NEW JERSEY INSTITUTE OF TECHNOLOGY
Center for Pre-College Programs
Upward Bound Program
110 Summit Street, Campbell Hall, 4th & 5th Floor
Newark, NJ 07102
Phone: (973) 596-3580

This Program is sponsored by the US Department of Education
and The New Jersey Institute of Technology

TODAY’S DATE: ______________

PLEASE TYPE OR PRINT LEGIBLY

PART I ---- YOUR PERSONAL PROFILE

NAME_________________________________________________________

(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS________________________________________________________________________

(NUMBER) (STREET) (APT.)

_________________________________________________________________________________

(CITY) (STATE) ZIP CODE

TELEPHONE (___) ___________ SOCIAL SECURITY NUMBER_____________________

BIRTHDATE: _________________ PLACE OF BIRTH _______________________

MONTH/ DATE / YEAR (CITY) (STATE) (COUNTRY)

PLEASE CHECK ONE: FEMALE _____ MALE ______

EMAIL ADDRESS: __________________________________________

CITIZENSHIP
ARE YOU A US CITIZEN? YES_______ NO_______

IF NOT, ARE YOU A PERMANENT RESIDENT OF THE UNITED STATES? YES____ NO_____

IF YES, YOU MUST SUBMIT A COPY OF YOUR GREEN CARD WITH YOUR APPLICATION.

ETHNIC BACKGROUND

_____ AMERICAN INDIAN OR ALASKAN NATIVE

_____ HISPANIC

_____ WHITE

_____ ASIAN OR PACIFIC ISLANDER

_____ AFRICAN AMERICAN/BLACK

_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

_____ MORE THAN ONE RACE

WHAT LANGUAGE OTHER THAN ENGLISH, IS SPOKEN IN YOUR HOME? ______ ARE YOU
FLUENT IN THAT LANGUAGE? YES _______ NO_______
**PART II ----- EDUCATIONAL DATA**

SCHOOL’S NAME & ADDRESS

______________________________________________________

PRESENT GRADE___________ GRADE POINT AVERAGE: ___________

GUIDANCE COUNSELOR/ADVISOR’S NAME: ______________________

**TEST INFORMATION:**

In the following, enter your scores on the appropriate line (Include a copy of the test results).
If you have not taken the test, leave it blank:

<table>
<thead>
<tr>
<th>STANDARDIZED TESTS</th>
<th>DATE ADMINISTERED</th>
<th>SCORE RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MATH</td>
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<tr>
<td>GEPA</td>
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<td>PSAT</td>
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<td>HSPA</td>
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<tr>
<td>SAT</td>
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<tr>
<td>SAT II</td>
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</tbody>
</table>

ACADEMIC HONORS: LIST ANY HONORS/AWARDS YOU HAVE RECEIVED

1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________

EXTRACURRICULAR ACTIVITIES: LIST OF EXTRACURRICULAR, COMMUNITY/FAMILY ACTIVITIES

1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________

**AFTER HIGH SCHOOL**

DO YOU PLAN TO ATTEND COLLEGE? _____________

COLLEGE MAJOR (s): Possible area(s) of concentration/ major: ________________________________

CAREER OBJECTIVES: Possible career or professional plans: ________________________________

WORK EXPERIENCE: List any job (including SYETP) you have held during the past three years.

_____ A PHOTOCOPY OF YOUR GRADES AND CURRENT CLASS SCHEDULE MUST BE SUBMITTED WITH APPLICATION.

_____ THREE RECOMMENDATION LETTERS MUST BE INCLUDED IN APPLICATION PACKET (MATH INSTRUCTOR/SCIENCE INSTRUCTOR/GUIDANCE COUNSELOR)

Are you in Talent Search, another pre-college program, or intend to apply to one? Yes______ No______
If yes, which program? ________________________________
PART III — PARENT/FAMILY CONFIDENTIAL INFORMATION

Please check if parents are:

a. Married______
b. Divorced______
c. Single/Never Married ______
d. Widowed ____
e. Separated_______
f. Other: ___________

FATHER/MALE GUARDIAN NAME: ___________________________________________

HOME ADDRESS IF DIFFERENT FROM YOURS: ________________________________

IS HE LIVING?________

MOTHER/FEMALE GUARDIAN NAME: _________________________________________

HOME ADDRESS IF DIFFERENT FROM YOURS: ________________________________

IS SHE LIVING? _______

If not with both parents, with whom do you make your permanent home? ______________

NAME/AGES OF OTHER CHILDREN OR "DEPENDENTS" IN YOUR FAMILY HOUSEHOLD

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Relationship</th>
<th>School/College Attending</th>
</tr>
</thead>
<tbody>
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<td>4.</td>
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</table>

Total number of people in household (include applicant) ______________

If the applicant is a Foster Child, check here__________ (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)

