



# Office of Pre-College Programs

San José State University \* Student Services Center – Counter # 6 \* San Jose, CA 95192-0235

## DEAR STUDENT APPLICANT AND PARENTS:

By now you have received information about Upward Bound and are getting ready to start the application process. Before completing the application, it is important that you understand what being a UBer is all about. The ambitious objectives set forth by the project for you, can only be met if students actively participate and make a true commitment to these goals. Project activities need to be taken seriously by participants. If admitted you agree to participate in both academic-year services and summer programs throughout your high school years. If you think you are ready to undertake this commitment, then we look forward to getting you application soon! If you still have any questions feel free to call us at (408) 924-2572.

En este momento se están preparando para iniciar el proceso de aplicación al programa Upward Bound. Antes de iniciar el proceso es importante que mantengan en mente el verdadero compromiso al que se están inscribiendo. Los objetivos que el programa delinea para sus estudiantes solo se pueden lograr si el estudiante participa activamente y hace un verdadero compromiso a estos. Todos los servicios del programa deberán tomarse en serio por los participantes. Al ser admitido el estudiante acepta participar en actividades durante el año escolar al igual que en el programa de verano, todos los años hasta su graduación. Si creen estar listos para tomar este compromiso, esperamos recibir su solicitud pronto, pero si aun tiene preguntas por favor llámenos al (408) 924-2572.

Keep in mind that only complete applications will be evaluated, therefore make sure to:

Recuerden, solo se evaluarán solicitudes que estén completas. Por lo tanto, asegúrense de:

### COMPLETE THE FOLLOWING FORMS

### COMPLETAR LAS SIGUIENTES FORMAS:

- Pages (Páginas) 1 & 5 → To be completed by student (*El estudiante*)
- Pages (Páginas) 2 & 6 → To be completed by parents / legal guardians (*Los Padres o tutor legal*)
- Pages (Páginas) 3 & 4 → To be completed by student's teacher in the following areas:  
English and Math (Los(as) Maestros(as) de Matemáticas e Inglés)

### ATTACH THE FOLLOWING DOCUMENTS

### INCLUIR LOS SIGUIENTES DOCUMENTOS:

1. **Income Verification/ Verificación de Ingresos:** (*Accepted Documents/ Documentos aceptados*)
  - a. Signed copy of most recently filed (2007/8) IRS tax forms (form 1040 or 1040A),
  - b. AFC case number and benefits statement or
  - c. Social Security benefits statement.
2. **School Transcript/ Record Académico:** Request from School Registrars Office (except 9<sup>th</sup> graders)
3. **Most Current Progress Report Card/ Boleta de calificaciones mas recientes**

### MAIL/ SUBMIT THE COMPLETE APPLICATION TO:

### MANDE/ ENTREGUE LA SOLICITUD COMPLETA A:

Office of Pre-College Programs  
Attn: Student Recruitment  
San José State University  
Student Services Center – 10<sup>th</sup> St. – Counter 6  
San Jose, CA 95192-0235

### OR FAX THE COMPLETE APPLICATION TO:

### ENVIÉ POR FAX LA SOLICITUD COMPLETA A:

Attn: Student Recruitment (408) 924-2513

PRIORITY DEADLINE

Fecha de prioridad

**\*\*SPACE IS LIMITED\*\***

# **Wednesday, November 25, 2009**

*\*\*\*Applications will be accepted until all spaces are filled*

*\*\*\*Se aceptaran solicitudes hasta que no haya espacio.*



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Student Service Center – 10<sup>th</sup> Street – Counter 6  
San Jose, CA 95129-0235  
(408) 924-2567/ (408) 924-2513 (fax)

Program:  - Talent Search  - Upward Bound

## STUDENT ADMISSION APPLICATION

Directions: Please write legibly. Complete all information and DO NOT forget to sign.

Primary phone: ( ) - home /cell

Name:     
Last First M.I.

Second phone: ( ) - home/ cell

Address:        
Number Street Appt. # City State Zip Code

E-Mail:

Date of Birth: / / City/State of Birth: Age:   Male  Female

Are you a U.S. Citizen?  Yes  No

**\*\* PLEASE NOTE: If you are not a US Citizen, you must provide proof of legal residency with this application\*\***  
**\*\*EXAMPLE: Copy of Residency Card\*\***

Are you Hispanic/ Latino?  Yes  No

Ethnicity - Check all that apply

- American Indian/ Alaskan Native
- Black or African-American
- White
- Asian
- Native Hawaiian/Pacific Islander

School:  Grade:  Student ID Number:

Class Schedule (circle one): **Fall** **Spring**

Year: 20\_\_\_\_

Period	Subject	Teacher	Current Grade
0			
1			
2			
3			
4			
5			
6			
7			
8			

Cumulative GPA:

### Applicant Statement:

I certify that all information is complete and true to the best of my knowledge. I understand that this form **does not** constitute a complete application and that both my parents/legal guardians and I will need to submit additional information in order to be considered for admission by the Office of Pre-College Programs. I further understand that after an evaluation process, which may include an interview if I'm eligible for services, project staff will determine program placement based on my needs and the availability of services.

