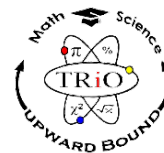




Palau Community College  
**UPWARD BOUND MATH AND SCIENCE**  
**STUDENT APPLICATION**  
*Rev. August 2024*



Student's Name: \_\_\_\_\_

High School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Home/Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Before submitting your application to the Upward Bound Math and Science Office, please ensure **ALL** of the following have been completed, provided, and/or included:*

- ☐ Upward Bound Math and Science (UBMS) Student Application Form
- ☐ Parent/Student Commitment Form
- ☐ Two (2) Recommendation Forms (filled out by teachers, school counselors, principals)
- ☐ UBMS Educational Records Release Form
- ☐ Copy of Student's Social Security Card
- ☐ Copy of Student's Passport **OR** Birth Certificate
- ☐ Family Income Verification:
  - a) Copy of latest Wage and Tax Statement (for parent who is employed or main financial provider)
  - b) Copy of Social Security Benefit Verification (if applicable)
  - c) Copy of Retirement Benefit Verification (if applicable)
  - d) Other Source of Income Verification
- ☐ Transcript (if student is currently in 10<sup>th</sup> – 12<sup>th</sup> grade)
- ☐ 8<sup>th</sup> Grade Report Card (if a student is currently in 9<sup>th</sup> grade at the time of applying)
- ☐ Copy of Legal Guardian Affidavit (if applicable)
- ☐ Copy of most current IOWA Test Scores

**UBMS Application Deadline: September \_\_\_\_\_, \_\_\_\_\_!**

*For further information and inquiries, please contact us at 488-2039, fax us at 488-2038, email us at [ubms@palau.edu](mailto:ubms@palau.edu), or visit us at our office located in the Temekai Building at PCC (next to Carpentry/Construction shop).*

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**Instruction:** Complete the application and attach all the required documents and submit to the Upward Bound Math and Science Office at the Temekai building before the deadline date. If a question is not applicable, mark "N/A" in the space provided. **UBMS will ensure that all information provided are kept confidential.**

**Office Use Only**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

**I. Personal Information**

1. Student Name: \_\_\_\_\_  
Last name First name Middle name
2. Social Security Number: (Palau) \_\_\_\_\_ (US) \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Female ☐ Male
4. Mailing address: \_\_\_\_\_
5. Email Address: \_\_\_\_\_
6. Contact Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_
7. Race: ☐ Pacific Islander ☐ Asian ☐ African-American  
☐ Caucasian/White ☐ Native American ☐ Others: Specify \_\_\_\_\_
8. High School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

*(Provide a copy of 8th grade report card for 9<sup>th</sup> grade applicants and school transcript for 10<sup>th</sup> and 11<sup>th</sup> grade applicants.)*

**II. Assessment**

1. What language is mostly used at home? \_\_\_\_\_
2. What are your two strongest subjects in school? (a) \_\_\_\_\_ (b) \_\_\_\_\_
3. What are your two weakest subjects in school? (a) \_\_\_\_\_ (b) \_\_\_\_\_
4. I need help with (check all that apply)  

|  |   |  |
|--|---|--|
| <input type="checkbox"/> College Planning                  | <input type="checkbox"/> College Applications Process | <input type="checkbox"/> Assistance in Course Selection  |
| <input type="checkbox"/> Study Skills                      | <input type="checkbox"/> College Admission Tests      | <input type="checkbox"/> Academic or Tutoring Assistance |
| <input type="checkbox"/> Secondary School/Programs Reentry |   | <input type="checkbox"/> Federal Financial Aid Program   |
| <input type="checkbox"/> Scholarships Information          |   | <input type="checkbox"/> Financial & Economic Literacy   |
5. My plan after graduation from high school:  
☐ Go to college ☐ Enter the workforce ☐ Join the Military ☐ Other (specify) \_\_\_\_\_

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6. What are your career interests? (a) \_\_\_\_\_ (b) \_\_\_\_\_  
1<sup>st</sup> choice 2<sup>nd</sup> choice

**Personal Statement**

7. Why do you want to be part of Upward Bound Math and Science? *(Use additional sheets if necessary)*

-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----

**III. Student Certification**

I certify that the information I have stated are true and accurate to the best of my knowledge as indicated by my printed name and signature below.

