APPLICATION PACKET

UPWARD BOUND

A step above the rest... TLC.EDU/UB
UPWARD BOUND
at the Technical College of the Lowcountry

Upward Bound Program, a federally funded program designed to assist youth with academic pursuit, is housed at the Technical College of the Lowcountry in Beaufort, South Carolina. Over 900 Upward Bound projects nationwide provide youth with the skills and motivation necessary for the successful pursuit of postsecondary education.

Who Can Participate?
Participation in Upward Bound is open to any college bound high school student who is currently a freshman or sophomore attending a public school in Beaufort, Colleton, Hampton, or Jasper Counties and who meets the following requirements:

- parent(s) have not completed a four-year college degree,
- parent(s) income meets federal guidelines, and
- student is college bound and has a demonstrated academic need.

What Can Upward Bound Offer You?
Upward Bound is designed to encourage student success beyond high school by offering academic support, career counseling and personal development exercises during its academic and summer components.

All services of Upward Bound are free. Participants enjoy cultural enrichment activities, visit colleges and universities throughout the United States, and participate in forums.

Upward Bound provides transportation to and from the Technical College of the Lowcountry and meals for the academic and summer sessions.

Parents whose children participate in Project Upward Bound are required to support the program by:

- encouraging their child to do and be his or her best and to actively pursue a college degree;
- attending the academic and summer session orientations;
- participating in at least one scheduled workshop, and;
- attending special events such as annual banquets, family picnics, pageants, etc;
- becoming actively involved in the Upward Bound Parents Association

The Academic Component
From September through May, Upward Bound is hosted at the Technical College of the Lowcountry on approximately 20 Saturday sessions. Emphasis during the Academic Component is focused on improving the participants’ academic status by providing tutoring in the areas of writing, reading, mathematics and study skills. Assistance is also provided through seminars on Academic Success, College Survival and Scholastic Aptitude Test (SAT) Preparation classes.

Upward Bounders are enriched by motivational speeches of guest speakers and community leaders. They also participate in different cultural activities, college tours and engage in social events.

The Summer Component
During June and July, TCL's Upward Bound holds an intensive six-week nonresidential academic program at the Technical College of the Lowcountry in Beaufort. A curriculum is specifically designed to meet each participant’s academic need to ensure academic success in the courses to be taken during the next school year. Emphasis will be placed on English, mathematics, science, history, foreign language, study skills and college survival skills.

Those participants who maintain a “B” average and express an interest in a mathematics or science career will be offered an opportunity to participate in a six-week Department of Education Math/Science Upward Bound Program available in the southeastern section of the United States (Georgia, North Carolina, South Carolina and Tennessee).

Self-improvement courses and mentoring are also offered along with electives in: drama, chorus, arts & crafts, bowling and many more.

The Summer College Tour
The highlight of TCL's Upward Bound summer component is the annual summer college tours. For one week each summer, Upward Bounders travel on supervised tours to various college campuses throughout the United States to learn more about the options open to them and to familiarize themselves with different colleges. In the past, Upward Bound has sponsored trips to Philadelphia, Alabama, Chicago, Tennessee and Florida.
UPWARD BOUND APPLICATION
TECHNICAL COLLEGE OF THE LOWCOUNTRY
921 Ribaut Road • PO Box 1288
Beaufort, SC 29901-1288
1-800-768-8252 • (843) 525-8242

For Staff Use Only:
LI ______
FG ______ Academic Need # ____
Comments: _____________________
____________________________

PART A: BACKGROUND INFORMATION
Please type or print (use black or blue ink)

