



UNIVERSITY OF SOUTH FLORIDA UPWARD BOUND PROGRAM Application

Office (813) 974- 1014 ~ Fax (813) 974-2022
4202 E. Fowler Ave STOP SVC2011 ~ Tampa, Florida 33620
Web: www.usf.edu/UBP Email: ubp@usf.edu

Apply Online 
For Instant
Feedback!

You **MUST** answer **ALL** questions clearly and completely. For instant feedback, complete the Online Application at the above link/QR code. **ALL ITEMS ON CHECKLIST MUST BE TURNED IN BEFORE APPLICATION IS REVIEWED (See back).** If selected, prospective candidates will be interviewed and notified if accepted.

ELIGIBILITY CRITERIA

The USF Upward Bound Program (UBP) provides academic, professional, and social support services to high school students to prepare them for college success. Applicants must meet the following requirements:

- Qualify under the U.S. Dept. of Education's guidelines as a member of a low-income household or a household in which neither supporting parent holds a baccalaureate degree.
- Meet U.S. residency requirements (citizen, permanent resident, applied for permanent resident) and be age 13- 19.
- Demonstrate an academic need and the motivation to pursue college.
- Attend one of the following target high schools: Armwood, Blake, Chamberlain, Hillsborough, King, or Middleton

I. STUDENT DEMOGRAPHIC/ACADEMIC INFORMATION - ALL FIELDS REQUIRED

Student Name: _____ <i>Last Name First Name M.I.</i>	District Student No: _____
Mailing Address: _____ <i>Street Address Apt.#</i>	High School: _____ <i>High school you attend or will attend</i>
_____ <i>City State Zip Code</i>	Grade Level: <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th
Student Cell No:() _____	School Counselor: _____
Student Home No: () _____	Do you receive free/reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No
Student E-mail: _____	Are you taking ESOL classes? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, what is your first language?)</i>
Date of Birth: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>MM DD YYYY</i>	Have you participated in: <input type="checkbox"/> AVID <input type="checkbox"/> ESE <i>(Check all that apply)</i>
Ethnicity: Are you Hispanic/Latino? <input type="checkbox"/> Yes, Hispanic/Latino <input type="checkbox"/> No, Not Hispanic/Latino <i>(Check Whether You Consider Yourself of Hispanic/Latino Ethnicity)</i>	<input type="checkbox"/> GEARUP <input type="checkbox"/> CROP <input type="checkbox"/> ELP <input type="checkbox"/> AP AICE
Race: <i>(Check all that apply. Please check at least one.)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Magnet <input type="checkbox"/> Dual Enrollment <input type="checkbox"/> Collegiate Acad. Other Program: _____
Citizen Status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other _____ <i>Nationality if not US Citizen</i> _____	With which guardian(s) do you live? <i>(Check all that apply)</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
Which career(s) interest you? _____	

HONORS, AWARDS, LEADERSHIP POSITIONS, VOLUNTEERING, ACTIVITIES (List all activities in which you participate).

DISCIPLINE Have you served detention, been suspended, or had other disciplinary issues? No Yes*(Specify)*

FOR OFFICE USE ONLY: Date App Received: _____ Date First Service: _____ LI FG At Risk

Prelim Sc: _____ Cum Sc: _____ Exp Grad Yr: _____ Academic Need: _____

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II. PARENT/GUARDIAN INFORMATION (Answer all questions for each parent/legal guardian.)

First Parent/Legal Guardian Name: _____ Relationship: _____ Mailing Address: _____ <hr/> Street Address Provide only if different from student City Zip Cell Phone: () _____ E-mail Address: _____ Work Phone: () _____ Sources of Income: (Submit signed 1040/1040A tax return and letters documenting benefits or payments.) <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> TCA <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Disabilities <input type="checkbox"/> Child Support <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Other (Specify) _____ Did guardian file taxes last year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, fill out the form at usf.edu/undergrad/ub/apply.aspx). Taxable Income IRS Tax Form 1040, @bY 15 on page 1: _____ Family Size: _____ Does guardian have a baccalaureate (4-yr) college degree? <input type="checkbox"/> No <input type="checkbox"/> Yes (Highest Degree) What is highest education level earned? i.e., 9th, high school diploma, AA, BS, MA, PhD, etc.	Second Parent/Legal Guardian Name: _____ Relationship: _____ Mailing Address: _____ <hr/> Street Address Provide only if different from student City Zip Cell Phone: () _____ E-mail Address: _____ Work Phone: () _____ Sources of Income: (Submit signed 1040/1040A tax return and letters documenting benefits or payments.) <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> TCA <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Disabilities <input type="checkbox"/> Child Support <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Other (Specify) _____ Did guardian file taxes last year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, fill out the form available at usf.edu/undergrad/ub/apply.aspx). Taxable Income IRS Tax Form 1040, @bY 15 on page 1: _____ Family Size: _____ Does guardian have a baccalaureate (4-yr) college degree? <input type="checkbox"/> No <input type="checkbox"/> Yes (Highest Degree) What is highest education level earned? i.e., 9th, high school diploma, AA, BS, MA, PhD, etc.
<p>CERTIFICATION: We, parent and student, have completed this form truthfully and completely. We have provided accurate income and educational levels for all parents/guardians. If we provide false information, we will be forced to leave UBP. We allow the school permission to release academic information (transcripts, worksheets, FCAT reports, attendance, behavior, and report cards) to assess student progress. We will submit this information and a SSN/Resident Alien No. before being accepted into UBP.</p> <p>If selected, we will attend a parent/student interview in which the student will complete a timed personal statement. If admitted into UBP, we will follow all requirements, including attending Saturday/after school tutorials during the academic year and commuting to a six-week summer program on USF campus.</p> <p>Student Name: _____ Signature: _____ Date: _____</p> <p>Parent/Guardian Name: _____ Signature: _____ Date: _____</p>	