\_\_\_\_\_  
Student's Name (print)                      Student's Signature                      Date

**IV. Household Information**

***The remaining section of this application is to be completed by the applicant's parents or legal guardians with whom the student lives with.***

1. Who provides the majority of care for the child? ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian  
*(Attach affidavit or legal documentation if you checkmark the guardian box)*

2. Student's citizenship status: ☐ Palauan ☐ U.S. ☐ Other (specify): \_\_\_\_\_  
*(Attach a copy of the Student's Passport OR Birth Certificate for citizenship verification)*

|                          |                       |
|--------------------------|-----------------------|
| 3. Father/Guardian _____ | Mother/Guardian _____ |
| Employment _____         | Employment _____      |
| Mailing Address _____    | Mailing Address _____ |
| Email address _____      | Email Address _____   |
| Phone #: Home: _____     | Phone #: Home: _____  |
| Work: _____              | Work: _____           |
| Cell: _____              | Cell: _____           |

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4. Does the father/guardian have a bachelor's degree or higher? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Does the mother/guardian have a bachelor's degree or higher? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Father/Guardian annual income: \$ \_\_\_\_\_
7. Mother/Guardian annual income: \$ \_\_\_\_\_
8. **Total Family Annual Income: \$ \_\_\_\_\_**

*Attach copies of your most recent Wage & Tax Statements and/or verification of other source of income (Retirement, Social Security, and other income benefits)*

9. List each person that is supported by the family income. Be sure to list parents or guardians, the student, and any other relatives supported by the family income. *(Use additional sheet if necessary)*

| No.               | Name | Age | Relationship to applicant |
|-------------------|------|-----|---------------------------|
| 1                 |      |     |                           |
| 2                 |      |     |                           |
| 3                 |      |     |                           |
| 4                 |      |     |                           |
| 5                 |      |     |                           |
| 6                 |      |     |                           |
| 7                 |      |     |                           |
| 8                 |      |     |                           |
| 9                 |      |     |                           |
| 10                |      |     |                           |
| Total # of Family |      |     |                           |

**Medical Information**

10. Does your child have allergies (i.e., food, medications, insect bites, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_

11. List activities the student should not participate in: \_\_\_\_\_

**Emergency Contact Information**

12. In case of an emergency, list two people that you would like us to notify.

\_\_\_\_\_  
(a) Name Relationship to student Phone #

\_\_\_\_\_  
(b) Name Relationship to student Phone #

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V. Parents/Guardians Certification

I/We certify that the information stated above are true and accurate to the best of my/our knowledge as indicated by our printed name and signature below.

---

Father's/Guardian's Name (print)

---

Father's/Guardian's Signature

---

Date

---

Mother's/Guardian's Name (print)

---

Mother's/Guardian's Signature

---

Date

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**VI. Parental Authorization & Release**

☐

**Field Trip Release and Authorization**

My child has my permission to participate in field trips and all activities planned and supervised by the Palau Community College Upward Bound Math and Science Program. I further release the program Palau Community College and its employees from all claims and responsibilities which may arise as a result of injury or death to my child while he/she is participating in program-sponsored activities.

☐

**Information/Photograph Release Authorization**

I give permission to Palau Community College Upward Bound Math and Science Program to use, release, and publish information about and photographs of my child. I trust that the information and/or photographs will only be released when it is in the best interest of my child, or the program in general, or when the recipient has a legal "need to know" as prescribed in the FERPA and US Department of Education regulations.

☐

**Media Publication & Internet Use Release**

I give my permission to Palau Community College Upward Bound Math and Science to copyright, publish, display, and use information about or photographs of my child. I trust that the information and/or photographs will only be released when it is in the best interest of my child, or the program in general, or when the recipient has a legal "need to know" as prescribed in the FERPA and US Department of Education regulations. I also hereby grant permission for my child to access networked computer services such as the internet, World Wide Web, and email at the computer lab of PCC Upward Bound Math and Science.