Current Grade Level: Rising Freshman _____ Freshman ____ Sophomore ____ Junior ____  Male  Female
Birthdate: ____________________ Home phone: ____________________________
1. Name: ____________________________ __________________________ (Last) (First) (MI)
2. Permanent Address: ____________________________ __________________________
   Street City State Zip
   Mailing Address: ____________________________
3. Middle School: ____________________________
4. High School: __________________________________________ 5. Cumulative Grade Point Average: ____
6. Social Security Number: ______/______/______ (Required! Please attach a copy to this application)
7. Race: African American _____ White _____ American Indian _____ Hispanic _____ Other _____
8. Mother’s Name: ____________________________
   Occupation: ___________ Business Phone # ___________ Highest Grade Completed __________
9. Father’s Name: ____________________________
   Occupation: ___________ Business Phone # ___________ Highest Grade Completed __________
10. Do either of your parents have a four-year degree from a college or university? Yes _____ No _____
11. Future plans: (Check as many as apply)  Undecided  Two-year College  Four-year college
    State Technical College  Vocational School  Other (please explain) __________________________
12. Career Goal: ____________________________
13. How can Upward Bound help you? (check as many as apply)
    Math Tutoring  Cultural Activities  Postsecondary Educational Assistance
    English Tutoring  Career Planning  Financial Aid Information
    Reading Tutoring  Study Skills Instruction  Scholarship Information
    Science Tutoring  Counseling  Other (Please explain): _________
14. How did you hear about Upward Bound?_____________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
______________________________________________________  ______________________________
Signature of Applicant Date
Part A: Continuation of Background Information

Federal Regulations have mandated that the following questions be completed by the parents:

15. With whom does the child reside? Please check all that apply and give names:

- [ ] Natural Mother
  - Name: ____________________________
  - Work Phone #: ____________________

- [ ] Natural Father
  - Name: ____________________________
  - Work Phone #: ____________________

- [ ] Stepmother
  - Name: ____________________________
  - Work Phone #: ____________________

- [ ] Stepfather
  - Name: ____________________________
  - Work Phone #: ____________________

- [ ] Female Guardian
  - Name: ____________________________
  - Work Phone #: ____________________

- [ ] Male Guardian
  - Name: ____________________________
  - Work Phone #: ____________________

16. First Generation Eligibility:

Do either of the child’s parents/guardians have a four-year degree from a college or university? (THIS QUESTION APPLIES TO THE PARENT OR GUARDIAN WITH WHOM THE CHILD LIVES WITH AND RECEIVES SUPPORT FROM)

- [ ] Yes
- [ ] No

17. Child’s Citizenship Status:

- [ ] United States Citizen
- [ ] Not a United States Citizen but is a legal permanent resident
- [ ] Not a United States Citizen but application for immigration status pending before the INS (please provide a copy of letter or I-551 Form)

18. Important phone numbers:

- Mother/Female Guardian
  - Cell Phone: ____________________________
  - Work Phone #: ____________________

- Father/Male Guardian
  - Cell Phone: ____________________________
  - Work Phone #: ____________________

By signing below, I certify that the above information is correct; furthermore, I understand that all information provided is confidential.

____________________________________  ____________________________________
Mother/Female Guardian Signature       Date

____________________________________  ____________________________________
Father/Male Guardian Signature          Date
NOTE: The United States Department of Education requires that we obtain income information from all applicants. The information supplied here will be held confidential. Please answer all questions.

Applicant’s Name: ______________________________________    __________________________    _________

Last                                                                                                First                                      MI

Head of Household: ______________________________________    __________________________    _________

Last                                                                                                First                                      MI

RELATIONSHIP TO APPLICANT:    _____ Father     _____ Mother     _____Guardian

_____ Other (Specify Relationship): ______________________________

Address: ____________________________    __________________    ____    ____________    _________________

Street Name                                             City            State                 Zip                               Phone

Employer of Head of Household: _________________________ Position: ____________________________

Is the applicant eligible or qualified for free/reduced lunch?   _____ No        _____ Free       _____ Reduced

Is the applicant a foster child or legally adopted?  _____ Yes      _____ No

How many people are in your household?  (Fill in blanks)

Applicant  1

Other dependents   (Specify)

Parent(s) _____ _______________ _____

Brothers/sisters _____ _______________ _____

TOTAL _____

Please indicate tax return filing status of HEAD OF HOUSEHOLD: (Check one)

Married, filing jointly _____ Single, head of household _____

Married, filing singly* _____ Did not file _____

*If filing singly, please attach a copy of spouse’s return.

INCOME:

(1) Social Security _______ Amount/Month   Unemployment _______ Amount/Month

AFDC _______ Amount/Month   Disability _______ Amount/Month

SSI _______ Amount/Month   Retirement _______ Amount/Month

Child Support _______ Amount/Month   Vet’s Benefits _______ Amount/Month

Please submit an official government document indicating amount of benefits.

(2) Adjusted gross income for the last tax year was $___________. Taxable income for the last tax year was $___________.

(If you filed jointly, please include both incomes. Do not include income from any of the categories listed above).

