

Student Name: _____



UPWARD BOUND

UNIVERSITY of PENNSYLVANIA

2025-2026

STUDENT APPLICATION

2 Ways to Submit Your **COMPLETED** Application:

RETURN TO OFFICE:
3819-33 Chestnut Street
St. Leonard's Court, Ste.110
OR

Return to your school counselor

SCAN & EMAIL TO:
Thomasina Coley at
tcoley@upenn.edu

Call or text: 267-227-0348 if you
have questions

HIGH SCHOOL:

Please mark with **X** the high school the student is applying from.

- Overbrook High School
- Parkway West
- Sayre
- West Philadelphia
- School District of Philadelphia - Other
- School District of Philadelphia - Homeschooled

Limited Spots Available – First Come First Enrolled



Dear Upward Bound Applicant & Family,

Thank you for your interest in joining the Upward Bound Program at the University of Pennsylvania!

Upward Bound is a completely free college preparatory program for students that attend Parkway West, Overbrook, Sayre, and West Philadelphia High Schools. The goal of the Program is to increase the number of students who enroll and succeed in post-secondary education. Students attend Saturday Academy classes at the University of Pennsylvania and participate in tutoring, college preparation workshops, community service projects, cultural enrichment trips, and college tours. Students who meet the participation and grade requirements earn stipends throughout the year. Over the summer, students are invited to apply for the six-week residential Summer Academy at the University of Pennsylvania.

This Program is available to students who are motivated to attend college after graduating. In order to join, students must either satisfy income requirements or be potential first-generation college students (meaning neither their biological mother nor father received a bachelor's degree).

Please contact us with any questions or concerns regarding the application process.

Warmly,
The Upward Bound Staff

UPWARD BOUND OFFICE
3819-33 CHESTNUT STREET
ST. LEONARD'S COURT, SUITE 110
PHILADELPHIA, PA 19104
TEL: 215-898-3185
Text: 267-227-0348
FAX: 215-898-9301



PERSONAL INFORMATION

Student Full Name: _____

Street Address: _____ Apt. # _____

City: _____ State _____ Zip _____

Phone #: - - Please check Student Cell Home

Alternate Phone # - - Please check Parent Cell Home Work

PARENT/GUARDIAN EMAIL Address: _____

STUDENT EMAIL Address: _____

Student Social Security number required - -

Date of Birth: ____/____/____ Place of Birth (State): _____ U.S. Citizenship: Yes No

If the student is not a U.S. citizen please provide the alien registration number below and a copy of the card.

A

Gender: male or female (circle one)

*Our federal grant program guidelines mandate that we collect data on the legal sex of all applicants.
Please report the gender that is listed on your birth certificate.*

Ethnic/Racial Classification: (Please Circle): American Indian/Alaskan Native, Asian, Black or African American, Hispanic or Latino, White, Native Hawaiian or other Islander

Student lives with: (Please Circle all that Apply): Mother, Father, Stepmother, Stepfather, Grandmother, Grandfather, Legal Guardian, Other (Specify: _____)

SCHOOL INFORMATION

Student I.D.#: _____ Do you have an IEP (Circle One): YES or NO

High School: _____ Current Grade: _____ Middle School(s) Attended: _____

School or Community Activities involved in (i.e. athletics, honor society, chorus): _____

EDUCATIONAL BACKGROUND

What is your favorite school subject? _____ Least favorite subject: _____ Current GPA? _____

From whom did you hear about Upward Bound? You may check more than one.

Counselor Teacher Fellow Student Family Member

Upward Bound Student Name: _____ Other (specify): _____



Parents/Guardians Use Only:

Are you a veteran? (Circle One): YES or NO

If so, Penn Veterans Upward Bound Program (VUB) offers free college prep and career services. Would you like to be contacted? (Circle One): YES or NO

Name _____

Contact number: _____ Email: _____

TRIO ELIGIBILITY CRITERIA

The following section is to be completed by parent/legal guardian: Please **CIRCLE ONE IN EACH COLUMN** as it applies to your family size and income level for last year.

