



**PASADENA CITY COLLEGE TRIO
UPWARD BOUND MATH/SCIENCE
APPLICATION**

1570 East Colorado Blvd.,
Pasadena, CA 91106
(626) 585-3114
msubstaff@pasadena.edu
Ed. Advisor: _____

(TO BE COMPLETED BY PARENT/GUARDIAN)

Is the student in any of these programs? AVID Upward Bound Upward Bound Math/Science Cal SOAP Talent Search Other _____

*Math Science Upward Bound is a **NO COST** program designed to provide supplemental college readiness services to students who are committed to continuing their studies in a STEM major after high school graduation.*

STUDENT INFORMATION

Name of School: _____ Counselor's Name/Phone Number: _____

Student's First Name: _____ Middle Name: _____ Last Name: _____

Student's email address: _____ Social Security #: _____ Current Weighted GPA: _____

Street Address/P.O. Box: _____ City: _____ Zip Code: _____ Phone #: (____) ____-____

Student's Gender:

Male Female

Age: _____

Date of Birth: _____

Grade Level: 9 10 11 12

Student's Citizenship Status:

U.S. Citizen

Permanent Resident #: _____

Student's Race/Ethnicity: Hispanic/Latino

Asian/Pacific Islander

African American

Native American/Alaska

Hawaiian/Pacific Islander

Other, specify _____

ALL INFORMATION PROVIDED IS CONFIDENTIAL AND WILL NOT BE SHARED WITHOUT PARENTAL PERMISSION.

PARENT/GUARDIAN INFORMATION

Father's Name: _____

Mother's Name: _____

Cell Number: _____

Cell Number: _____

Email address: _____

Email address: _____

Work telephone: _____

Work telephone: _____

Does Father/Guardian Have a Degree? Yes No

Does Mother/Guardian Have a Degree? Yes No

Check Degree:

Check Degree:

Associate Degree Bachelor's Degree Master's Degree

Associate Degree Bachelor's Degree Master's Degree

FAMILY INCOME VERIFICATION

How many people are living in your household? _____ Does student participate in free/reduced lunch at school? Y/N

Family's Annual Income: \$ _____

Parent's Initial: _____

Taxable Income: \$ _____

Parent's Initial: _____

(Federal Tax Form-1040/A p.1)

(Verification)

Federal Tax Form-1040/A p.2)

(Verification)

PARENT/GUARDIAN ACKNOWLEDGEMENT AND CONSENT:

I hereby authorize the Upward Bound Math Science Program at Pasadena City College to obtain transcripts and other academic cumulative records for the above named student. Information may contain high school graduation requirements: credits completed and credit deficiencies; grade point average (GPA); college admission test scores such as ACT and SAT; and other information necessary to provide services.

I certify that all the information provided in this application is accurate. I understand that the Upward Bound Math Science Program may deny my child's admission if any information is found to be incomplete or inaccurate.

Student Signature: _____

Date: _____

Print Parent Name: _____

Parent Signature: _____

Date: _____

TRIO Works! TRIO Upward Bound Math & Science is 100% funded by a U.S. Department of Education grant.



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Part II: Essay Questions

What major do you want to take in college? What career are you interested in? _____

INSTRUCTIONS: On a separate piece of paper, please answer the following questions (one paragraph minimum):

1. Please explain why you would like to attend the Upward Bound Math/Science program at Pasadena City College. In what areas (academic or personal) can our program help you improve?
2. Describe a math or science-related problem in the world, why is it an issue, and why is it important to you?
3. Why is it important for you to attend college? Is this goal for yourself or for your family?
4. The Upward Bound Math/Science program requires a large commitment on your part. It requires tutoring, Saturday Academies and summer program. Explain why you think you have the commitment to follow through on all the required activities.

Part III: Extra Curricular Activities

Please list school, community, sports, and activities you are involved in: _____

Please list meaningful activities you would like to be a part of in each category:

Career Exploration: _____

Academic Preparation: _____

Personal Development: _____

Part IV: Emergency Contact

Please give the name, address, and phone number of two adults (relatives or friends) who do not live with you, but can be contacted in the event of an emergency. A TELEPHONE NUMBER IS MANDATORY.

Name: _____ Relationship _____

Address: _____ City, Zip _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship _____

Address: _____ City, Zip _____

Home Phone: _____ Cell Phone: _____

Part V: Parent/Student Contract

Please initial:

_____ If selected as a participant of the **Upward Bound Math/Science program at Pasadena City College**, I agree to participate in the entire program, including tutorial sessions, the Saturday Academies, and 5 week summer program. Arrangements may be made ahead of time with the Director or Educational Advisor. If accepted, I will conduct myself in a manner that will bring credit to my family, my school, my community, and myself. I also agree to abide by the rules and regulations established by the UPWARD BOUND MATH/SCIENCE PROGRAM during all program activities.

_____ I understand that the Director has the right to dismiss any student if the student does not adhere to the rules and regulations of the program, or is not showing a positive attitude in participating in the activities of the program.

_____ I Understand that priority will be given to students that meet both the federal low-income guidelines and that neither parent graduated from college.

Student Name (Print)

Student Signature

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date



Teacher Counselor Recommendation
for Pasadena City College Upward Bound Math/Science Program



1570 E. Colorado Blvd., RM D114, Pasadena, CA 91106 ▪ (626) 585-3114 ▪ msubstaff@pasadena.edu

APPLICANT: Fill out this portion of the recommendation. Give this to a teacher or a counselor who will recommend you to our program.

Student's Name: _____ High School: _____ Grade: _____

Dear Teacher/Counselor:

The student named above is applying to our program which attempts to help low-income and first generation high school students improve their achievement in high school for the eventual admission to the college or university of their choice.

During the academic year we provide students with assistance in their courses and advise them about their college and career choices. Please provide us your impression of the student. Would he/she benefit from the program and would he/she contribute to the program's success? Please comment freely if necessary. If you have any questions, please call 626-585-3114. Thank you for your assistance.

	Below Average	Average	Above Average	Excellent Top 10%	Outstanding Top 2%
Ability					
Motivation					
Self-Discipline					
Writing Skills					
Oral Skills					
Math Skills					
Leadership					
Self Confidence					
Emotional Maturity					
Concerns for Others					
Personal Initiative					
Works well with Peers					
Works well with Faculty					

Additional Information:

Teacher/Counselor's Name: _____ School: _____

Position: _____ Work Phone: _____

Signature: _____ Date: _____