Additional comments concerning your financial situation, if no documentation is available.

By signing below, I certify that the above information and income data is correct to the best of my knowledge; furthermore, I understand that all information provided is confidential.

Head of Household                     Date
We understand that Upward Bound at Technical College of the Lowcountry is designed to provide academic, motivational and interpersonal support to high school students who are interested in pursuing a college degree.

We recognize that Upward Bound is a major investment by the United States Department of Education and **we understand that if the student is accepted, he or she will be required to participate fully in the academic and summer components.**

We understand that travel to and from the Technical College of the Lowcountry is provided free of charge for the student and should it become necessary for the student to return to his/her home (due to parent’s request, illness or discipline matters) parents must assume this responsibility.

We understand that the Upward Bound student’s family or guardian must assume responsibility for illnesses or pre-existing conditions, medical release forms and any information needed to complete them.

We realize that Upward Bounders must maintain at least a 2.5 grade point average each academic quarter. We will ensure that all academic requirements are adhered to, including the following:

1. Enrollment in a college preparatory curriculum.
2. Successful completion of all high school course requirements and all Upward Bound assignments.
3. Provision of copies of current grade reports to the coordinator upon request.
4. Completion of the Scholastic Aptitude Test or the American College Test by spring of the senior year.

We agree that the student, if accepted into Upward Bound, may participate in answering questionnaires and other appropriate and approved research projects done as part of the program’s evaluation. We also agree that photographs of the student taken during the program, papers written by the student during the program, and similar items may be used by Upward Bound in reports and public information materials. We further agree to allow Upward Bound to release, for educational purposes, photographs and video recordings, with or without audio, of Upward Bound activities and projects involving the student.

We do authorize Project Upward Bound to release or request information from authorized officials to maintain the educational records of the student, including postsecondary follow-up.

We understand that if the applicant is accepted to Upward Bound, he or she will have to comply with the rules and regulations of the program as stipulated in the Upward Bound Student Handbook. We understand that the Upward Bound Director has the right to dismiss any student whose behavior is incompatible with the goals and standards of Upward Bound.

_________________________________________    ____________________________
Student’s Signature                           Date

_________________________________________    ____________________________
Parent/Guardian’s Signature                  Date
I pledge to support (child’s name) ______________________________ in his/her endeavors for academic success and to encourage his/her participation in the Technical College of the Lowcountry Upward Bound Program. I understand that my child will be required to attend class sessions on Saturdays during the academic year and to attend the six-week summer session at the Technical College of the Lowcountry main campus during the months of June and July.

Furthermore, I do hereby release, forever discharge and agree to hold harmless the Technical College of the Lowcountry and the Upward Bound staff from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child that occur while the said child is participating in the Upward Bound program.

I grant permission for my child to participate fully in this program and hereby give my permission for the Upward Bound staff to take my child to the doctor or hospital and authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility for all medical bills, if any.

Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, I agree to assume all transportation costs.

Parent/Guardian’s Signature: ______________________________ Date: ______________________________________

Insurance Company: ______________________________________________________________________________

Policy Number: ____________________________________________________________________________________

Doctor: _______________________________________________ Phone: ____________________________________

Student email address: ______________________________________________________________________________

Parent email address: _______________________________________________________________________________

Person to Contact in Case of Emergency

Name: ____________________________________________________________________________________________

Relationship: ____________________________________________________________________________________

Phone: ______________________(home) ______________________(work)___________________________(cell)
UPWARD BOUND APPLICATION  
TECHNICAL COLLEGE OF THE LOWCOUNTRY  
PART E: MEDICAL INFORMATION

Name: ____________________________________  Sex: ____________________  Birthdate: ________________

Address: ________________________________________________________________________________________________

                      Street                                      City                               State                       Zip

Phone: ___________________________________

Mother’s Name: ____________________________  Father’s Name: _______________________________________

Name of Family Physician: _________________________________

Name of Family Dentist: _________________________________

Hospital to be taken in case of emergency: ____________________________________________________________

Where parents/guardian can be reached in case of an emergency: __________________________________________

Address: ________________________________________________________________________________________________

                      Street                                      City                               State                       Zip

General Health Condition (circle)    Excellent          Good           Fair     Poor

Illnesses you have had (check)

