I attest to the fact that the above information is true and accurate to the best of my knowledge.

I understand the purpose of the Upward Bound/Math Science Program, which is to prepare participants to successfully complete a program of post-secondary education, with an emphasis on math and science. As part of my personal effort in this preparation, I commit to UB/MS through completion of the Bridge program and intend to participate in all academic year and summer components of the project. I understand that attendance is an integral part of participating. Therefore, I agree to attend and actively participate in all classes, meetings and activities sponsored by UB/MS. I will comply with all rules and regulations of the Upward Bound Math Science Program, and I am aware that failure to comply could result in dismissal from the Program.

I understand and willingly commit to meeting these expectations.

APPLICANT’S SIGNATURE_______________________________________DATE__________________

TRANSCRIPT RELEASE AUTHORIZATION

You have our consent to release grades, records and test scores to the Upward Bound & Math Science Program.

STUDENT SIGNATURE______________________________________________

PARENT/GUARDIAN SIGNATURE_______________________________________
PHOTO & VIDEO RELEASE AUTHORIZATION

We authorize the UBMS Program of The University of Akron to record my picture and/or voice (on standard or digital photographs, film and/or tape), to edit these recordings at its discretion, to incorporate these recordings into a broadcast medium, such as a web site or a PowerPoint presentation, to use such recordings for educational purposes or publicity, and to use my name, photograph, likeness, voice, or demographic information concerning me in connection thereto. I know that The University of Akron owns all rights to the aforementioned recordings, photographs, and likenesses. We release The University of Akron from any loss, damage and liability arising out of my appearance on printed materials, photographs, web sites, film, and/or tape.

STUDENT SIGNATURE____________________________________________________
PARENT/GUARDIAN SIGNATURE____________________________________________

Which of the following interest you? Check as many as apply.

Career Activities
- O Career Site Visitations
- O Career Fairs and Presentations
- O Career Exploration & Planning

College Activities
- O College Fairs
- O Campus Visitations
- O Financial Aid Workshops
- O Help w/College Applications
- O Help Applying for Scholarships
- O Help Preparing for SAT/ACT
- O Other___________________

What is your intended college major? What is your career choice?

__________________________                     ____________________

Explain what role you see the Upward Bound/Math Science Program playing in your life and college/career plans.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
THE UNIVERSITY OF AKRON, UPWARD BOUND & MATH SCIENCE
PARENT/GUARDIAN APPLICATION

STUDENT’S NAME_______________________________________________
first         middle    last

1ST GENERATION & LOW INCOME ELIGIBILITY VERIFICATION-all information is kept confidential!
Who does the student currently live with?  ☐ Mother  ☐ Father  ☐ Both Parents  ☐ Guardian
Does the student have health insurance?  ☐ Yes  ☐ No

MOTHER/FEMALE GUARDIAN
Name ___________________________________  Home telephone no. (______) __________________
Address _____________________________________________________________________________
STREET/APT. # CITY STATE              ZIP
Employer ______________________________________  Occupation____________________________
Employer telephone no. (______)_________________________

Please check the highest level of education you have completed
☐ Something less than high school  ☐ High school  ☐ Some college  ☐ Four-year college or more

FATHER/MALE GUARDIAN
Name _____________________________________  Home telephone no. (______)_________________
Address _____________________________________________________________________________
STREET/APT. # CITY STATE                        ZIP
Employer ______________________________________  Occupation____________________________
Employer telephone no. (______)_________________________

Please check the highest level of education you have completed
☐ Something less than high school  ☐ High school  ☐ Some college  ☐ Four-year college or more

INCOME VERIFICATION – Please submit a copy of your last income tax return
TAXABLE INCOME (line 6 on 1040EZ, line 27 on 1040A, Line 43 on 1040) for last year? _________
How many adults, children and other family members that live in your home, depend on you for
financial support, or room and board?___________

I understand the purpose of the Upward Bound/Math Science Program, which is to prepare participants
to successfully complete a program of post-secondary education, with an emphasis on math and
science, and would like to have my child participate. Because parent involvement and support are
major contributing factors to student success, I agree to be involved in the following ways: 1) keeping
informed of my child’s progress in school, 2) encouraging my child to attend all Upward Bound/Math
Science activities, 3) allowing my child to attend UBMS field trips, 4) participating in UB/MS events in
which parents are invited, 5) sharing concerns about my child’s education with Upward Bound/Math
Science staff, 6) supporting the UB/MS staff in their efforts on behalf of my child. I support the mission
of UBMS and will make it a priority to assist my child in his/her education.

