



Ready To
Soar?

 **UPWARD
BOUND**



Get **Academic
Solutions** at Mercer

What is Upward Bound?

Upward Bound is a program, offered during the academic year and in the summer, for students entering or in the 9th grade. Upward Bound offers academic instruction, counseling, and cultural enrichment activities to help you develop the skills you need for college or trade school.

REQUIREMENTS

In order to be eligible for Upward Bound, you must:

- Attend high school
- Meet eligibility guidelines
- Demonstrate academic potential
- Present recommendations from principals, teachers, and counselors
- Live in Trenton, New Jersey

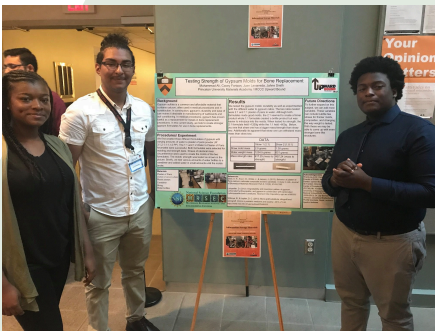
ADDITIONAL HIGHLIGHTS

- Free college and trade school applications
- Fee waivers for taking the SAT and ACT
- Paid transportation and stipends
- Financial aid assistance
- Upward Bound newsletter
- Summer work-study opportunities
- College tours
- Academic counseling

LOCATION/HOURS

Mercer County Community College
James Kerney Campus - KC317
102 North Broad Street
Trenton, New Jersey 08608
Telephone: 609.570.3155

Tuesday through Friday, 9 a.m. to 5 p.m.



SECTION A: PERSONAL INFORMATION*Please type or print all information*Name: _____
(Last) (First) (Middle)Home Address: _____
(Number) Street) (Apt./Suite)_____
(City) (State) (Zip Code)Home Phone () _____ Place of Birth _____
(Area Code) (Number) (City) (State) (Country)

Date of Birth ____ | ____ | ____ Social Security ____ | ____ | ____ (Attach Copy)

U.S. Citizen ☐ Yes ☐ NoIf you are not a U.S. Citizen, are you a permanent resident? ☐ Yes ☐ NoAlien Registration Number _____ Gender ☐ Female ☐ Male
(Attach copy (both sides) of Alien Registration Card)

Student's e-mail Address _____

Parent's e-mail Address _____

Ethnic/Racial Background Data☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ Caucasian/White
☐ Hispanic or Latin ☐ Native American/Alaskan Native ☐ Black or African-American*The information requested on race, ethnicity and sex is not used in selection. It is set aside and used in reports to the Department of Education in Washington D.C. It is the policy of Upward Bound not to discriminate on the basis of sex, race, religion, color, national origin, or age and disability in its decisions.***SECTION B: CONFIDENTIAL FAMILY INFORMATION***Please type or print all information***PARENT/GUARDIAN INFORMATION:**

Father/Male Guardian Name _____ SS# ____ | ____ | ____

Living with family? ☐ Yes ☐ NoHighest Education Level ☐ K-8 ☐ 9-12 ☐ High School Diploma ☐ Associates Degree
Completed (Please Check One) ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate Degree

Mother/Female Guardian Name _____ SS# ____ | ____ | ____

Living with family? ☐ Yes ☐ NoHighest Education Level ☐ K-8 ☐ 9-12 ☐ High School Diploma ☐ Associates Degree
Completed (Please Check One) ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate Degree

Are your parents:

☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Single/Never Married ☐ Other

FAMILY SIZE INFORMATION*Please LIST BELOW ALL LIVING IN HOUSEHOLD*

Name <i>(Include only if living with or supported by family)</i>	GENDER	AGE	Attending School Full Time
1	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
9	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL NUMBER IN FAMILY: _____ *(Parents/Guardians and children living in household)*Is the applicant a foster child? ☐ Yes ☐ No

A foster child is considered a “family of one” and the child’s support payment is considered that family’s income.

FAMILY INCOME INFORMATION:(Include only persons living in household) **PROOF OF PARENT/GUARDIAN INCOME INFORMATION FROM THE FEDERAL GOVERNMENT. YOU MUST SUBMIT A COPY OF EITHER:**

- 1 **FEDERAL INCOME TAX RETURN AND a W2 FORM (Both Signed)**
- OR
- 2 **A BENEFITS VERIFICATION LETTER FROM A SOCIAL SERVICE AGENCY**
 - Welfare Benefit Statement explaining amount of allotment.
 - Social Security Benefit Statement explaining amount of allotment.
 - Veteran Administrative Benefit Statement explaining monthly benefits.
 - Unemployment Benefit/Award Statement explaining benefits.
 - Notarized Letter explaining your situation.

Certifying Signatures

I approve of my child/ward applying for this program. In the event my child/ward is accepted into Upward Bound, I authorize his/her participation in classes, research, and other activities as scheduled by the Director of Upward Bound.

Student's Signature/Date

Parent/Guardian's Signature/Date

FAMILY SECONDARY INFORMATION: *Nearest relatives over the age of 21*

Relationship: ☐ Grandparent ☐ Aunt ☐ Uncle
(PLEASE CHECK ONE) ☐ Sibling ☐ Guardian ☐ Other _____

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Number) Street) (Apt./Suite)

(City) (State) (Zip Code)

Home Phone # () _____
(Area Code) (Number)

Work Phone # () _____
(Area Code) (Number)

ESSAY QUESTION

In 200-500 words, tell us why you would like to be a member of Upward Bound. Write about your strengths, weaknesses, interests, hobbies, and talents. Please include your plans after high school and what or who may have influenced you the most in your life.

