



Passaic County Community College
UPWARD BOUND PROGRAM
Application For Admission



Passaic County Community College
Upward Bound Program
1 College Blvd, Paterson, NJ 7505
Room E-401
Phone: (973) 684-5910

Dear Parent/Guardian:

Your son/daughter has indicated an interest in the Upward Bound (UB) Program in Passaic County Community College, this is a free college preparatory program for high school students funded by the U.S. Department of Education. UB is specifically designed to strengthen the academic skills of eligible high school students to excel academically and pursue postsecondary degrees after high school graduation.

Please complete this application and return to the address listed above. All completed applications will be reviewed and eligible applicants will be contacted for a Student & Parent Interview with program staff.

SUBMITTING YOUR APPLICATION:

Your completed application should be returned to the *Upward Bound Program at 1 College Blvd, Paterson, NJ 07505*

APPLICATION CHECKLIST – read all information carefully before completing the application

- 1. An official Copy of your high school transcript**
- 2. One (1) recommendation from your English or Math Teachers included on pages 6 of this admissions application**
- 3. Complete the student Essay on page 5 of this application**
- 4. A Copy of your Social Security Card/ or Alien registration card (front and back)**
- 5. A Copy of your Parent/Guardian most recent Federal income Tax Return (1040, 1040A, or 1040 EZ)**
- 6. For those who did not file an income tax return you must complete the Non-Income Tax filers income verification included on page 7 in this application. It must be notarized by a notary public.**
- 7. PROOF of Aid for AFDC, Social Security, or Pension benefits.**
- 8. Any additional information regarding the students' academics (i.e., copy of grades, IEP (if applicable), etc.)**

Social Security Number Your social security number is required for identification purposes only. It further serves to ensure the accuracy of our student admissions records.

Incomplete Applications that are submitted without the required documents are considered incomplete and cannot be processed until all of the required documents have been submitted.

TITLE IX COMPLIANCE: Passaic County Community College does not discriminate on the basis of race, color, national origin, religion, physical disability, age, sex, or sexual orientation.

PRIVACY ACT STATEMENT: The personal information that you give to the Upward Bound Program is sent to the federal government (Department of Education). The information is protected by the Privacy Act. No one may see the information unless they work with or for the Upward Bound Program or are specifically authorized to see the information. The information is necessary to determine if you are eligible to participate in the program.



Upward Bound Application Form

Student Information *(please print clearly)*

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____ Sex: ☐ Female ☐ Male

If you are a resident of New Jersey, how long have you lived in New Jersey? _____

Citizenship: ☐ US Citizen ☐ Permanent Resident ☐ Alien Registration Number: _____

Ethnicity: ☐ Hispanic/Latino ☐ Asian ☐ African American ☐ American Indian/ Alaskan Native

☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian ☐ Other _____

Do you have any physical disabilities/ medical history? ☐ Yes ☐ No

If yes, please specify: _____

Do you have an Individualized Educational Plan (IEP)? ☐ Yes ☐ No

If yes, please specify: _____

Parent / Legal Guardian Information

Mothers/Guardian Name: _____ Occupation: _____

Email: _____ Cell #: (____) _____ - _____

Educational Level (Please check the box): ☐ No College ☐ 2-Year Degree ☐ 4-Year Degree Secondary

Fathers/Guardian Name: _____ Occupation: _____

Email: _____ Cell #: (____) _____ - _____

Educational Level (Please check the box): ☐ No College ☐ 2-Year Degree ☐ 4-Year Degree

With Whom does the student live?

Mother & Father ____ Mother only ____ Father only ____ Grandparent ____ Aunt ____ Uncle ____

Brother ____ Sister ____ Foster parent ____ OTHER: _____

Family Size: _____ How many siblings? _____ Others in household _____

Income Information

Name of Employer: (Mother/Guardian) _____

Employer Address: (Mother/Guardian) _____

Name of Employer: (Father/Guardian) _____

Employer Address: (Father/Guardian) _____

Yearly Income (Mother/Guardian) _____ Yearly Income (Father/Guardian) _____

Total Income Status: ___ \$20,000 or less ___ \$20,001 to 29,999 ___ \$30,000 to \$39,999
___ \$40,000 to \$49,000 ___ \$49,001 to \$59,000 ___ Over \$60,000

Is the student employed? ___ YES ___ NO If yes, how many hour per week? _____

Does student or either parent receive the following benefits: (Check any from the list below that apply)

___ AFDC ___ Social Security Benefits ___ Pension Benefits OTHER _____

Did applicants Parent (s) / or Guardian file a Recent Income Tax Return for this tax year ___ YES ___ NO

If you checked YES, remember to attach a copy. If you checked NO complete page 7 and have it notarized.

