

**YOUTH EMBRACING SUCCESS IN DETROIT (YES DETROIT!)
UPWARD BOUND STUDENT APPLICATION**

APPLICANT INFORMATION

Please print clearly.

Name (Full Legal Name): _____

Date of birth:	SSN:	Gender: Male ___ Female ___:
Home address:		Apt. #:
City:	State:	ZIP Code:
Is this your permanent address? Yes ___ No ___	Alternate address:	Apt. #:
City:	State:	Zip Code:
Email address:	Cell phone:	Home phone:

Current school:	Current grade:
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The following information is required by the federal government, but will not have any bearing on selection for the program. Please identify your ethnic group. Please check all that apply.

Native American/American Indian/Alaskan Native
 Native Hawaiian/Pacific Islander
 African American/Black
 European American/White
 Asian
 Multi-ethnic/Multi-racial
 Hispanic/Lantino(a)
 Other:

Primary language:	Secondary language:
Are you a citizen of the United States? Yes ___ No ___	If no, are you a permanent resident of the United States? Yes ___ No ___

Do you currently participate in any TRIO Program (Gear Up, Educational Talent Search)? Yes ___ No ___

If yes, which TRIO Program are you a part of? _____	Do you currently have a job? Yes ___ No ___
If yes, where?	How many hours per week do you work? What days/times do you normally work?

IDENTIFY THE EXTA-CURRICULAR ACTIVIES IN WHICH YOU PARTICIPATE

Check all that apply.

Basketball ___ Chess ___ ROTC ___ Swimming ___ Soccer ___ Lacrosse ___ Baseball ___ Hockey ___
 Band ___ Vocal Music ___ Robotics ___ Band ___ Track & Field ___ Theatre/Drama ___
 Tennis ___ Cheerleading ___ Student Government ___ Football ___ Art/Illustration/Painting ___
 Biology Club ___ Chemistry Club ___ Architecture Club ___ Security Club ___ Yearbook ___
 Math Club ___ Other: _____

Date of birth:	SSN:	Phone:
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After you graduate from high school, what are your plans?

Attend a 4 year college program ___ Military Service ___ Attend a 2 year college program ___
 Technical/Vocational Program ___ Employment ___
 Other _____

If you plan to attend a 2 or 4 year college/university after high school, have you thought about which institution you would like to attend? Yes ___ No ___ If yes, please list your choices: 1. _____ 2. _____ 3. _____	Have you thought about a college major? Yes ___ No ___ If yes, which college major(s) interest you most? _____ _____
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What is the biggest problem that we face in society today and how would you go about solving it?

STUDENT ESSAY

Write a four (4) paragraph essay detailing the reasons in which you are interested in becoming a part of the YES DETROIT! Upward Bound program and the ways in which your participation will benefit you. In addition, tell us what you can contribute to the program, by writing about a difficult or challenging experience that you have had. Describe how you felt and what you learned from dealing with this experience.

Student essays should be the original work of the student applying for admission into the YES Detroit Upward Bound program. Essays written for other classes, programs or projects will not be accepted. Essays must be typed and submitted as a component of your complete application package. Essays must include the student's full name, date, current grade level and school on the top right hand corner of the page.

PLEASE TYPE ON A SEPARATE SHEET OF PAPER AND ATTACH TO THE STUDENT APPLICATION

PARENTAL/LEGAL GUARDIAN(S) INFORMATION

This form is to be completed by the parent(s) and/or legal guardian(s) who are LEGALLY responsible for the applicant. Information relating to the participant's household income is required by the U.S. Department of Education to determine eligibility for participation in the YES Detroit Upward Bound Program. Information requested is kept confidential.

Student lives with (Check all that apply):

Relationship to Student:

Mother Grandmother Step-Mother Legal Guardian

Father Grandfather Step-Father

Other: _____

Does the student live in one residence or share time between two parents/guardians?

