

Regional Upward Bound Mathematics and Science Summer Residential Program
(located on the University of Maryland Baltimore County campus)
June 17, 2006 – July 28, 2006

STUDENT APPLICATION

This application must be completed by parent(s)/guardian(s) and student (print clearly)

Students accepted into the summer program must attend all six weeks.

Last Name			First Name			MI	Social Security Number		Grade	
Address				City			State	Zip Code	Home Telephone ()	
Date of Birth / /	Age	Sex M / F	Ethnic Background: ___ African-American ___ Asian/Pacific Islander ___ American Indian/Alaskan Native ___ Hispanic ___ White ___ Other: _____				Do you participate in the Free and Reduced Lunch Program at school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Citizenship: ___ U.S. Citizen ___ Permanent Resident ___ Visa Type _____ Visa Number: _____ Other: _____							Family Information: Number of dependent children _____ Total family size (include all household members) _____			
Mother/Female Guardian: Name _____ Live at home <input type="checkbox"/> Yes <input type="checkbox"/> No Occupation _____ Work Telephone _____ Do you have a B.S. degree (earned 4-year degree)? <input type="checkbox"/> Yes <input type="checkbox"/> No					Father/Male Guardian: Name _____ Live at home <input type="checkbox"/> Yes <input type="checkbox"/> No Occupation _____ Work Telephone _____ Do you have a B.S. degree (earned 4-year degree)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Emergency Contact #1: (other than guardian) Name _____ Relationship _____ Address _____ City, State, Zip _____ Day Telephone _____ Evening Telephone _____					Emergency Contact #2: (other than guardian) Name _____ Relationship _____ Address _____ City, State, Zip _____ Day Telephone _____ Evening Telephone _____					

STUDENT'S NAME : _____

STUDENT APPLICATION**School Information:**

Name of High School			Counselor's Name and Fax Number		
School Address		City		State	Zip Code
School Telephone	G.P.A.	PSAT Score	ACT Score	SAT Verbal Score	SAT Math Score

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

1. Three letters of recommendation: math teacher, science teacher, and guidance counselor
2. Personal letter from the student stating reason for wanting to participate in the program
3. Current Report Card
4. Transcript of all high school grades
5. All Standardized Test Scores (e.g., SAT, PSAT, ACT, etc.)
6. Signed Current Immunization Record
7. Signed Current Federal Tax Form (1040) or Social Security Disability Income Form

PARENT(S)/GUARDIAN(S) PLEASE READ BELOW AND SIGN BELOW:

- I certify the information provided is correct to the best of my knowledge.
- I understand that all student selections are final.
- I give consent for my child to use public or private transportation for off-campus activities.
- I give consent for my child to receive routine or emergency medical services, if necessary.
- I authorize my child's high school to release grade reports, transcripts, health records, and any other pertinent information now and throughout the duration of high school to the Regional Upward Bound Mathematics and Science Center.

Parent/Guardian #1 (print clearly)_____
Parent/Guardian #2 (print clearly)_____
Parent/Guardian Signature #1_____
Parent/Guardian Signature #2_____
Date_____
Date

**DEADLINE FOR APPLICATION AND SUPPORTING DOCUMENTS IS
DECEMBER 9, 2005**