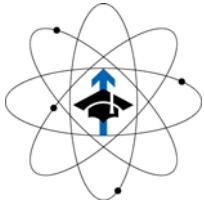


# UPWARD BOUND MATH/SCIENCE REGIONAL CENTER

San Diego State University



Application Deadline: March  
🕒 Program Dates: June 21– August 4, 2007 🕒

## PART 1: STUDENT INFORMATION

(Please make sure that all questions are answered, failure to do so will delay the status of your application. If a question does not pertain to you please write "N/A" in the space provided)

Name \_\_\_\_\_ Sex?  Female  Male  
LAST FIRST M.I.

Address \_\_\_\_\_  
STREET/APT. # CITY STATE ZIP

Home telephone no. (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth \_\_\_\_\_  
MONTH DAY YEAR CITY STATE

U.S. Citizen?  Yes  No Resident Alien Registration Card No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Please Check-off Ethnic Background

- African-American     Asian-American     Latino(a)     Mexican-American  
 Native-American     Pacific Islander     White/Caucasian     Other \_\_\_\_\_

Please indicate who you received this application from (example: Bell High School AVID, Mrs. Smith), or if you are a participant in a program like Talent Search, Upward Bound, Math/Science Regional Center, etc.:

Person \_\_\_\_\_ Program \_\_\_\_\_

Address \_\_\_\_\_

Telephone no. (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

## PART 2: EMERGENCY INFORMATION

Give the name, address and phone number of two adults (relatives or friends) who do not live with you, but can be contacted in the event of an emergency. **A TELEPHONE NUMBER IS MANDATORY!**

1. Name \_\_\_\_\_ Relationship of this person to you \_\_\_\_\_

Address \_\_\_\_\_  
STREET/APT. # CITY STATE ZIP

Home telephone no. (\_\_\_\_) \_\_\_\_\_ Work telephone no. (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship of this person to you \_\_\_\_\_

Address \_\_\_\_\_  
STREET/APT. # CITY STATE ZIP

Home telephone no. (\_\_\_\_) \_\_\_\_\_ Work telephone no. (\_\_\_\_) \_\_\_\_\_

**PART 3: ACADEMIC INFORMATION**

Name of high school \_\_\_\_\_ High school telephone no. (\_\_\_\_) \_\_\_\_\_

High School Address \_\_\_\_\_  
STREET CITY STATE ZIP

Present High School Overall Cumulative weighted grade point average (GPA) \_\_\_\_\_

Is your high school on a year round track? \_\_\_\_\_ What date is the last day of this school year? \_\_\_\_\_

List all **high school** math and science courses you have taken or are taking now and the grades received. If no grade has been received please write "IP" (In Progress):

Math Courses \_\_\_\_\_

Science Courses \_\_\_\_\_

**PART 4: EXTRA CURRICULAR ACTIVITIES**

Please list the school and community clubs, organizations, paid or volunteer work, and/or sports you have been involved in the past three years. Also list any awards or honors you have received?

NAME

AWARDS/HONORS


Of the activities, interests and experiences listed above, which is the most meaningful to you and why?


How do you think you could make a personal contribution to our program?


## PART 5: PARENT INFORMATION

All parents/guardians must complete the following information:

### 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

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

Does the student have health insurance?  Yes  No

## PART 6: FINANCIAL INFORMATION

Please submit a copy of your parents last income tax return along with this application

Who does the student currently live with?  Mother  Father  Both Parents  Guardian

Your family's total annual **taxable income** (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? \_\_\_\_\_

The Upward Bound Math/Science Program is funded through the U.S. Department of Education and is intended to serve low-income or first-generation college students that are interested in the fields of math and science. You must submit a copy of your signed income tax form for last year.

**OR**

If you did not file income tax, please submit document(s) to verify total income from AFDC, Social Security, Unemployment, Disability, Veterans Benefits, or other income.

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature (please sign)

\_\_\_\_\_  
Date

**PART 7: STUDENT ESSAYS**

Please answer the following four questions in your own words. Write a complete paragraph for each answer in *ink* or *typed*. If you need extra space attach another piece of paper.

**1. It is ten years from now, and you have accomplished most of your goals. In a well-written paragraph, please describe your life. Be specific (include where you went to college, your major, your career, and the most important goals you accomplished). No more than 130 words.**

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**2. Describe an experience, idea or real world problem that you find intellectually exciting or challenging and explain why?**

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**3. Please explain why you would like to attend the Math and Science program at SDSU. In what areas (academic or personal) can our Math/ Science center help you progress?**

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## PART 8: REFERENCES

Please include **TWO** letters of recommendation with your application. One should be given to a **Math or Science teacher**. The second recommendation should be given to **another academic teacher, your school counselor, your Upward Bound or Talent Search counselor**.

Please submit your two references and the application to the address below:

Upward Bound Math/Science Regional Center  
San Diego State University  
College of Education  
San Diego, CA 92182-1106

**\*\*\* REFERENCES SHOULD BE INCLUDED WITH YOUR APPLICATION. \*\*\***

## PART 9: APPLICATION AND VERIFICATION CHECKLIST

To verify your eligibility to attend the San Diego State University Math/Science Regional Center, please enclose the following documents with your completed application:

- a **SIGNED** copy of your parents' last years' Tax return or other income verification
- a copy of your high school transcripts
- latest progress report card
- two letters of recommendation (Teachers and/or Counselor)

## PART 10: STUDENT'S STATEMENT

I realize that my admission into the San Diego State University Upward Bound Math/Science Regional Center for the next academic year will include some responsibilities on my part.

If accepted, I will commit myself to:

1. Attend the San Diego State University Upward Bound Math/Science Regional Center summer program for the full 6-week duration of the program.
2. (San Diego County residents only). I realize that the academic experience is more than a summer session, but a year long commitment. I will participate in follow-up activities during the next academic year. These may include monthly field trips, math/science workshops, leadership conferences, college application assistance and academic counseling.

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

**\*\*\* Applications must be postmarked by no later than Friday, March 13, 2006. \*\*\***

**Thank you for completing this application for the SDSU Upward Bound Math/Science Regional Center!**

Tomasa Mauricio  
Program Coordinator  
Math/Science Regional Center

Dr. Cynthia Darché Park  
Executive Director  
Pre-College Institute



SAN DIEGO STATE  
UNIVERSITY