_____ Measles          _____ Chickenpox       _____ Mumps

_____ Scarlet Fever     _____ Strep Throat    _____ Rheumatic Fever

Surgery, accidents and other illnesses or special problems (explain) ______________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Hearing problems? _____ Yes _____ No  If yes, please explain: ______________________________

Visual problems? _____ Yes _____ No  If yes, please explain: ______________________________

Do you wear glasses? _____ Yes _____ No  If yes, please explain: ______________________________

Name of eye specialist: ________________________________________________________________

Immunization Record (check):

_____ Smallpox          _____ Poliomyelitis  _____ Diphtheria

_____ Measles           _____ Tetanus       _____ Influenza

Please list any allergies or special medical conditions:

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

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_______________________________________________________________________________________________

Student’s Signature  ___________________________________________  Date  _____________

Parent/Guardian’s Signature  ___________________________________________  Date  _____________
TO BE COMPLETED BY A SCIENCE, MATH OR ENGLISH TEACHER

Applicant’s Full Name: ____________________________________________________________________________

1. How long have you known the applicant? ____________________________________________________________
   In what relationship (course taught) ________________________________________________________________

2. Please rate the applicant by circling the number on the scale which comes closest to your opinion of the applicant’s characteristics. Ten is totally true of the phrase on the left; one is totally true of the phrase on the right.

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<td>Pessimistic outlook</td>
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<td>Consistent temperament</td>
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<td>Radical mood changes</td>
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<td>Outspoken and open</td>
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<td>Open-minded</td>
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<td>Unyielding in opinions</td>
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<td>Likes group activities</td>
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<td>Prefers solitary pursuits</td>
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<td>Strong leader</td>
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<td>Willing follower</td>
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<td>High morals and standards</td>
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<td>Values change with circumstances</td>
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<td>Concerned about personal health</td>
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<td>Has habits that harm health</td>
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<td>Obviously cares about people</td>
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<td>Accepting of a variety of people</td>
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<td>Tends toward prejudice</td>
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<td>Works well with others</td>
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<td>Appreciates authority</td>
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<td>Has difficulty with authority</td>
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<td>Eager to learn; curious about life</td>
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<td>Complacent about new knowledge</td>
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<td>Seeks personal challenges</td>
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<td>Satisfied with things as they are</td>
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<td>A real self-starter</td>
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<td>Needs prodding to get going</td>
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<td>High degree of discipline</td>
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<td>Low level of discipline</td>
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<td>Creative and energetic</td>
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<td>Prefers to be told what to do</td>
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<td>Strives to do the best possible job</td>
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<td>Comfortable with “just enough”</td>
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<td>Leaves tasks</td>
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3. According to what you know about the applicant’s academic abilities and motivation, do you think the applicant is a good candidate for a college preparatory academic program like Upward Bound? Why or why not?
__________________________________________________________________________________________
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4. Please feel free to make any additional comments or observations. If there are any features in the applicant’s background that will help us better understand his or her academic or extracurricular performance, please include these here.
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__________________________________________________________________________________________

5. Your Signature: ____________________________ Date Signed: ____________________________

Address: __________________________________________________________________________________________

City State Zip

Day Telephone: (____)_______________________ Night Telephone: (____)_______________________

Return to:
Technical College of the Lowcountry
Upward Bound
PO Box 1288
Beaufort, SC 29901-1288
1-800-768-8252
843-525-8242
UPWARD BOUND APPLICATION  
TECHNICAL COLLEGE OF THE LOWCOUNTRY  
PART G: COUNSELOR’S RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT

Student’s Name: ________________________________ Date of Birth: ________________________________
Social Security Number: ________/_________/________ School: ________________________________
Grade Level: ________________________________ U.S. Citizen: _____ Yes     _____ No
Name of Parent/Guardian: __________________________________________________________________
Address: ________________________________________________________________________________
First Generation College Student (parents/guardians did not receive a four-year college degree):  _____ Yes     _____ No

TO BE COMPLETED BY THE APPLICANT’S GUIDANCE COUNSELOR

1. How long have you known the applicant? ______________________________________________________

2. Class Rank
This applicant ranks ___________ This rank is:    ☐ weighted   ☐ unweighted
in a ☐ college prep group ☐ cumulative ☐ noncumulative
☐ entire class of ___________ This rank covers a period of ___________ to ___________
month/year month/year

If precise rank is not available, please indicate rank to the nearest DECILE or QUINTILE from the top
(specify which) ______________

Please attach a copy of latest report card and a copy of their 8th grade PASS/MAP/PACT scores.