APPLICATION CHECKLIST

The following documents must be provided to the Upward Bound Program office prior to processing:

1. Completed UBP application with parental income and educational background, certified by both the applicant and parent/guardian - original signatures required.
2. Final Spring 2024 Report Card and Spring 2024 ELA & Math Scores available at <https://reportcards.sdhc.k12.fl.us>
3. Canvas Screenshot of current course percentages and 1st nine-week report card when available.
4. **SIGNED 1040/1040A Prior Year Income Tax Return** (Pg1 & 2). If taxes not filed, submit income statement i.e., Social Security, TANF, food stamps, and complete income form at usf.edu/undergrad/ub/apply (W2/pay stub NOT ACCEPTED).
Send to: USF Upward Bound~4202 E Fowler Ave STOP SVC2011 Tampa, FL 33620~Fax:(813)974-2022~ubp@usf.edu

USF UPWARD BOUND CONFIDENTIAL FINANCIAL INFORMATION (Parents/Guardians) -REQUIRED

For purposes of documentation, please provide a **SIGNED** copy of your Federal Income Tax Return 1040 (pages 1 & 2). Make sure that it contains the names of your dependent who is applying for Upward Bound and the **“Taxable Income”**. If you cannot return the tax return with the application, you can fill out this form, and bring a copy of the 1040 to the interview if selected for one. **If you did not file a tax return you will be required to provide another source of income verification before your application can be processed.**

Guardian Name _____ Student’s Name _____

Part I. Did you, or are you planning to file a federal income tax return for **2023**? Yes No

If you have not filed yet for 2023, did you, or are you planning to file a federal income tax return for **2022**? Yes No

If yes for either year, check the most recent year you have filed and provide **taxable** income? 2023 2022

IRS FORM 1040 Usually Line 15 _____ \$ _____

and
NUMBER OF EXEMPTIONS (Family Size): _____

Part II. Please complete this section form listing types of income, people in family unit, and income amounts.

1 Do you qualify for food stamps? Yes No Case# _____

2. Do you qualify for public assistance? Yes No Case# _____ Please provide documentation of receiving public assistance, such as the award letter.

FAMILY MEMBERS List the names of everyone currently residing in the household (also list last four of social security number)	Gross MONTHLY Earnings (before deductions)	MONTHLY Welfare Payment, Child Support, Alimony, Public Assistance	MONTHLY Payments from Pensions, Retirement, Social Security, Veterans Benefit	Any other MONTHLY Income
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

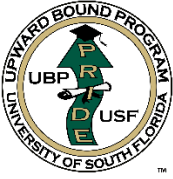
CERTIFICATION BY PARENT

We have checked this form for omissions and errors. To the best of our knowledge, the information reported is complete and correct. We are to inform the Upward Bound Director of any major change in our financial status if our daughter/son is selected as a participant in the project. Further, we agree to send to the Director an official copy of our latest Federal Income Tax Return obtained from the appropriate district office of the United States Internal Revenue Service, if requested.

Signature of Parent(s) or Guardian(s) **(A MUST)**

(Parent/Legal Guardian)

(Date)



**UNIVERSITY OF SOUTH FLORIDA UPWARD PROGRAM 2024-25 APPLICATION
PROGRESS REPORT - REQUIRED**

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STUDENT NAME: _____

List every class you are **currently** taking, including online courses. Provide the specific Course Names next to the Subject Area. Include if they are regular, honors, AP, Dual Enrollment, AICE, IB, etc. Ask the course instructor to provide the Percentage and Letter Grade. **If the method of delivery is In-Person, have the Instructor Sign. If online, have the parent sign to verify the accuracy of the grade.** For delivery method, place a checkmark under the appropriate column, whether In-Person or Online.

Subject	Course Name Including Honors, AP, Dual Enrollment, AICE, IB, etc.	%	Letter Grade	Instructor Signature	Delivery Method (Check off Under)	
					In-Person	Online
English Course(s):						
Math Course(s):						
Science Course(s):						
Social Studies Course(s):						
Foreign Language:						
Electives:						