I hereby attest that all information in this application is true and correct. I also understand that a false
statement or misrepresentation will make the applicant ineligible for the Upward Bound/Math Science
Program.

GUARDIAN/PARENT SIGNATURE________________________________DATE______________

(OVER)
HEALTH STATEMENT

Please List any and all physical conditions that your child may have which might affect or be affected by participation in this program and which the Upward Bound Math Science Staff should know about.

Present medical problems or conditions:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Medications taken regularly:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Allergies (including allergies to medications):
________________________________________________________________________________
________________________________________________________________________________

Limitations on physical activities:
________________________________________________________________________________
________________________________________________________________________________

Wears contacts?  O yes  O no  Wears glasses?  O yes  O no

MEDICAL RELEASE

For ____________________________________________
first                           middle                           last
A Student in the Upward Bound/Math Science Program

I do ___ I do not ___ hereby grant permission to the Director of Upward Bound/Math Science, or the Director’s authorized representative, to furnish first aid as my child (named above) may require, as well as to seek medical attention through the nearest medical facilities such as those provided on campus and those medical facilities available when students are on field trips and other authorized activities.

This permission is conditioned upon the understanding that, in the event of serious illness or the need for hospitalization and/or major surgery, the Director will use all reasonable efforts to contact me. Failure in such efforts, however, should not prevent the Director from providing such emergency treatment as may be necessary for the best interest of the life of my child.

PARENT/GUARDIAN SIGNATURE___________________________________________DATE__________
This student has applied to participate in the Upward Bound/Math Science Program. The information requested will help us in determining the student’s eligibility to participate. Please fill in the form adding any appropriate comments as needed.

Please return a copy of the student’s official school transcript with this form.

Cumulative GPA: _____ Credits earned to date: _____ Credits required for graduation: _____

Attendance Record: O excellent  O good  O fair  O poor

Student’s motivation for enrolling in post-secondary education: O high  O low

Type of post-secondary education: O four-year college  O two-year college

O armed forces  O vocational/technical school

Student’s career interests: ___________________________________________________

TEST INFORMATION: Name of Test                                             Date Taken: / /

<table>
<thead>
<tr>
<th>Subject</th>
<th>Percentile Score</th>
<th>Subject</th>
<th>Percentile Score</th>
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Please give your perception of this student’s academic potential. Include academic, social and family factors:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Recommended Courses or subjects students should enroll in during the Upward Bound/Math Science summer session. (may include courses in which the student needs credit or subjects in which the student would benefit from enhancement.)

O writing  O reading  O math  O science

O foreign language  O learning skills  O educational planning  O career information

O self-concept  O other (please specify)________________________________________

In your opinion, what is this student’s most significant academic need?________________

Signature ______________________  Title _____________________  Date ___________

Name of School__________________  Telephone ________________  Email ___________

Please mail to: The University of Akron, Upward Bound Math Science Program
Goodyear Polymer Center, Rm. 203
Akron, OH 44325-3909
This recommendation is part of the student’s application to The University of Akron Upward Bound Math and Science Program. Please evaluate the student as best you can.

Student’s Name ___________________________________________________________

Last    First    Middle Initial

Teacher’s Name ___________________________________ Telephone No. (       )______________

Subject(s) Taught to Student

☐ current teacher  ☐ past teacher

School Name

How long have you known this student?

School Address

Number & Street  City  State  Zip

Please rate the candidate

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<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
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<tbody>
<tr>
<td>Mastery of basic skills</td>
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<tr>
<td>Original thinking</td>
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<tr>
<td>Analytical ability</td>
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<tr>
<td>Participation in extra-curricular activities</td>
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<td>Peer relations</td>
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<tr>
<td>Maturity</td>
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<td>Integrity</td>
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<td>Interest in learning</td>
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<td>Commitment to education</td>
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<tr>
<td>Ability to work independently</td>
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<tr>
<td>Oral and written expression</td>
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</table>

Please indicate your overall evaluation of this student relative to their potential participation in The University of Akron Upward Bound Math and Science Program

☐ I strongly recommend  ☐ I recommend  ☐ I recommend with reservation

☐ I do not recommend

Please use school letterhead to answer the following questions:

How would you describe the student’s academic ability and motivation?

What qualities (academic and personal) would make the student a good candidate for The University of Akron’s Upward Bound Math and Science Program?

Please mail this recommendation to: The University of Akron, Upward Bound Math Science Program, Goodyear Polymer Bldg, Room 203; Akron, Ohio 44325-3909.

Signature ___________________________________________ Date ________________