High School Information

Current High School or Academy: _____ CEEEB Code _____

Address: _____
Street City State Zip Code

High School Phone: (____) _____ - _____ Guidance Counselor Name: _____

Current Grade Level: ☐ Freshman ☐ Sophomore ☐ Junior Anticipated Graduation Year: _____

Academic Program: (Check One) College Prep ___ Vocational ___ General ___ Remedial ___

Other _____

Clubs/Organizations: (check all that apply)

☐ Student Government Debate ☐ Drama Club ☐ Science Club ☐ Yearbook ☐ Newspaper ☐ Math Club ☐ Art Club

☐ Civics Club ☐ Choir ☐ Band ☐ Other Activities you are involved in _____

Honors /Awards (please list) _____

Athletics: ☐ Basketball ☐ Softball ☐ Football ☐ Baseball ☐ Track ☐ Volleyball ☐ Tennis ☐ Soccer /

☐ OTHER _____

Have you participated in any other pre-college program? YES ___ NO ___

If YES, please check: ___ Upward Bound ___ Talent Search ___ Gifted & Talented ___ ASPIRA ___ College Bound

If other than those listed above, please list name and dates of participation: _____

Emergency Contact

First Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ Phone No.: (_____) _____ - _____

Second Emergency Contact Information: (*i.e., person over the age of 21 that is not in the same residence*)

Name: _____ Relationship: _____

Address: _____ Phone No.: (_____) _____ - _____

Disclaimer and Signature

I certify that this information is true and correct to the best of my knowledge. I understand that this application is in connection with the receipt of federal funds and that organization officials may verify information.

I approve of my child applying for this program. I recognize that participation in the Upward Bound Program will require my child to attend various activities such as Saturday classes, College visits, Cultural Field Trips and Tutoring, when needed. I agree to support and encourage my child's participation in these activities.

Parent/Legal Guardian's Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student's Personal Essay *(please print clearly)*

How did you learn about the Passaic County Community College Upward Bound Program?

Please write a 3-4 paragraph essay explaining why you are interested in participating in the Passaic County Community College Upward Bound Program, and why you should be selected.

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.



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TEACHER RECOMMENDATION FORM

Dear Teacher (English or Math):

The student listed below is applying for admission into the Upward Bound (UB) Program in Passaic County Community College. Your assessment of the student's conduct, character and academic need for program services is an integral element in the admission process. Please give us your honest assessment of this student's desire and ability to learn. Please return the completed recommendation form to the student to submit with his/her completed student application. Should you have any questions or concerns, please feel free to contact us at the number above. The time and effort you have taken to complete this form is sincerely appreciated.

Student's Name: _____ Grade: _____ School: _____

Course Subject: _____ Current Grade: _____

Please rate the student in the following areas (1=lowest; 5= highest)

Grasps fundamental ideas and concepts _____

Integrates complex information _____

Completes assignments; fulfills contracts _____

Has good work habits; is disciplined _____

Has a positive sense of self _____

Shows potential for more advanced study _____

Is Motivated to achieve _____

Has a foundation in basic skills _____

Accepts constructive criticism _____

Assumes responsibility _____

I have known this student for _____

Please briefly state why you feel this student is a good candidate for the Upward Bound Program.

Signature _____ Date _____

Income Verification for Non-Income Tax Filers

(Complete this section if you did not file a federal 1040 / 1040A / 1040EZ with the Internal Revenue Service)

I (We) did not file / are not required to file a _____ federal income tax return (U.S. or any other government).

I (We) certify that all financial information on the Passaic County Community College Upward Bound Program application that will be used to calculate my child's eligibility for participation in this federally funded program is complete, accurate, and correct.

Student's Name _____ Social Security Number _____

List Names and ages of everyone in the household:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The bottom section of the application must be **NOTARIZED** by a licensed notary public. your application will not be processed without this section being notarized.

Source of Income Earned	Weekly Amount	Monthly Amount	Yearly Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE VERIFICATION

Applicant Signature _____ Date: _____

Primary Parent/Guardian Signature _____ Date: _____

THIS SECTION TO BE FILLED OUT BY: LICENSED NOTARY PUBLIC ONLY

Notary Public Signature and Seal Below _____ Date _____