3. Curriculum
Compared to other college-bound students, the applicant’s program can be described best as:
☐ below average    ☐ average    ☐ above average    ☐ rigorous    ☐ most rigorous available

4. General Ratings
Has this applicant ever been placed on probation or dismissed from school for academic or disciplinary
reasons? ☐ yes ☐ no
If yes, please explain on separate sheet.

Has this applicant had to leave school for medical or personal reasons? ☐ yes ☐ no
If yes, please explain on separate sheet.


In making the following ratings, please keep in mind that they will be used to compare this student with his or
her entire class. Please check the single most appropriate box in each category:

<table>
<thead>
<tr>
<th>Academic Motivation</th>
<th>No basis for judgment</th>
<th>Below Average</th>
<th>Average</th>
<th>Good (Above Average)</th>
<th>Excellent (top 15% this year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

| Academic Creativity | ☐                      | ☐             | ☐       | ☐                    | ☐                           |

| Academic Self-Discipline | ☐ | ☐ | ☐ | ☐ | ☐ |

One of the top few I have encountered in my career of ___ years
5. According to what you know about the applicant’s academic abilities and motivation, do you think the applicant is a good candidate for a college preparatory academic program like Upward Bound? Why or why not? __________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
6. If there are any other features on the applicant’s background that will help us better understand his or her academic or extra-curricular performance, please include these here. Also, please feel free to make any additional comments or observations.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
7. Your Signature: ____________________________ Date Signed: __________________

Address: ____________________________________________

       Street/PO Box       City       State       Zip

Day Telephone: (____)_______________________ Night Telephone: (____)_______________________

Return to:
Technical College of the Lowcountry
Upward Bound
PO Box 1288 • Beaufort, SC 29901-1288
1-800-768-8252 • 843-525-8242
Name ____________________________

High School _______________________ Expected Graduation Year ________

In 200 words or more, please print or write (black or blue ink) legibly your response to the following item:

*Please explain how you see yourself, how you believe others see you and the way that you would like to be seen.*

________________________________________________________________________________________
________________________________________________________________________________________
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________________________________________________________________________________________
________________________________________________________________________________________
Name: ________________________________________________  Date: ___________________

1. Why is being selected to participate in The Upward Bound Program important to you?
   COMMENTS:
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

2. If selected in the UB Program, do you think your family and friends will be supportive of your academic endeavors? Explain why or why not:
   COMMENTS:
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

3. How will you ensure that you are willing to adhere to the rules and regulations required by The Technical College of the Lowcountry and the Upward Bound Program if selected to participate?
   COMMENTS:
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

4. What do you want to gain from the program throughout your tenure?
   COMMENTS:
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

5. Do you currently participate in Educational Talent Search?  □ Yes  □ No

6. Do you work or plan to work this school year and/or this summer  □ Yes  □ No

7. All my grades are usually  □ A’s  □ B’s  □ C’s  □ D’s  □ F’s
   In the: □ 90’s  □ 80’s  □ 70’s  □ Below 70

8. Do you feel you are sometimes looked up to by others?  □ Yes  □ Maybe  □ No  □ Don’t know
9. How much education do you want to get during your lifetime?  
- 4 Yr. Bachelor  
- More than Bachelor  
- Vocational/Technical School  
- Some college, less than Bachelor  
- Military career  
- Other

10. How will you ensure that you will be seen as a role model for others if selected?  
COMMENTS:
_______________________________________________________________________________  
_______________________________________________________________________________  
_______________________________________________________________________________  
_______________________________________________________________________________

11. How do you go about getting to know others?  
COMMENTS:
_______________________________________________________________________________  
_______________________________________________________________________________  
_______________________________________________________________________________  
_______________________________________________________________________________

12. Do you think that hard work eventually pays off? Why or why not?  
COMMENTS:
_______________________________________________________________________________  
_______________________________________________________________________________  
_______________________________________________________________________________  
_______________________________________________________________________________

13. Please list three (3) things that you are proud of having accomplished:  
1. _________________________________________________________________________________  
2. _________________________________________________________________________________  
3. _________________________________________________________________________________