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

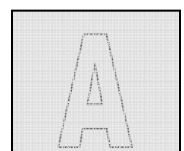
Date: \_\_\_\_\_

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 San José, CA 95129-0235  
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*Directions: Please write legibly. Complete all information and DO NOT forget to sign.*

### Student Information (Información del estudiante):

Name (Nombre):    SSN:   
Last (Apellido) First (Nombre) M.I. Número de Seguro Social

### Father's or Male Guardian's Information (Información del padre o tutor legal):

Name:    Home Phone:  -   
Last (Apellido) First (Nombre) M.I. Número de teléfono

Address (Dirección)   
Number (Número) Street (Calle) Apt. # City (Ciudad) Zip Code (Código)

E-Mail (Correo electrónico):

Place of Employment (Lugar de Empleo):  Occupation (Ocupación):

Work Phone (Número de lugar de empleo):  -  Cell Phone (Celular):  -

**\*Do you have a Bachelor's degree from an accredited U.S. institution?**  Yes (Si)  No (No)  
*(¿Tiene título universitario de una universidad acreditada en los estados unidos?)*

### Mother's or Female Guardian's Information (Información de madre o tutora legal):

Name:    Home Phone:  -   
Last (Apellido) First (Nombre) M.I. Número de teléfono

Address (Dirección)   
Number (Número) Street (Calle) Apt. # City (Ciudad) Zip Code (Código)

E-Mail (Correo electrónico):

Place of Employment (Lugar de Empleo):  Occupation (Ocupación):

Work Phone (Número de lugar de empleo):  -  Cell Phone (Celular):  -

**\*Do you have a Bachelor's degree from an accredited U.S. institution?**  Yes (Si)  No (No)  
*(¿Tiene título universitario de universidad acreditada en los estados unidos?)*

**Head of household's relationship to student applicant?** *(¿Relación de la cabeza de la familia al estudiante?)*

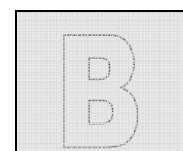
<b>Family Income:</b>	
Are you receiving Social Services benefits? <i>¿Recibe ayuda de programas de asistencia social? (Estampillas de comida, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving Social Security benefits? <i>¿Actualmente recibe asistencia del Seguro Social?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you filed your income taxes for last year? <i>¿Ha completado su última declaración de impuestos?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby grant permission for my son/daughter to be considered for admission and (if admitted) to participate in services/programs offered by the Office of Pre-College Programs at San José State University. I understand that this is only an application for admission and does not constitute admission.

Yo otorgo permiso para que mi hijo(a) sea considerado(a) para admisión, y si es seleccionado(a) participe en los servicios y programas ofrecidos por la oficina de Pre-College Programs en la universidad estatal de San José. Yo entiendo que esta es solo una solicitud y que no constituye admisión al programa.

Parent Signature (Firma de Padres): \_\_\_\_\_ Date (Fecha): \_\_\_\_\_

For office use only (Para uso de oficina solamente)





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**TEACHER RECOMMENDATION**

**STUDENT:** This form is to be completed by your teacher in the following subject: English/ Language Arts

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

**TEACHER:** Your student is in the process of applying to Pre-College Programs (PCP) at San José State University. PCP is designed to help low-income and/or potential first generation college students improve their chances for success in post-secondary education. The student's present grades may not reflect his/her potential. Your feedback will help us determine whether this applicant has the potential to succeed in college and benefit from our services. Please note, this form is placed in the applicant's file and is open to his/her inspection.

Teacher's Name (please print): \_\_\_\_\_ Subject: \_\_\_\_\_

Please evaluate the student's performance in each area by circling the appropriate level.

1. Student's apparent aptitude in subject	High	Average	Low
2. Motivation/Willingness to learn	High	Average	Low
3. Attendance	High	Average	Low
4. Homework/Preparation	High	Average	Low
5. Attentiveness/Participation in class	High	Average	Low
6. Test Scores	High	Average	Low
7. Use of study skills such as note-taking, outlining, summarizing, etc.	High	Average	Low

Please indicate the area(s) where the student needs assistance:

- |  |   |
|--|---|
| <input type="checkbox"/> Motivation                      | <input type="checkbox"/> Improve math skills          |
| <input type="checkbox"/> Improve effort                  | <input type="checkbox"/> Improve reading skills       |
| <input type="checkbox"/> Improve attendance              | <input type="checkbox"/> Improve writing skills       |
| <input type="checkbox"/> Improve study habits            | <input type="checkbox"/> English language development |
| <input type="checkbox"/> Improve class work and attitude | (For non-native English speakers)                     |
| <input type="checkbox"/> Individual tutoring             |   |