Father/Male Guardian/Head of household employed? Yes______ No______

Mother/Female Guardian/Head of Household employed? Yes______ No______

SOURCE OF INCOME

_____EMPLOYMENT       _____WELFARE       _____SOCIAL SECURITY

_____V.A. BENEFITS      _____UNEMPLOYMENT

TOTAL FAMILY INCOME $ ______________ PER YEAR

You must submit photocopy one of the following as Proof of Income

(1) A signed photocopy of your most recent 1040/1040A NOT A W2 FORM
(2) Welfare Statement explaining amount of allotment
(3) Social Security Statement explaining amount of allotment
(4) V.A. Statement explaining monthly benefits
(5) Unemployment Award Statement explaining benefits
(6) Notarized Letter explaining your situation if none of the above applies.
   And the amount of that annual income.
PARENT (S) OCCUPATION & EDUCATIONAL CERTIFICATION

FATHER/GUARDIAN OCCUPATION: ____________________________________________

MOTHER/GUARDIAN OCCUPATION: ____________________________________________

PLEASE CHECK ONE

_____ Neither parent/guardian of the applicant has received a Bachelor's Degree (4 year college degree) and living in the household.

_____ At least one parent/guardian of the applicant has received a Bachelor's Degree (4 year college degree) and living in the household.

If either parent graduated from a college please indicate the college:

Father____________________________________________________________

Mother____________________________________________________________

Certification

_____ I certify that this information is true and correct to the best of my knowledge. I understand that this application is being made in connection with receipt of Federal funds and that Organization officials may verify information.

_____ I approve my child's application for the Upward Bound Program.

IN ORDER TO PROCESS THIS APPLICATION BOTH PARENT (S) AND STUDENT MUST SIGN AND DATE THE FORM.

________________________________________  ________________________________
Name of Father/Guardian                  Name of Mother/Guardian

________________________________________  ________________________________
Signature of Father/Guardian/Date         Signature of Mother/Guardian/Date

________________________________________
Applicant/Student Signature/Date

Please mail completed applications to:
New Jersey Institute of Technology
Center for Pre-College Programs
Upward Bound Program
110 Summit Street, Campbell Hall, 4th & 5th Floor
Newark, NJ 07102
Phone: (973) 596-3580
SCIENCE TEACHER RECOMMENDATION

Student: _____________________________________________________________________________
(First) (Middle) (Last)

The applicant has been my student in the following class: _______________________________________
I have known the applicant for: (   ) less than 1 year    (   ) 1-2 years    (   ) more than 2 years

Academic Work Habits
Good performance: ___________ Capable of better work: _______
Needs increased preparation time: _______

Attitude and Behavior
Displays interest _________ Disruptive in class _________
More effort needed _________ Inattentive in class _________

Please evaluate the student on each characteristic by checking the appropriate rating

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Low</th>
<th>Average</th>
<th>High</th>
<th>No Basis for Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completes Assignments</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Intellectual Ability</td>
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<td></td>
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<tr>
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<td>Written Expression</td>
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Relative to most students at his/her level, I consider the above student: Below Average Average Above Average

Are you aware of any behavior (situation) that suggests this applicant is or may not be reliable, honest, or of good character?
____________________________________________________________________________________
____________________________________________________________________________________

Given all aspects of named applicant, I would evaluate his/her probable success in the Upward Bound program as follows:

<table>
<thead>
<tr>
<th>Success Level</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>______</td>
</tr>
<tr>
<td>Above Average</td>
<td>______</td>
</tr>
<tr>
<td>Average</td>
<td>______</td>
</tr>
<tr>
<td>Below Average</td>
<td>______</td>
</tr>
<tr>
<td>Poor</td>
<td>______</td>
</tr>
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</table>

Please use the space below to describe the student’s attitude toward academics while commenting on their interests toward mathematics, technology, or science. The recommendation should include an overall assessment of the student abilities and potential.
____________________________________________________________________________________
____________________________________________________________________________________

Teacher’s Name ___________________________ High School ____________________________

Phone ___________________________ Fax: ___________________________
New Jersey Institute of Technology/Center for Pre-College Programs/Upward Bound Programs
110 Summit Street, Campbell Hall, 4th & 5th Floor, Newark, NJ 07102

MATH TEACHER RECOMMENDATION

Student: _____________________________________________________________________________
(First) (Middle) (Last)

The applicant has been my student in the following class: _______________________________________
I have known the applicant for: ( ) less than 1 year  ( ) 1-2 years  ( ) more than 2 years

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<tr>
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<th>High</th>
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<tbody>
<tr>
<td>Good performance:</td>
<td>_____</td>
<td>_____</td>
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<td>Capable of better work:</td>
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_____________________________________________________________________________________

Teacher’s Name ___________________________ High School _____________________________

Phone ___________________________ Fax: ___________________________
GUIDANCE COUNSELOR’S RECOMMENDATION

Student’s Name: _________________________________________

How long have you known the applicant: _____________________

**Academic Work Habits**
- Good Performance
- Capable of Better Work
- Need Better Preparation/Study Habits

**Attitude/Behavior In & Out of Classroom**
- Displays Interest
- Polite & Respectful
- Well-Mannered
- Attentive to Suggestions
- Disruptive/Inattentive in Class
- Displays No Interest toward Learning
- Disrespectful

Are you aware of any behavior (situation) that suggests this applicant is or may not be reliable, honest, or of good character?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

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__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Counselor’s Name ____________________________________
High School _________________________________________
Phone ___________________ Fax # ___________________

Program _________________