14. What is your long-term goal:  
_______________________________________________________________________________  
_______________________________________________________________________________  
_______________________________________________________________________________

15. Please list three (3) goals that you have for yourself 10 years from now.  
1. _________________________________________________________________________________  
2. _________________________________________________________________________________  
3. _________________________________________________________________________________

16. Please list three (3) goals that you have for yourself right now:  
1. _________________________________________________________________________________  
2. _________________________________________________________________________________  
3. _________________________________________________________________________________

17. Please list the academic areas (classes) that you think you:  
Do very well in:  
Do average work in:  
Feel you need help in:
18. Please list your:
   Favorite classes in school: _______________________________ __________________________
   Least favorite classes in school: _______________________________ __________________________

19. Please rank this list in order of importance to you. Now using 1 as most important and 5 as least important,
   _____ Part-time job  _____ Education  _____ Social life
   _____ Family  _____ Friends

20. Have you ever attended a summer program/camp before?  ☐ Yes  ☐ No
    If yes, please explain your experiences. If no, what is the longest time you have been away from your
    family and how far away from home have you ever been for an extended period of time?
    ______________________________________________________________________________________
    ______________________________________________________________________________________
    ______________________________________________________________________________________

21. What would you most like to get from the Upward Bound Program? Please rank the list in order of
    importance to you. Using 1 as most important and 10 as least important.
    _____ Visiting another college campus  _____ Making new friends
    _____ Making better grades/motivation  _____ Cultural Activities
    _____ Being on a major college campus  _____ Field trips to business
    _____ Counseling  _____ Building Self-esteem
    _____ Being (Becoming motivated)  _____ Other (Please specify)

22. Going to school after high school
    ☐ is something I've given a lot of thought to and am planning to do soon after graduation.
    ☐ is something I think about occasionally.
    ☐ is something I am not sure about right now.
    ☐ is something I would not consider at all.

23. Please list school and/or community activities in which you are involved:
    ______________________________________________________________________________________
    ______________________________________________________________________________________
    ______________________________________________________________________________________

24. Please list your interests and/or hobbies:
    ______________________________________________________________________________________
    ______________________________________________________________________________________
    ______________________________________________________________________________________
25. Almost half of the students who enroll in post-secondary education typically leave before completing their program or training. If this were to happen to you, which of the following would be the MOST LIKELY reason for such action?

- Lack of interest in school
- Inefficient study skills
- Marriage
- To enter to military
- I would complete my program.
- Lack of intellectual ability
- Lack of motivation
- It would cost more than my family and I could afford.
- To accept a job

26. Briefly describe the way(s) you feel that you learn best.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

27. If you were going to operate an Upward Bound Program for students like yourself, what would be some of the activities and opportunities that you would want to include in the program? Be specific.

____________________________________________________________________________________
____________________________________________________________________________________
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APPLICATION CHECKLIST

To expedite the selection process, please make sure you complete and attach the following:

- A copy of the parent or guardian's most recent federal income tax form.  
  NOTE: W-2 FORMS ARE NOT ACCEPTABLE.  
  A printout from the Social Security Administration or the Department of Social Services is acceptable as income verification if the family's sole income is social security or AFDC benefits.

- An official school transcript (including standardized test scores).

- A copy of student’s social security card.

- A completed Upward Bound Application to include:
  - Part A: Background Information - front and back.
  - Part B: Confidential Financial Statement.
  - Part C: Releases and Signatures
  - Part D: Parent/Guardian Consent Form.
  - Part E: Medical Information.
  - Part F: Teacher’s Recommendation Form (signed and completed).
  - Part G: Guidance Counselor’s Recommendation Form (signed and completed).

Upward Bound Staff Office Numbers

Director ........................................................................................................... 525-8219
Administrative Assistant .................................................................................. 525-8242
Curriculum Coordinator ................................................................................... 525-8265
Counselor ........................................................................................................ 470-8392

Upward Bound
Technical College of the Lowcountry
921 Ribaut Road • PO Box 1288
Beaufort, SC 29901-1288
t: 843.525.8242 • 800.768.8252
f:843.525.8330
www.tcl.edu

The Technical College of the Lowcountry is committed to a policy of equal opportunity for all qualified applicants for admissions or employment without regard to race, gender, national origin, age, religion, marital status, veteran status, disability, or political affiliation or belief.
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