STUDENT APPLICATION:
UPWARD BOUND CLASSIC
Academic Achievement Programs

Buckingham Rm 53, Akron, OH 44325-7908
PHONE: (330) 972-5839

This application is valid for the Upward Bound Classic Program at The University of Akron. Upward Bound Classic is a federally funded **TRiO** program. The Program is year-round and geared towards students with academic potential and interested in going to college after graduation from high school. Students attending Akron Public Schools, grades 8, 9 and 10, are eligible to apply. Students are usually admitted to the Program in the Fall, Spring, or Summer. ***There is no cost to participate.***

To Student: The application must be typed or printed neatly in blue or black ink. Answer all questions; failure to do so will delay processing. If a question is not applicable, mark "N/A" in the space provided.

To Parent or Legal guardian: The personal information, including financial status and educational levels, given to Upward Bound Classic is used for reporting purposes with the U.S. Department of Education. This information is required to determine if your child meets federal eligibility guidelines established by regulation of the U.S. Department of Education.

STUDENT INFORMATION: (To be completed by student)

Name of Applicant: _____
FIRST MIDDLE LAST

Mailing Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Birthday (mm/dd/yy) _____ Age _____ ☐ Male ☐ Female ☐ Non-binary/ Other

Student Email Address: _____ Student Cell Phone Number: _____

What is the preferred language of your parent/guardians? _____ Parent/Guardian Email: _____

Current School: _____ Grade: _____ Student's Social Security Number: _____

If you are an 8th grader, name of high school you plan to attend _____

Are you currently a participant in the Educational Talent Search Program? ☐ Yes ☐ No
Are you currently a participant in the Strive Towards Excellence Program? ☐ Yes ☐ No

Ethnicity:
☐ African American ☐ Caucasian/White ☐ Native American
☐ Asian ☐ Mexican American/Latino ☐ East Indian
☐ Other/Decline to state

Are you a US Citizen?	☐ Yes	☐ No	Alien Registration Number
If you are not, are you a Resident Alien?	☐ Yes	☐ No	

NOTE: You must be a US citizen or legal resident of the United States in order to participate in and receive services from Upward Bound. If you are not a US citizen, enter your Alien Registration Number. If your number is only eight digits, enter a zero after the "A".

How did you hear about Upward Bound Classic? _____

Student Signature: _____ **Date** _____

Student Educational, Career and Extracurricular Information

Educational Plans – List in order of preference, two occupations you think would best fit your abilities and interests if you were given the necessary education and required training:

1._____ 2. _____

Extracurricular activities: (honors or awards, sports, volunteering) ☐ If none, check this box.

Description (or title)	Officer? (If yes, position)	Year(s) involved

Interest in Upward Bound Classic:

Why are you interested in participating in Upward Bound Classic? (Attach a separate sheet, if needed.)

_____

_____

_____

_____

_____

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_____

Student Signature _____ **Date** _____

Parent and Family Information

Please give the name(s) of the people who are living in your home (add additional piece of paper if necessary)

NAME	RELATION	AGE	NAME	RELATION	AGE
1.	APPLICANT		4.		
2.			5.		
3.			6.		

TOTAL NUMBER OF PEOPLE IN HOUSEHOLD (Include applicant) _____

With whom do you live? (Check one) _____mother and father ____mother ___father ____Legal Guardian(s)

If legal guardian(s), please print individual's name_____

What is the highest level of education completed by your parent(s)/guardian(s) :(Mark all that apply:)

□ HS Diploma □ Associate's □ Bachelor's □ Other

INFORMATION TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

INSTRUCTIONS FOR PROVIDING VERIFICATION OF INCOME

Please select one of the following Income Verification types from below.

Foster Children or Wards of the Court: no income verification is required – provide a signed letter from foster parent or guardian detailing foster child/ward of the court status. Include caseworker's name, address and telephone number.

If your parent(s) or guardian(s) file a Federal 1040 Income Tax form: provide a copy of pages 1 & 2 of ***last year's*** form showing the number of exemptions claimed and the taxable income. Caution – be sure to provide the form covering the correct year. (Example, 2025)

If your parent(s) or guardian(s) receive welfare (TANF, AFDC, General Assistance, etc.) request verification of monthly benefits. Ask for a "***Passport to Services Form"*** when contacting your local welfare office.

If your parent(s) or guardian(s) receive Social Security payments (SSI, Disability, etc.) request verification of monthly benefits from your local Social Security office.

Does the applicant live in a foster home or is (s) he/she a ward of the court? □ Yes □ No If **YES**, skip to signature section.

Do you file Federal Income Taxes? □ Yes □ No If **YES** please refer to the box below.

Documentation of your **taxable** income is to be submitted for the tax year prior to the UBC application date. If you filed electronically, please sign and date page before submitting this information. ***The earlier you can submit your income information, the sooner we will be able to determine your child's eligibility.***

Do your parent (s)/guardian (s) receive: Social Security? ☐ Yes ☐ No Welfare/TANF? ☐ Yes ☐ No

Disability? ☐ Yes ☐ No Veterans Benefits? ☐ Yes ☐ No General Assistance? ☐ Yes ☐ No

If **YES** to any of the above, please attach appropriate form from agency showing amount of monthly benefits.

VERIFY INFORMATION: By my signature below, I verify that this information is accurate and complete to the best of my knowledge.

Parent/Guardian Signature:_____ Date: _____

UPWARD BOUND CLASSIC
ACADEMIC ACHIEVEMENT PROGRAMS
THE UNIVERSITY OF AKRON

(To be completed by Parent(s)/Guardian(s)

AUTHORIZATION FOR THE RELEASE OF ACADEMIC INFORMATION

This form is to be completed by the parent(s) or guardian(s) of the student who is applying for admission to the Upward Bound Classic Program.