****FOR INCOME VERIFICATION, PLEASE INCLUDE A COPY OF YOUR LATEST 1040 TAX FORM (FRONT AND 2ND PAGES) OR PROOF OF PUBLIC ASSISTANCE.****

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions
1	\$0 - \$23,475
2	\$23,476 - \$31,725
3	\$31,726 - \$39,975
4	\$39,976 - \$48,225
5	\$48,226 - \$56,475
6	\$56,476 - \$64,725
7	\$64,726- \$72,975
8	\$72,976- \$81,225
Effective January 15, 2025	

MOTHER/FEMALE GUARDIAN INFORMATION

Mother/Guardian's Full Name: _____

Mother/Guardian's Address: _____

City: _____ State _____ Zip _____

Which best describes mother's educational background (Circle One): Elementary School, Some High School, High School Graduate or GED, less than two years College, Two Year College Degree, Certificate Program, Four year Bachelors Degree, Masters' Degree or Higher

FATHER/MALE GUARDIAN INFORMATION

Father/Guardian's Full Name: _____

Father/Guardian's Address: _____

City: _____ State _____ Zip _____

Which best describes father's educational background (Circle One): Elementary School, Some High School, High School Graduate or GED, less than two years College, Two Year College Degree, Certificate Program, Four year Bachelors Degree, Masters' Degree or Higher



RELEASE OF ACADEMIC & DIRECTORY INFORMATION

Student's Name: _____

I hereby authorize the School District of Philadelphia and/or the high school that my child currently attends to release the following information necessary for compliance with the United States Department of Education annual performance report and to chart student academic progress:

- Standardized test scores
- Transcript
- Report card grades
- Attendance
- Directory Information
- IEP
- Information pertaining to student academic progress

The Upward Bound staff (Director, Assistant Director and/or Counselor) also have permission to visit the school to meet with the above named student along with using third party applications to assist with grade tracking and parent/student digital communications.



MODEL RELEASE FORM

(please check one box)

I hereby grant permission to reporters, photographers, film crews, or others associated with or participating in an Upward Bound activity/program to take recorded statements, photographs or film of myself and/or the person for whom I am granting permission. I understand that these recorded statements, photographs or film may be used by the news media or as a part of the University of Pennsylvania/Vice Provost for Student Engagement's marketing effort, or any other medium of communication (including newspapers, magazines, television, radio, pamphlets, brochures, reports, etc.), without any liability on the part of the University of Pennsylvania/Vice Provost for Student Engagement, its departments, including Upward Bound, and/or its employees. I understand that the interviewing and photographing/filming are being carried out with my permission and consent and I assume full responsibility for the release of information about myself and/or the person for whom I am granting permission which will result.

I hereby waive any right to inspect or approve quotes prior to publication, or to inspect and approve any printed or recorded matter that may be used in connection with an interview, photograph, video, or sound recording.

This permission shall remain in effect as long as the participant is participating in this program.

I hereby opt out of this form and by doing so do not give permission to the University of Pennsylvania/Vice Provost for Student Engagement to use my picture, video or voice in any marketing efforts, or any other medium of communication including newspapers, magazines, television, radio, pamphlets, brochures, reports, etc.



PROGRAM PARTICIPATION AGREEMENT

PLEASE PRINT IN INK:

DATE: _____

STUDENT

NAME: _____

LAST

FIRST

MIDDLE

PARENT/GUARDIAN: _____

Relationship to student: _____

WORK PHONE: _____

NUMBER

AREA CODE

CELL PHONE: _____

NUMBER

AREA CODE

Does the Parent/Guardian speak English?: YES _____ NO _____

If NO, provide the name of an English speaking contact for emergency situations:

ENGLISH SPEAKING CONTACT: _____ PHONE#: _____

I, the parent/guardian of the above mentioned student, hereby give my permission for my son/daughter to participate in the University of Pennsylvania Upward Bound Program, and any and all of its activities. *This authorization shall remain in effect as long as my child is participating in Upward Bound.* By signing this form, I acknowledge that I have read the Student Handbook and I and my child agree to all the terms and condition.

In addition, I hereby grant permission for my child to participate in field trips in connection with the University of Pennsylvania Upward Bound Program. *This authorization shall remain in effect as long as my child is participating in Upward Bound.*

I further agree, that I shall indemnify and hold harmless the University of Pennsylvania, its officers, agents, employees, and servants (including, but not limited to) parents or other adults, who drive or otherwise transport or provide transportation to students, to and from program-sponsored activities, from all claims, suits, or actions of every name, kind and description, brought for, or on account of, injuries to, death of any person or damage to property resulting from the performance of any activity permitted or required by this agreement.



