

## University Bound Program Student Application

#2 John Brewers Bay St. Thomas, VI 00802 (**340**) **693-1130**  RR 02 Box 10,000 Kingshill, VI 00850-9871 (340) 692-4182

Thank you for your interest in the University Bound Program.

This application must be completed in full and returned to the University Bound Office. All information are **confidential**.

Applications will be reviewed once <u>all</u> materials are received. If you are selected for an interview, you will be contacted to set up an appointment. Admission into the program is based on financial and academic eligibility, need, readiness for program services and available space.

<u>Please Note</u>: Submitting an application <u>does not</u> guarantee admission into the program.

| Student's Name: |  |
|-----------------|--|
| Grade:          |  |
| School:         |  |
| Date:           |  |

### \*\*\*<u>NOTE</u>: TO COMPLETE THIS APPLICATION, YOU ARE REQUIRED TO <u>SUBMIT</u> THE FOLLOWING:

- 1. A copy of your **high school transcript** <u>and/or</u> your <u>most recent</u> report card
- 2. A <u>Certified copy</u> (stamped/dated) of your parent's/guardians last <u>Income Tax Return</u> filed or other document of family income; such as public assistance, social security, retirement, etc.
- 3. A letter of recommendation as indicated in <u>Part D</u>, from a teacher or counselor
- 4. An <u>essay</u>, at least 100 words: Write a brief essay defining your career goals. (In what way do you believe U.B. will be able to assist you in achieving those goals? <u>Please attach essay to application.</u>
- 5. Copies of Standardized test scores





# Application Part A

| 1. Name   |                               |                      |           |                  |          |
|---|-------------------------------|----------------------|-----------|------------------|----------|
| Last  | First                         |                      | Middle    |                  |          |
| 2. Physical Address:                            |                               |                      |           |                  |          |
| 2 Mailing Addunger (19199 (1914)                | · · · · · ·                   | City                 | state     | e                | zip code |
| 3. Mailing Address: (if different from the      | P.                            | <b>D. Box</b> #      | city      | state            | zip code |
| 4. Phone No. :                                  |                               |                      |           |                  |          |
|   | CT E mun mu                   | <u> </u>             |           |                  |          |
| 6. Date of Birth: 7. Gender                     | ":MF                          | 8. Social Secu       | rity#     |                  |          |
| 9. Name of High School:                         |                               | 10: Currer           | nt Grade  | :                |          |
| 11. Place of Birth:                             | (Please s                     | how proof of citizer | uship) 12 | 2. Age:          |          |
| If <u>not</u> born in the U.S. or U.S.V.        | .I., please complete <u>A</u> | or <u>B</u> below:   |           |                  |          |
| A. Naturalized Citizen D                        | Date Granted:                 |                      |           | (please provi    | de copy) |
|   |                               |                      |           |                  |          |
| B. Permanent Resident A                         | lien Number:                  |                      |           | _ (please provi  | de copy) |
| 13. What Language, other than English           | n, is spoken at home'         | ?                    |           |                  |          |
| 14. With whom do you live? Mot                  | therFather                    | _Both Parents _      | Othe      | r:               |          |
| 15. How should mail to Parents/Guard            | ian be addressed? (F          | lease check one      | )         |                  |          |
| Mr. & MrsMrMrs.                                 | Ms.                           |                      |           |                  |          |
|   |                               | Nan                  | ne        |                  |          |
| 16. How did you hear about the Univer           | sity Bound Program            |                      |           |                  |          |
| 17. Tist over sectors around an activities      |                               | nata (at ashaal      |           | ter aburah ata   | )        |
| 17. List any <u>extra-curricular activities</u> | in which you partici          | pate. (at school,    | commun    | ity, church etc. | .)       |
|   |                               |                      |           |                  |          |
|   |                               |                      |           |                  |          |
| 18. What Career Path are you enrolled           | in high school? (ex:          | aviation, medica     | l):       |                  |          |

\* UVI complies with affirmative action, equal opportunity, Title IX, Section 504 Federal Legislation.