Please evaluate your experience with this student by circling the appropriate response and elaborating if necessary:

1. Does this student have academic potential for success in college? (Why or Why not?) Yes No Maybe

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2. Would this student make effective use of PCP services to improve academically and go to college? (Why) Yes No Maybe

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Additional Comments:

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Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**TEACHER RECOMMENDATION**

**STUDENT:** This form is to be completed by your teacher in the following subject: Mathematics

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

**TEACHER:** Your student is in the process of applying to Pre-College Programs (PCP) at San José State University. PCP is designed to help low-income and/or potential first generation college students improve their chances for success in post-secondary education. The student's present grades may not reflect his/her potential. Your feedback will help us determine whether this applicant has the potential to succeed in college and benefit from our services. Please note, this form is placed in the applicant's file and is open to his/her inspection.

Teacher's Name (please print): \_\_\_\_\_ Subject: \_\_\_\_\_

Please evaluate the student's performance in each area by circling the appropriate level.

1. Student's apparent aptitude in subject	High	Average	Low
2. Motivation/Willingness to learn	High	Average	Low
3. Attendance	High	Average	Low
4. Homework/Preparation	High	Average	Low
5. Attentiveness/Participation in class	High	Average	Low
6. Test Scores	High	Average	Low
7. Use of study skills such as note-taking, outlining, summarizing, etc.	High	Average	Low

Please indicate the area(s) where the student needs assistance:

- |  |   |
|--|---|
| <input type="checkbox"/> Motivation                      | <input type="checkbox"/> Improve math skills          |
| <input type="checkbox"/> Improve effort                  | <input type="checkbox"/> Improve reading skills       |
| <input type="checkbox"/> Improve attendance              | <input type="checkbox"/> Improve writing skills       |
| <input type="checkbox"/> Improve study habits            | <input type="checkbox"/> English language development |
| <input type="checkbox"/> Improve class work and attitude | (For non-native English speakers)                     |
| <input type="checkbox"/> Individual tutoring             |   |

Please evaluate your experience with this student by circling the appropriate response and elaborating if necessary:

1. Does this student have academic potential for success in college? (Why or Why not?) Yes No Maybe

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Would this student make effective use of PCP services to improve academically and go to college? (Why?) Yes No Maybe

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### APPLICANT Questionnaire

Applicant's Name: \_\_\_\_\_ School: \_\_\_\_\_

Answers to the following questions will help us determine your motivation/ preparation to undertake college work. Answer as precisely and honestly as possible. Use complete sentences and avoid short responses such as "yes" or "no." If you need more space for comments, please attach additional pages.

1. Why are you interested in Pre-College Programs?

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2. What are your career and educational goals?

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3. Describe your academic strengths and weaknesses.

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4. What college would you like to attend? Describe your awareness of college entrance requirements.

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5. Please inform us of any areas that might help us assist you. Is there any additional information you would like Pre-College Programs to consider in determining your admission?

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## STUDENT TRANSCRIPT RELEASE CONSENT FORM

Student's Last Name (Apellido)				Student's First Name (Nombre)				Middle Initial			

Current School (Escuela)											

Student ID Number (Número de Identificación Escolar)				Birth Date (Fecha de Nacimiento)			Class (Generación)	
				Month (Mes)	Date (Día)	Year (Año)		
							2	0

I hereby grant my permission for my son/daughter (named above) to participate in the Pre-College Programs at San José State University. I hereby consent to the disclosure of information from his/her academic record (including transcripts & test scores) maintained by any school consistent with the **Federal Family Education Rights and Privacy Act of 1974**, other laws, regulations, or policies to designated representatives from Pre-College Programs. This permission will be valid for the duration of the student's participation in the program.

Yo otorgo permiso para que mi hijo/a participe en los programas de Pre-College Programs en la universidad estatal de San José. También autorizo a la escuela de mi hijo/a (*de acuerdo con el Federal Family Education Rights and Privacy Act of 1974*) para que hagan disponibles al Director(a) del programa (o personal asignado) el record académico de mi estudiante y todo aquello que se refiera al progreso académico de mi estudiante. Este permiso continuara vigente durante toda la permanencia de mi estudiante en el programa.

\*I understand I may void this consent by providing a written notification at any time.

\*Comprendo que proveyendo instrucciones escritas, puedo revocar este permiso en cualquier momento.

Parent/ Legal Guardian's Name (First, MI, Last) / Nombre del Padre/ Tutor Legal (Nombre, Apellido)											

Parent Signature (Firma): X

Date (Fecha):  /  /

For office use only

Student Participation Period: Entry Date:  /  /  Exit Date:  /  /

Note:  
\_\_\_\_\_  
\_\_\_\_\_