STUDENT/PARENT AGREEMENT FORM

Student Name: _____

School: _____ Grade: _____

Upward Bound Student:

I, _____, do hereby agree to comply with all of the program guidelines as stated in the Student Handbook of the University of Pennsylvania's TRiO Upward Bound Program.

I agree to be fully committed to the mission of the Upward Bound program and take responsibility for my academic success by:

- Attending class regularly on Saturday _____ (initial)
- Turning in my report card after each marking period _____ (initial)
- Notifying Upward Bound of academic challenges _____ (initial)
- Attending all requested or assigned tutoring appointments _____ (initial)
- Behaving according to Upward Bound standards at all times _____ (initial)

By signing below, I certify that: I have read and understand the policies in the Student Handbook; I have had an opportunity to ask questions concerning information in the Handbook; and I understand that this Handbook is not all-inclusive and any behavior deemed inappropriate by Program staff may result in my dismissal from the program as determined by the Director.

Student Signature: _____ Date: _____

Upward Bound Parent/Guardian:

I, _____, do hereby agree to comply with all of the program guidelines as stated in the Student Handbook of the University of Pennsylvania's TRiO Upward Bound Program. I agree to be fully committed as a parent to the mission of Upward Bound and take responsibility for my child's academic success by:

- Ensuring my child attends class regularly on Saturday _____ (initial)
- Ensuring that child turns in their report card after each marking period _____ (initial)
- Notifying Upward Bound of my child's academic challenges _____ (initial)
- Ensuring that my child attend all requested or assigned tutoring appointments _____ (initial)
- Encouraging my child to behave according to Upward Bound standards at all times _____ (initial)

By signing below, I certify that: I have read and understand the policies in the Student Handbook; I have had an opportunity to ask questions concerning information in the Handbook; and I understand that this Handbook is not all-inclusive and any behavior deemed inappropriate by Program staff may result in my child's dismissal from the program as determined by the Director.



Authorization for Medical Treatment of a Minor

Should my child be injured or become ill while participating in any program-related activity or field trip, I hereby authorize the administration of such first aid and medical services to him/her as the circumstances require and hereby release the University of Pennsylvania, the Hospital of the University of Pennsylvania, and any of their agents, servants, or employees from liability for any injuries or damages of any nature suffered by the participant or me by reason of any first aid, medical or other services performed or not performed upon the participant. I agree that this authorization shall remain in effect as long as my child is a participant in the Upward Bound Program.

I shall indemnify and hold harmless the University of Pennsylvania, its officers, agents, employees, and servants (including, but not limited to) parents or other adults, who drive or otherwise transport or provide transportation to and from a medical facility from all claims, suits, or actions of every name, kind and description, brought for, or on account of, injuries to, death of any person or damage to property resulting from the performance of any activity permitted or required by this agreement.

HEALTH INSURANCE INFORMATION

1. Does your child have Health Insurance? Yes _____ No _____ (if no, skip to **6**)
2. If yes, name the insurance plan: _____
3. Insurance Policy or Plan Number: _____

If you have not already provided UB with a copy, attach a copy of the front and back of your child's health insurance card.

4. Employer /Agency Name who provides the Medical coverage: _____
5. In whose name is the insurance issued: _____ Relationship to student: _____
6. **If participant is not covered by health insurance, parent or guardian signature on this authorization certifies their acceptance of financial responsibility for emergency care if needed.**
7. Are there any medical condition(s) pertaining to your child that we should be aware of? If so, please specify on the next line.

8. Is your child allergic to anything? If so, please specify: _____

9. Please list any medications that your child is currently taking. Please list the name, dosage and how many times a day the medical is taken: _____



Date: _____

Emergency Contact Information

Print Participant's Name: _____

First

Middle

Last

Address: _____

Number & Street

City/State

Zip

Two emergency contacts with 24/7 contact information are required.

Emergency Contact #1:

Name:	_____
Relationship to Participant:	_____
Phone Number (day):	_____
Phone Number (evening):	_____
Cell:	_____
Permanent Address:	_____
E-mail Address:	_____

Emergency Contact #2:

Name:	_____
Relationship to Participant:	_____
Phone Number (day):	_____
Phone Number (evening):	_____
Cell:	_____
Permanent Address:	_____
E-mail Address:	_____



INFORMATION VERIFICATION AND AGREEMENT

By my signature, I acknowledge that I have read, understand, and agree to the policies, programs, and procedures outlined in this application (including the income information, educational background, Release of Academic & Directory Information, Model Release Form, Program Participation Agreement, and Authorization for Medical Treatment of a Minor) and intend to abide by them. I certify that the information and data given on this form are correct and accurate to the best of my knowledge and belief.