☐

**Medical Release to be signed by Parent or Legal Guardian**

Should (print student's complete name) \_\_\_\_\_ require medical attention and/or care while under the supervision of Palau Community College Upward Bound Math and Science Program, I give my consent to medical examinations and necessary treatment, including drugs and x-rays, as may be deemed advisable and necessary by the attending physician. This consent shall be in effect as long as my child is a participant in the Upward Bound Math and Science Program.

\_\_\_\_\_  
Parent's/Guardian's Name (print)

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

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**Educational Records and Release Form (ERRF)**

*Note to the student/parent*

The TRIO Upward Bound Math & Science Program is required to follow the progress of our participants through their college careers. This form will be mailed to high school and college registrars allowing our program staff to receive copies of the student's school records for tracking and reporting purposes. This form as dated below will serve as the only records release form to be used for the next eight years or as long as it takes to complete your post-secondary program.

*Note to the high school and college registrars*

The TRIO Upward Bound Math & Science Programs are mandated by the U.S. Department of Education to follow the progress of our participants through their high school and college careers. This form, as dated below, is the only and primary release form to be used by our program. The signatures below indicate that they realize this form (as dated below) will be used for many years in the future even after completing our pre-college program. Thank you for honoring our request for information.

*Student/Family Agreement*

I understand that as part of the TRIO Upward Bound Math & Science Programs' selection process, my child's school records including transcripts, report cards, standardized test scores, and any other records may need to be examined by UBMS staff. I also understand that the TRIO Upward Bound Math & Science Program will continue to require this information throughout my child's high school and college career. I hereby give permission to the TRIO Upward Bound Math & Science Program to request this information directly from my child's high school or institution of post-secondary education at this time and at any time in the future as needed.

|                             |  |   |
|-----------------------------|--|---|
| 1) School records           | 2) Student's status and performance with the institution | 3) Student's current phone number and mailing address |
| 4) Standardized test scores | 5) Complete educational record                           | 6) Student's financial award                          |

\_\_\_\_\_  
Student's Current High School

\_\_\_\_\_  
Student's Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian's Name (print)

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

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VII. Additional Forms

**Self-Assessment Form/Questionnaire**

1. What activities outside of school interest you (hobbies)?
  
  
  
  
  
2. What are your plans after graduating high school?
  
  
  
  
  
3. Will you need financial assistance for college?
  
  
  
  
  
4. Mark the areas in which UBMS may be of assistance:

|                          |                        |                          |                                  |
|--------------------------|------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <b>Career Guidance</b> | <input type="checkbox"/> | <b>College Campus Visitation</b> |
| <input type="checkbox"/> | Academic Advising      | <input type="checkbox"/> | College Entrance Exam Prep       |
| <input type="checkbox"/> | Mentoring Skills       | <input type="checkbox"/> | College/University Admission     |
| <input type="checkbox"/> | Study Skills           | <input type="checkbox"/> | Financial Aid Information        |
| <input type="checkbox"/> | Guidance Counseling    | <input type="checkbox"/> | Local Scholarship Opportunity    |
| <input type="checkbox"/> | Tutoring Services      | <input type="checkbox"/> | Cultural Awareness Programs      |
| <input type="checkbox"/> | Computer Instructions  | <input type="checkbox"/> | Remedial & Enrichment Classes    |



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**Student and Parent Commitment Form**

**Student Commitment**

I, \_\_\_\_\_, have been selected to become an Upward Bound Math & Science Program (UBMS) participant starting the school year \_\_\_\_\_. I hereby commit myself and agree to faithfully comply with the Program's rules and regulations. Furthermore, I agree to hold myself to the following conditions as mandated by the Program.

1. I will attend and participate in all UBMS Program activities during both the academic year and summer component.
2. I will achieve and/or maintain a 2.50 GPA or above while participating in the Program.
3. I will continue to participate in the Program until I graduate from high school.
4. I will apply and enroll in a post-secondary institution after I complete the Upward Bound Math & Science Program.
5. I agree and commit to fully participate during the six-week summer component of the program.

