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Math/Psychology Bldg Rm. 006
Baltimore, MD 21250
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**UPWARD BOUND
MATH SCIENCE**

UBMS Participant Application

The Upward Bound Mathematics and Science (UBMS) Program is a federally funded TRIO program at the University of Maryland, Baltimore County campus. The mission of UBMS is to prepare income eligible students, who aspire to be first generation college graduates (neither parent holds a bachelor's degree), for academic programs that lead to careers in the fields of mathematics and science.

The following documents must be completed and submitted in their entirety before a student can be considered for acceptance into the UBMS program:

For **Student** to complete:

- UBMS Application form
- Student Essay

For **Parent/Guardian** to complete:

- Eligibility verification
 - OPTIONAL: Attach a copy of the parent's or guardian's IRS Tax form (1040 or 1040A) for the last calendar year.

Forms and Records to submit:

- Recommendations:
 - math teacher or science teacher
 - guidance counselor
- BCPS Student Records Waiver
- Current Report Card
- Transcript of all high school grades
- All Standardized Test Scores (e.g. SAT, PSAT, ACT, etc.)



What is Upward Bound Math and Science?

The Upward Bound Math and Science (UBMS) program is designed to strengthen the math and science skills of participating students. The goal of the program is to help students recognize and develop their potential to excel in math and science and to encourage them to pursue postsecondary degrees in math and science, and ultimately careers in the math and science profession.

The UBMS Program at UMBC is designed to encourage, enable, and empower participants to matriculate into and graduate from college. UBMS promotes the development and enhancement of students' core academic skills, academic and cultural enrichment, and the motivation to succeed. To ensure students' complete development, participation in personal and individual counseling, educational/ cultural activities, the summer residential component, in addition to academic support, developmental and enrichment activities, is mandatory.

UBMS serves students who have demonstrated academic potential and who meet the income and first generation to obtain a four year college degree criteria established by the U.S. Department of Education. UBMS has an explicit interest in students who want to pursue careers in Science, Technology, Engineering, and Math (STEM). The Program provides students and their parents with an opportunity to invest in students' futures and thus realize their potential and goals.

Academic Year Services

- Assistance with study skills
- Saturday Tutorial Program-Mandatory
- SAT and PSAT Prep
- Student and Parent Workshops
- Educational/ Cultural Activities
- Academic and Attendance monitoring
- Exposure to and Interaction with STEM professionals

Summer Component

- Live in UMBC dormitory during the week
- Enrichment Courses: English, Science, Math, Foreign Language, Computer Technology
- Study Skills instruction
- Daily tutorial study hall
- Individual and Group counseling
- College and career planning workshops
- Seminars, Lectures, and Field Trips
- College student tutor/ counselors
- Research activity

Once enrolled in the program, students are expected to participate through high school graduation. Participation involves being actively engaged in the opportunities provided by the program. It also means that parents/guardians will support the participant and the program by participating in orientation and academic planning meetings as necessary.

The UMBC Upward Bound Math Science Program is funded with a grant totaling \$311,880 from the US Department of Education.

Student Name: _____



To be completed by Applicant

STUDENT'S INFORMATION					
Full Name (as it appears on school records)			Preferred Name (if applicable)		
Student's Cell Phone #		Student's Email Address			
Address		City		State	Zip
Date of Birth	Age	Gender M ___ F ___ Non-Binary ___ Prefer not to say ___		Ethnic Background Hispanic ___ Non-Hispanic ___	
Race: (Check all that apply) American Indian/Alaskan Native ___ Asian ___ Black/African American ___ Latino / Latina ___ Native Hawaiian/Pacific Islander ___ White ___					
High School			Grade	Graduation Year:	
Curriculum (e.g. I.B./Magnet, etc...)			Counselor's Name		

STUDENT'S ASPIRATIONS	
Highest Degree Desired:	I'm not sure ___ I do not plan to go to college ___
Intended Major(s):	
Desired Career(s):	
Are there any colleges / universities that you are already interested in?	

Student Name: _____



STUDENT ESSAYS

If you need more space, you may add another sheet. Check capitalization, punctuation, spelling, and sentence structure. Your essays should be **TYPED**. If not, your writing **MUST** be legible. Your work must be done on this form.

Briefly introduce yourself. What do you think it is important for us to know about you?

What do you want to achieve academically, personally, and professionally: in the next ten years? in the next twenty years?

What challenges or barriers will you have to overcome to achieve your goals?

Why should you be selected for UBMS and what do you expect to gain?

Student Name: _____



To be completed by PARENT / GAURDIAN

ELIGIBILITY INFORMATION

Is the Applicant a U.S. Citizen Yes ___ No ___

If not a U.S. Citizen, indicate the Applicant's Immigration Status

Permanent Resident ___ Visa ___ (if yes, Type _____) Other: _____

___ I/We had taxable income in the amount of \$_____ in the previous tax year.

Most recent tax form: 1040 line 43, 1040EZ line 6. If available, you may submit a copy of your IRS 1040, 1040A or 1040EZ tax forms for additional verification

___ I/We did not have any taxable income for the previous tax year.

Number of dependent children ___ Total family size (include all household members) _____

Does student receive accommodations from an: **IEP** Yes ___ No ___ **504 Plan** Yes ___ No ___

Student primarily lives with: (check all that apply):