Parent/Guardian's Name (PRINT)

Student's Name (PRINT)

Parent/Guardian's Signature Date

Student's Signature Date

Student I.D.#:



APPLICATION CHECKLIST

TO THE STUDENT APPLICANT:

YOU SHOULD COMPLETE THIS APPLICATION YOURSELF. HAVE YOUR PARENT OR GUARDIAN FILL IN THE INFORMATION PERTINENT TO THEM.

1. PLEASE CHECK () OFF EACH ITEM UPON COMPLETION TO ENSURE THAT YOU HAVE ANSWERED ALL QUESTIONS. **ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED FOR INTERVIEWS AND ADMISSION TO THE HIGH SCHOOL UPWARD BOUND PROGRAM.**
2. MAKE A COPY OF YOUR COMPLETED APPLICATION FOR YOUR PERSONAL RECORD.
3. YOUR APPLICATION SHOULD BE RETURNED BY _____

APPLICATION INCLUDES:

- PERSONAL INFORMATION
- MOTHER/GUARDIAN INFORMATION
- FATHER/GUARDIAN INFORMATION
- ELIGIBILITY CRITERIA/INCOME VERIFICATION AND FAMILY SIZE

Please provide a copy of your latest 1040 tax form, proof of SSI/SS or public assistance; whichever applies.

- SCHOOL INFORMATION
- RELEASE of ACADEMIC INFORMATION
- RELEASE OF INFORMATION SIGNED BY PARENT AND STUDENT
- MODEL RELEASE FORM
- MOST CURRENT REPORT CARD
- EMERGENCY CONTACT INFORMATION
- TWO LETTERS OF RECOMMENDATION (THESE ARE **NOT** TO BE FILLED OUT BY PARENTS OR RELATIVES)
- 1 PARAGRAPH ANSWER TO ONE PROMPT-TYPED DOUBLE SPACE OR NEATLY WRITTEN
- FRONT & BACK COPY OF STUDENT HEALTH INSURANCE CARD
- COPY OF STUDENT SOCIAL SECURITY CARD

**UPWARD BOUND IS FUNDED BY THE U.S. DEPARTMENT OF
EDUCATION.**



UPWARD BOUND

UNIVERSITY *of* PENNSYLVANIA

STUDENT ESSAY

Please select one of the below prompts and answer it with a **TYPED or NEATLY HANDWRITTEN** paragraph (minimum of 4 sentences) below.

A. What are your educational/career plans after you graduate from high school?

OR

B. How do you think the Upward Bound Program can help you achieve your educational and professional goals?



PROSPECTIVE STUDENT RECOMMENDATION FORM

APPLICANT'S NAME _____ GRADE _____

HIGH SCHOOL _____

Recommender's Name: _____ Relationship to Student: _____

Please rate the applicant in the following categories according the scale below:

	Below Ave.	Average	Above Ave.	Superior
Level of academic potential	1	2	3	4
Communication skills (verbal and written)	1	2	3	4
Level of positive leadership and community service, as seen in class or extra curricular activities	1	2	3	4
Level of emotional maturity	1	2	3	4
Level of parental support	1	2	3	4
Goal Orientation	1	2	3	4
Level of Motivation/Desire	1	2	3	4

Include the following items in your comments:

- Post-Secondary Potential
- Academic Strengths and Weaknesses

Comments: _____

Recommender's Signature: _____ Date: _____

***Please place this form in an envelope, seal and write your signature across the seal.**



PROSPECTIVE STUDENT RECOMMENDATION FORM

APPLICANT'S NAME _____ GRADE _____

HIGH SCHOOL _____

Recommender's Name: _____ Relationship to Student: _____

Please rate the applicant in the following categories according the scale below:

	Below Ave.	Average	Above Ave.	Superior
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Level of emotional maturity	1	2	3	4
Level of parental support	1	2	3	4
Goal Orientation	1	2	3	4
Level of Motivation/Desire	1	2	3	4

Include the following items in your comments:

- Post-Secondary Potential
- Academic Strengths and Weaknesses

Comments: _____

Recommenders Signature: _____ Date: _____

***Please place this form in an envelope, seal and write your signature across the seal.**