I have read and understood the conditions and terms as set forth above. I understand that failure to comply with the rules and regulations of Upward Bound Math & Science will be grounds of my dismissal from the Program.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Parent/Guardian Commitment**

I, \_\_\_\_\_, as a parent of an Upward Bound Math & Science Program participant, have read and understood the terms and conditions as set forth above. As a parent, I fully support all academic programs and activities set forth by the Upward Bound Math & Science Program, and I will do my best to contribute to helping my child succeed in high school, enroll, and graduate from a postsecondary institution.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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## UPWARD BOUND MATH AND SCIENCE

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**TO THE STUDENT:** Please have your teachers (English, Math, Science), counselor, or other school administrator who knows you well and can assess your academic needs and skills complete this form. *(Please complete two (2) recommendation forms)*

Student's Name: \_\_\_\_\_

**TO THE RECOMMENDER:** Upward Bound Math and Science Program is designed to assist and prepare a student to succeed in high school and in college. Please use scale below to rate student's need in order for us to assist him/her graduate from high school and enroll in college. needs and skills complete this form.

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_ School: \_\_\_\_\_

I. Assess the student using the following rate scale:

- 3** = Major room for improvement and will benefit UBMS services  
**2** = Room for improvement and will benefit from UBMS services  
**1** = Slight room for improvement and will benefit from UBMS services  
**0** = No need for UB services  
**N/A** = No basis or judgment

Circle the appropriate rate for each criterion

| Criterion                         |   |   |   |   |     |  | Criterion                         |   |   |   |   |     |  |
|-----------------------------------|---|---|---|---|-----|--|-----------------------------------|---|---|---|---|-----|--|
| Overall Academic Skills           | 3 | 2 | 1 | 0 | N/A |  | Preparation for College           | 3 | 2 | 1 | 0 | N/A |  |
| Math Skills                       | 3 | 2 | 1 | 0 | N/A |  | College Search                    | 3 | 2 | 1 | 0 | N/A |  |
| Science Skills                    | 3 | 2 | 1 | 0 | N/A |  | College Information               | 3 | 2 | 1 | 0 | N/A |  |
| Writing Skills                    | 3 | 2 | 1 | 0 | N/A |  | College Admission Tests           | 3 | 2 | 1 | 0 | N/A |  |
| Reading Skills                    | 3 | 2 | 1 | 0 | N/A |  | Career Information                | 3 | 2 | 1 | 0 | N/A |  |
| Critical Thinking                 | 3 | 2 | 1 | 0 | N/A |  | Good Attendance                   | 3 | 2 | 1 | 0 | N/A |  |
| Public Speaking Skills            | 3 | 2 | 1 | 0 | N/A |  | Punctuality                       | 3 | 2 | 1 | 0 | N/A |  |
| Study Skills                      | 3 | 2 | 1 | 0 | N/A |  | Interpersonal Skills              | 3 | 2 | 1 | 0 | N/A |  |
| Test Taking Skills                | 3 | 2 | 1 | 0 | N/A |  | Positive Attitude Toward Learning | 3 | 2 | 1 | 0 | N/A |  |
| Grammar                           | 3 | 2 | 1 | 0 | N/A |  | Coping with Challenges            | 3 | 2 | 1 | 0 | N/A |  |
| Sentence Structure                | 3 | 2 | 1 | 0 | N/A |  | Behavior in Class                 | 3 | 2 | 1 | 0 | N/A |  |
| Language Standardized Test Scores | 3 | 2 | 1 | 0 | N/A |  | Submit Work on Time               | 3 | 2 | 1 | 0 | N/A |  |
| Math Standardized Test Scores     | 3 | 2 | 1 | 0 | N/A |  | Attentive During Class            | 3 | 2 | 1 | 0 | N/A |  |

II. Other comments can be provided on another sheet of paper.

- III. ☐ I strongly recommend that this student be admitted to the Upward Bound Math and Science program.
- ☐ I recommend with reservation that this student be admitted to the Upward Bound Math and Science Program.
- ☐ I, at this time, attest that the student has not yet exhibited potential for success in a college educational program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you very much for completing this form!**