Mother/Female Guardian ___ Father/Male Guardian ___ Other _____

Is the student in foster care? Yes ___ No ___ Is the student homeless? Yes ___ No ___

Mother/Female Guardian:	Father/Male Guardian:
Name _____	Name _____
Address (if different from student) _____ _____	Address (if different from student) _____ _____
Highest Education Level Completed: BA/BS or above ___ AA/AAS ___ HS/GED ___ less than HS ___	Highest Education Level Completed: BA/BS or above ___ AA/AAS ___ HS/GED ___ less than HS ___
Occupation _____	Occupation _____
Employer _____	Employer _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

Student Name: _____



APPLICATION CERTIFICATIONS

Applicant's Certification

I, _____, applicant for admission to the UMBC Upward Bound Math Science Program, verify that all information supplied by me in this application packet, to the best of my knowledge is factual, and that no information was presented with intent to defraud.

Student's Signature

Date

Parent's Certification

I, _____, parent/guardian of the above named applicant for admission to the UMBC Upward Bound Math Science Program, verify that all information supplied by me within this application, to the best of my knowledge, is factual, and that no information was presented with intent to defraud.

Parent's Signature

Date

WAIVER AND RELEASE AGREEMENT
FOR THE
Upward Bound Math/Science Program at UMBC

I, _____, am a participant at the University of Maryland, Baltimore County ("the University") and have agreed to participate in the University's Upward Bound Math/Science Program at UMBC ("the Program"). In consideration for being permitted to participate in the Program, I hereby agree and represent that:

1. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. By my signature below, I certify that I have confirmed that my health care coverage will adequately cover me during the Program, and hereby release the University, the University System of Maryland, and the State of Maryland, and their respective regents, officers, employees, and agents, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses.

2. I understand that although the University will attempt to maintain the Program as described in program materials and information sessions, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and hereby release the University, the University System of Maryland, and the State of Maryland, and their respective regents, officers, employees and agents from any responsibility or liability for any expenses or losses that I may sustain because of these changes.

3. I understand that the University reserves the right to decline to retain me in the Program at any time should my actions or general behavior, in the sole discretion of the University, be determined to impede or obstruct the progress of the Program in any way.

4. **I understand that, although the University has made reasonable efforts to assure my safety while participating in the Program, even in domestic travel, there are unavoidable risks, and I hereby release and promise not to sue** the University, the University System of Maryland, and the State of Maryland, and their respective regents, officers, employees, and agents, **for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program. I make this waiver on behalf of myself, my family, my heirs, and my personal representative(s).**

5. I agree that should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

6. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement I have the right to consult with the adviser, counselor, or attorney of my choice.

7. I agree that should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the State of Maryland without reference to its conflicts of laws rules.

8. I further grant to the University of Maryland, Baltimore County (“UMBC”) all rights necessary to enable UMBC to use my child’s image or photograph, alone or within a group setting, in all forms and in any media and in any publication or published format, and to otherwise use and/or publish it without remuneration to me and without incurring any debt or liabilities to me of any kind. I understand that the images or photographs that may include my child’s images are being created by UMBC and may be used in future Program brochures, printed material, and/or web-based informational or promotional materials (hereafter “materials”) related to the Program and the University. I understand the name of my child will not be used in the materials.

9. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the Program, supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral and cannot be changed or amended in any way without my written concurrence.

10. I represent that I am at least eighteen years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own.

In witness to my having read and agreed to all the terms and conditions set forth herein above, I hereby place my signature below.

Signature of Program Participant

Print Full Name of Program Participant _____

Date: _____

Signature of the parent or guardian signifies understanding of, and agreement with the terms and conditions of this Agreement.

Signature of parent or guardian – Mandatory for minors

Print Full Name of Parent/Guardian _____

Date: _____



BALTIMORE COUNTY PUBLIC SCHOOLS CONSENT FOR RELEASE OF STUDENT RECORDS

INSTRUCTIONS: This form authorizes the Baltimore County Public Schools to disclose personally identifiable information from the student record. Complete the form, sign where indicated and return the completed form to the principal where the student is enrolled.

STUDENT INFORMATION

Student's Last Name	First	Middle Initial
Mailing Address	City/State/Zip	School

STUDENT RECORD(S) AUTHORIZED TO BE RELEASED (MARK ALL THAT APPLY)

<input type="checkbox"/> Cumulative	<input type="checkbox"/> Health	<input type="checkbox"/> Discipline	<input type="checkbox"/> Psychological	<input type="checkbox"/> Special Education
<input type="checkbox"/> Other, please specify: _____				

PERSON TO WHOM RECORDS ARE TO BE RELEASED

Name Upward Bound Math Science Center Staff	Business/Company Name University of Maryland, Baltimore County	
Mailing Address MP 007, 1000 Hilltop Circle	City Baltimore	State MD

AUTHORIZATION AND CERTIFICATION

I certify that I am the parent and legal guardian of the student, or eligible student if age 18 or over.

I hereby authorize Baltimore County Public Schools to release the student record(s) identified above. I understand that the recipient of the student record(s) will use the record(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my expressed written consent except under authority of the Educational Rights and Privacy Act, 20 U.S.C. §1232g.

Parent/Guardian Name (or eligible student) (Please Print)

Parent/Guardian Signature (or eligible student)

Date