1 residence 2 residences Other: _____

Is the student a foster child or legal ward of the state? Yes No

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GUARDIAN- PRIMARY CONTACT INFORMATION: NAME: _____

Relationship to Student:

____ Mother ____ Grandmother ____ Step-Mother ____ Legal Guardian

____ Father ____ Grandfather ____ Step-Father

____ Other: _____

Occupation: _____ Place of Employment: _____

Marital Status: ____ Married ____ Single ____ Divorced ____ Separated ____ Widowed

Do you consider yourself a single parent? _____

Address: _____ City: _____ State: ____

Zip: _____

Primary phone: (____) _____ - _____ Is this a cell phone? _____

Alternate phone: (____) _____ - _____

Email address: _____

Highest level of education/degree received:

____ High school diploma/GED ____ 2-year college degree ____ 4-Year college degree Other: _____

GUARDIAN- SECONDARY CONTACT INFORMATION: NAME: _____

Relationship to Student:

____ Mother ____ Grandmother ____ Step-Mother ____ Legal Guardian

____ Father ____ Grandfather ____ Step-Father

____ Other: _____

Occupation: _____ Place of

Employment: _____

Marital Status: ____ Married ____ Single ____ Divorced ____ Separated ____ Widowed

Do you consider yourself a single parent? _____

Address: _____ City: _____ State: ____ Zip: _____

Primary phone: (____) _____ - _____ Is this a cell phone? _____

Alternate phone: (____) _____ - _____ Email address: _____

Highest level of education/degree received:

____ High school diploma/GED ____ 2-year college degree ____ 4-Year college degree Other: _____

ADDITIONAL CONSIDERATIONS

To be completed by the parent of legal guardian of the applying student.

YES Detroit feels that it is vitally important to understand students as individuals, so that we can better assist them in reaching their individual goals. Please answer the questions below thoughtfully and truthfully to help us identify resources and make the appropriate accommodations for student success within the program. Please note that answering "yes" to any of the questions below, will NOT eliminate the student from being considered for acceptance into the program.

Does the student have any medically diagnosed conditions (ADD/ADHD, Asthma, Bipolar, diabetes, Heart Disease/Murmur, Seizures, etc.) for which medication is required? If yes, please state the condition(s) here and if the student is able to self-administer, requires assistance, or if they choose not to take the prescribed medications.

Does the student have any diagnosed learning disabilities? Yes No

If yes, explain in detail here:

Does the student have an Individual Education Plan (IEP) or Behavior Intervention Plan (BIP)? Yes No

Does the student have any physical limitations or health conditions that could affect their participation in the program and/or extracurricular activities? Please explain:

If there are any other considerations that you feel would better assist YES Detroit in helping your student achieve his/her goals, if he/she is accepted into the program, please explain here:

FAMILY FINANCIAL INFORMATION

Please list ALL persons (related or unrelated) currently living in the student's household:

	Name and Age	Relationship to Student	Name of School or Job
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Does the family qualify for the Public Assistance Program? ____ Yes ____ No

Case#: _____

Did your family complete an Income Tax Return for last year? ____ Yes ____ No

What was your total family household income for this past year?

How many persons were dependent upon your household income for the past year?

Please explain and list income not listed above (TANF, Disability, Child Support, etc.):

PARENTAL AGREEMENT

I fully support my child's application for admission into the University of Detroit Mercy's YES Detroit! Upward Bound Program and will attend an interview with my child. I verify that all the information- including all financial information reported is true and complete to the best of my knowledge. I understand that falsification of any part of this application may result in my student's membership denial or cancellation. Should my child be chosen to become a part of the YES Detroit! Upward Bound Program, I give them permission to photograph my student and give consent to the use of those photos for program promotion. If my child is accepted, I agree to support his/her participation in both the Academic Year and Summer Component. I will also monitor my student's activities/behavior and will model appropriate behavior when in the presence of students. I also understand that I remain primarily responsible for his/her safety and conduct while he/she is participating in program activities. I further understand that I must attend mandatory parent meetings once per month. Lastly, I understand that my cooperation with the University of Detroit Mercy's YES Detroit! Upward Bound staff, including participation in Parent Meetings/Workshops/Events is crucial to my son/daughter's admission and continuation in the Program.

Parent/Guardian Signature _____

Date _____

COUNSELOR RECOMMENDATION FORM

Dear Counselor/Designated School Personnel: Please complete the following information and return to University of Detroit Mercy's YES Detroit! Upward Bound Program. Please note that a student's application will not be processed until all information is received. Questions? Contact Pamela Rhoades Todd, University of Detroit Mercy's Upward Bound Program Director at toddpa@udmercy.edu.

Student Name: _____

Current School: _____

Your Name: _____ Position/Title: _____

1. Does the student have an IEP and/or BIP? If so, please state his/her restrictions or attach a copy (please indicate if IEP/BIP is attached in the space below). Does the student have any physical limitation? If so, please describe.