Please type your essay on a separate piece of paper and submit it along with your application

RECOMMENDATION FORM 1

Please type or print all information

Name: _____
(Last) (First) (Middle)

School: _____

Present Grade: ☐ 8 ☐ 9 ☐ 10 ☐ 11 Expected Graduation Date: / /

Reference: (Complete One Form Per Reference - Check One)

<input type="checkbox"/> Teacher	<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> Community Leader	<input type="checkbox"/> Other
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Below Average - 1 Average - 2 Above Average - 3 Outstanding – 4 No Observation – N/O

CHARACTERISTICS	Type the Number	CHARACTERISTICS	Type the Number
Academic Motivation		Creativity	
Academic Growth		Emotional Maturity	
Academic Potential		Respect for Authority	
Mastery of Fundamental Concepts		Overall Potential for Achievement	
Ability to Effectively Handle/Accept Challenges		Reaction to Setbacks	
Academic Confidence		Personal Initiative	
Timely Submission of Assignments and Projects		Concern for Others	
Communication Skills		Self-Esteem	
Oratory Skills		Concern for Self	
Enthusiasm		Sense of Humor	
Honesty/ Integrity		Self Discipline	
Leadership			
ASSESSMENTS	Type the Number	ASSESSMENTS	Type the Number
Academic Qualities		Extracurricular Involvement	
Character and Personal Qualities		Overall Assessment	

How long have you known the applicant? _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

REFERENCE INFORMATION:

Reference Signature/Date: _____

***Mercer County Community College
Upward Bound
102 North Broad Street
Trenton, New Jersey 08608***

RECOMMENDATION FORM 2

Please type or print all information

Name: _____
(Last) (First) (Middle)

School: _____

Present Grade: ☐ 8 ☐ 9 ☐ 10 ☐ 11 Expected Graduation Date: / /

Reference: (Complete One Form Per Reference - Check One)

<input type="checkbox"/> Teacher	<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> Community Leader	<input type="checkbox"/> Other
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Below Average - 1 Average - 2 Above Average - 3 Outstanding – 4 No Observation – N/O

CHARACTERISTICS	Type the Number	CHARACTERISTICS	Type the Number
Academic Motivation		Creativity	
Academic Growth		Emotional Maturity	
Academic Potential		Respect for Authority	
Mastery of Fundamental Concepts		Overall Potential for Achievement	
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Communication Skills		Self-Esteem	
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Leadership			
ASSESSMENTS	Type the Number	ASSESSMENTS	Type the Number
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How long have you known the applicant? _____

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REFERENCE INFORMATION:

Reference Signature/Date: _____

***Mercer County Community College
Upward Bound
102 North Broad Street
Trenton, New Jersey 08608***

HIGH SCHOOL RECORD & TRANSCRIPT REQUEST FORM

I, _____ parent/guardian of _____
(Print parents' name) (Print student name)

hereby grant permission for you to release and attach a copy of the high school transcript, current report card, and any other academic related records for the above named student to Upward Bound.

Required by Section 504 Rehabilitation Act of 1973: (Please check the appropriate box where it applies.)

☐ Visual Impairment ☐ Auditory Impairment ☐ Motor Impairment ☐ Learning Impairment

COMMENT(S):

Please list all standardized test taken and attach a copy of results.

STANDARDIZED TEST	DATE ADMINISTERED	SCORE RESULTS			
		Math	Reading/ Verbal	Writing	Total
ASK-PARCC					
PSAT					
HSPA					
SAT					
SAT II					

SCHOOL INFORMATION:

PRESENT GRADE: ☐ 8 ☐ 9 ☐ 10 ☐ 11 EXPECTED GRADUATION DATE: / /

Guidance Counselor's Name:

(Ms., Mrs., Mr., Dr.) _____
(Last) (First)

High School: _____

Address: _____
(Number) (Street)

(City) (State) (Zip Code)

Phone#: () _____ Fax: () _____

Student's Signature/Date Parent/Guardian's Signature/Date Counselor's Signature/Date

Please forward this form along with official transcript, report cards and any additional records to:

**Mercer County Community College, Upward Bound
102 North Broad Street
Trenton, New Jersey 08608**

CHECK LIST (For Office Use Only)

- ☐ Completed Application Received on ____ / ____ / ____
- ☐ Application Cover Sheet
- ☐ Confirmation Receipt Letter sent on ____ / ____ / ____
- ☐ Copy of Alien Registration Card (Both Sides)
- ☐ Copy of Social Security Card
- ☐ Official High School Transcript
- ☐ School Records & Transcript
- ☐ Medical Forms
- ☐ Release Form
- ☐ Recommendations [Two are needed]
- ☐ Teacher ☐ Community Leader ☐ Guidance Counselor ☐ Other
- ☐ Proof of Parent/Guardian Income
- ☐ 1040 or 1040A Tax Return ☐ Benefits Verification Letter ☐ Family Income \$
- Status: ☐ L.I. ☐ F.G. ☐ L.I./F.G.
- Processed by: _____ on ____ / ____ / ____
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