level of <u>required supervision</u> . (Is the student able to work on his/her own?)						
Student's <u>behavior</u> in class. (Does the student follow rules, accept consequences, and respond to correction?)						
Student's level of <u>maturity</u> in your class.						
Student's <u>attendance and punctuality</u> for your class.						

Provide any additional comments if needed: _____

Teacher's Name

Signature

Date

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Dear Educator:

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Sincerely,

Mrs. Anitra Townsend
Director, Upward Bound Math & Science Center

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

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

Provide any additional comments if needed: _____

This form may be returned to the student in a sealed envelope, mailed directly to the UBMSC office, faxed to 402-280-3032, or emailed to deidravers@creighton.edu.



DEPARTMENT OF EDUCATIONAL OPPORTUNITY PROGRAMS

"A place where excellence is expected and achieved."

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

Anitra Townsend, Director
Upward Bound Math & Science Center

Phone: 402-280-2050

E-mail: afd@creighton.edu

Deidra Devers
Senior Coordinator

Phone: 402-280-3454

E-mail: deidradevers@creighton.edu



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