2. Has the student had any discipline and/or attendance issues? If so, please explain.

3. Please identify the student's major needs for academic/social enrichment and success. Check all that apply.

<input type="checkbox"/> Writing Ability	<input type="checkbox"/> Social Sciences	<input type="checkbox"/> Self-Image
<input type="checkbox"/> Reading (Oral fluency, comprehension)	<input type="checkbox"/> Verbal/Oral Communication	<input type="checkbox"/> Group Relations
<input type="checkbox"/> Math (foundation, computation)	<input type="checkbox"/> Study Skills	
<input type="checkbox"/> Science	<input type="checkbox"/> Test-Taking	<input type="checkbox"/> Other: _____

4. In your opinion, does this student have academic potential for post-secondary education pursuits? Yes No

5. Do you recommend this student to participate in YES Detroit Upward Bound? Yes No

6. Statement of support:

7. Student's Current GPA: _____

8. Please attach a copy of the student's most recent transcript and all test scores (MSTEP, Dibels, etc.)

Counselor/ Designated School Personnel Signature: _____ Date: _____

Phone Number: (_____) _____ - _____ Email Address: _____

TEACHER RECOMMENDATION FORM

Dear Teacher: University of Detroit Mercy's YES Detroit! Upward Bound Program, provides academic support services and cultural enrichment experiences to assist students in successful, admission into college, matriculation and completion of a four-year post-secondary degree. Please complete the following form and return to the school's guidance department. Questions? Contact Pamela Rhoades Todd, University of Detroit Mercy's Upward Bound Program Director at toddpa@udmercy.edu.

Student Name: _____ Current Grade: _____

Teacher Name: _____ Subject: _____

School where you teach: _____

1. How long have you known the student and in what capacity? _____

2. Circle the degree to which the following applies to the applicant:

	Strongly Agree	Agree	Sometimes	Disagree	Strongly Disagree
Student is involved and prepared for class.					
Student has a positive attitude about the learning process.					
Student consistently does class assignments.					
Students always completes assignments on time.					
Student is internally driven and self-motivated.					
Student is open to constructive criticism.					
Student serves as a class leader.					
Student is able to read out-loud					
Student comprehends directions.					
Student is externally driven and motivated.					
Student is able to write complete thoughts.					
Student is able to articulate orally.					
Student shows respect for teachers/adults.					
Student shows respect for his/her peers.					

3. To what extent do you believe the student could benefit from this program? Explain areas for improvement.

4. Other statements you wish to make on behalf of this student:

Teacher's Signature: _____ Date: _____

Phone Number: (_____) _____ - _____

Email Address: _____

CHECKLIST FOR APPLICATION SUBMISSION

Please use this checklist to determine if you have all required items and documentation to be considered for the program. If your application is missing one of these items, you may not be considered for the program. If you have any questions please email the Upward Bound office at toddpa@udmercy.edu.

1. Completed application packet:
 - o Student Information
 - o Parent/Legal Guardian Information
 - o Special Considerations
 - o Family Financial Information, Parent Agreement (Parent must sign)
 - o School Records Release Form (Student and Parent must sign)
 - o Counselor recommendation
 - o Teacher recommendation

2. Required Documents
 - o Student Essay
 - o Copy of student's Social Security Card
 - o Copy of student's most recent report card and/or transcript
 - o Copy of student's standardized test results
 - o Copy of student's IEP and/or BIP (if applicable)

3. Optional/Supplemental Documents
 - o Copy of student's birth certificate or permanent residence card/green card
 - o A signed copy of your family's most current federal tax forms (Form 1040/1040A/1040EZ/1040PC)
 - o Proof of recent eligibility letter from caseworker or public assistance agency that verifies the family's level of income or assistance; or
 - o A recent Social Security or Veteran's benefits award letter

We have completed the application packet and have included all of the required documents listed above. We understand that if any portion of the application packet has been left blank, or if we fail to provide the required documents, the student may not be considered for the program.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Liaison/Counselor: _____ Date: _____

Who learned about University of Detroit Mercy's YES Detroit! Upward Bound Program first? _____

How did you learn about University of Detroit Mercy's YES Detroit! Upward Bound Program?

- | | | |
|---|---|--|
| ___ YES Detroit presented at my school | ___ Counselor/teacher/Principal told me | |
| ___ A relative was an Upward student | ___ I saw a flyer | ___ Online (Facebook, Instagram, Twitter) |
| ___ I was referred by Upward Bound staff or faculty | | ___ A friend is an Upward Bound student |
| ___ A sibling was formerly an Upward Bound student | | ___ A sibling is currently an Upward Bound student |
| ___ A parent was an Upward Bound student | | Other: _____ |