#### PART B. TO BE FILLED OUT BY STUDENT AND SIGNED BY STUDENT AND PARENT/GUARDIAN

| NAME                          | AGE                       | <u>RELATIONSHIP</u> | HIGHEST<br>EDUCATION<br>COMPLETED |
|-------------------------------|---------------------------|---------------------|-----------------------------------|
| XXXXXXXXXXXXXXXXX             | XXXXXXXXXXXXXXXXX         | XXXXXXXXXXXXXXXXX   | XXXXXXXXXXXXXXXXXX                |
| 1.                            |                           |                     |                                   |
| 2.                            |                           |                     |                                   |
| 3.                            |                           |                     |                                   |
| 4.                            |                           |                     |                                   |
| 5.                            |                           |                     |                                   |
| 6.                            |                           |                     |                                   |
| 7.                            |                           |                     |                                   |
| 8.                            |                           |                     |                                   |
| 9.                            |                           |                     |                                   |
| 10.                           |                           |                     |                                   |
|                               |                           |                     | (Use reverse side if necessary)   |
| Has either of your parents co | omplete a college degree? | Yes                 | No                                |

Please list the people who reside at your home, including yourself and those in college.

If yes, what degree? \_\_\_\_\_Associate \_\_\_\_\_Bachelor \_\_\_\_\_Masters \_\_\_\_\_Ph.D.

**<u>PLEASE READ</u>**: In addition to meeting stipulated eligibility criteria for University Bound participation, selection requirements state that a majority of students served by the program must be potential first generation students.

The parent's signature on this form verifies that the statements regarding the highest grade completed and parent's college status is accurate as stated here.

Parent's Signature

Date

What is/are your reason(s) for wanting to join University Bound?

**Student's Signature** 

Date

### Part C: TO BE FILLED OUT BY PARENT OR GUARDIAN

**Note:** Giving the medical information (questions 1-4 below) is voluntary and not providing it will not affect your child's acceptance into the program. However, in order to properly plan your child's educational or remedial program, we request that you provide this information.

1. Please list any medical, psychological, behavioral, or educational problems which may limit your child's successful participation in Upward Bound.

2. In case of emergency, what procedure should be followed \_\_\_\_\_\_

3. Please list and explain the use of any medication(s) that your child is using.

4. Date of last physical examination:\_\_\_\_\_\_ Medical/Insurance Card#: \_\_\_\_\_

5. Please provide household **Annual Income** information below:

|                                 | Parent (1) | Parent (2) |
|---------------------------------|------------|------------|
|                                 |            |            |
| Name (parent/guardian)          |            |            |
|                                 |            |            |
| Relationship to Applicant       |            |            |
|                                 |            |            |
| Employer                        |            |            |
|                                 |            |            |
| Employer's Mailing Address      |            |            |
|                                 |            |            |
| Work# / Cell# / Home            |            |            |
|                                 |            |            |
| Job Title                       |            |            |
|                                 |            |            |
| Annual Income/before deductions |            |            |
|                                 |            |            |
| Email Address                   |            |            |

6. Do you **claim** the University Bound applicant as an exemption on your income Tax Return? \_\_\_\_Y \_\_\_\_N

If yes, what status do you use when filing your tax return? \_\_\_\_\_single \_\_\_\_\_married, joint \_\_\_\_\_head of household.

7. What is the total number of exemptions that you claim on your tax return?

<u>Note</u>: Statements made regarding taxable income must be verified. If you <u>do not</u> claim the applicant, please explain the main source of support for this applicant and offer some form of documentation thereof.

\*University Bound is supported by government funds appropriated to serve students who meet a certain economic criteria. If your child is selected to participate in the program and the information given on this form is false, he/she will be dropped from the program.

#### Part D: RECOMMENDATION TO UNIVERSITY BOUND PROGRAM, UVI

\*\* This form should be completed by a Teacher or Counselor. \*\*

| NAME OF STUDENT:               |
|--------------------------------|
| NAME OF HIGH SCHOOL:           |
| TEACHER'S OR COUNSELOR'S NAME: |
| SUBJECT TAUGHT/TEACHING:       |
| DATE                           |

The above student is applying for admission to the University Bound Program. The goal of the program is to provide opportunities to selected eligible high school students with academic potential who are **interested in pursuing post-secondary education**. The program offers academic instruction, individual and small group tutorials, individual and small group counseling, college admission information, and cultural, social, and recreational activities to its participants.

Please help us to complete a need assessment of the above applicant by writing a brief statement below indicating **why you think this student should be admitted to University Bound and how we can best serve his/her needs.** Please specify academic/social needs, such as improving writing/math skills and exposure to college environment.