I hereby grant permission to (name of student's high school) _____ to disclose and deliver to the Upward Bound Classic Program at The University of Akron any and all information (transcripts, grades, attendance record, class schedule, truancy and demerit records, results of ACT, SAT, PSAT, Ohio Achievement Tests (OAT), Ohio's State Test (OST), and other information) contained in the academic records of:

_____

NAME OF STUDENT (PRINT)

_____

ADDRESS (INCLUDE CITY AND ZIP CODE)

_____

CURRENT HIGH SCHOOL (STUDENT)

_____

EXPECTED GRADUATION DATE

_____

NAME OF PARENT(S)/GUARDIAN(S) (PRINT)

_____

SIGNATURE OF PARENT(S)/GUARDIAN(S) ***DATE***

The University of Akron
Upward Bound Classic Program
Income Verification Form 2026

*Regarding the chart below, please circle the number of people who live in your home in column one. Then circle the closest amount of your **taxable income** in column two.*

This form must be completed for the applicant to be considered for admission into Upward Bound.

ALL INFORMATION IS KEPT CONFIDENTIAL.

Federal TRIO Programs Current-Year Low Income Levels (Effective January 13, 2026 until further notice)

Size of Family Unit	Taxable Income
1	$23,940
2	$32,460
3	$40,980
4	$49,500
5	$58,020
6	$66,540
7	$75,060
8	$83,580
For each additional person add:	$8,520

Number of dependents in my household: _____

Does the family qualify for Food Stamps? ____ **Yes** ____**No** Case #_____

Do you qualify for Public Assistance? ____ **Yes** ____**No** Case #_____

Did you complete an Income Tax Return for the***2025 tax year*** ? _____ **yes** _____ **no**

Enter***Annual Taxable*** Income Amount: $_____

By my signature, I certify that all of the above income information is true and correct, and that all income is reported. I understand that this information is being given for the receipt of federal funds and any misrepresentation may make the applicant ineligible for participation.

_____

Parent(s) /Guardian(s) **Printed Name(s)** Date

_____

Parent(s) /Guardian(s) **Signature(s)** Date

Return Application in person or by mail to:

The University of Akron Upward Bound Classic Buckingham Suite 53

Akron, Ohio 44325-7908

OR

It can be scanned and emailed to:
Assistant Program Director: jb54@uakron.edu
Academic Advisor: lah127@uakron.edu
Academic Advisor: mbrown@uakron.edu

Office Number: (330) 972-5839

Completed Applications Must Include

Most Recent Report Card

School Transcript

Counselor Recommendation Form

Math Recommendation Form

English Recommendation Form

Copy of Current 1040 Federal Tax Return (pages 1 and 2)

Or

Disability/Social Security/TANF Statement

All information must be submitted to process your child's application, or it will be put on hold

Upward Bound Classic

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PHONE: (330) 972-5839

SCHOOL GUIDANCE COUNSELOR RECOMMENDATION FORM

Student Name (Print) _____ Grade_____

Counselor Name (Print) _____ School_____

The student whose name appears above is applying for admission to the Upward Bound Classic Program at The University of Akron. Upward Bound Classic is designed to prepare and motivate students with academic potential for success in postsecondary education. Your candid evaluation of this student's academic performance, intellectual promise and qualities as a person will be of significant value to our application review committee. Please complete and return to the Upward Bound Classic Office or give to the student in a sealed envelope. You may add additional comments. Thank you.

Include a copy of the following with this completed form:

- Complete Academic Transcripts
- Most Recent Grade Report
- Copy of Attendance Records (current & previous year)
- Copy of Test History/ Summary (Ohio Achievement Assessments, Ohio's State Tests, College Entrance Exams, and Other Assessments)

TO BE COMPLETED BY COUNSELOR

How long have you known the applicant? _____ Applicant's Current Grade_____

What are the three words that come to mind when asked to describe this student?
1. _____ 2. _____ 3. _____

Career/Vocational Track:
College Prep_____ Vocational_____ Other_____

Current Grade Point/Attendance:
Applicant's Cumulative Grade Point Average _____ Class Rank_____ (number in class_____)
Grade Point Average during the last Marking Period_____ Retained? ____ Yes_____ NO
Attendance Record: _____
Has the student ever been retained? ___Yes ___ No if YES, explain_____
Has this applicant ever been suspended from your school? Yes_____ No_____
Has the applicant ever been expelled from school? Yes_____ No_____
Has the applicant been in ISS this school year? Yes _____ No _____
If YES to retained, suspended, expelled, and/or ISS, Please Explain:

_____

_____

ACADEMIC POTENTIAL/PROMISE RATING: Please check the appropriate box.

	Below Average	Average	Good	Excellent	Cannot Assess
Natural Ability					
Achievement in relation to ability					
Study Habits					
Motivation					

Based on **academic potential/promise**, how would you recommend this applicant to Upward Bound Classic?
____ Highly Recommend
____ Recommend
____ Recommend with Reservations
____ Do Not Recommend

(Over)

Upward Bound Classic, The University of Akron
School Guidance Counselor Recommendation Form
Side Two

Student Name (Print) _____ Grade_____

CHARACTER AND PERSONAL PROMISE RATING: Please check the appropriate box.

	Below Average	Average	Good	Excellent	Cannot Assess
Emotional Maturity (based on age)					
Self-Confidence					
Interpersonal Skills with Peers					
Interpersonal Skills with Adults					
Cooperation with Others					
Respect for Teachers/Staff					
Leadership Potential					
Self-Initiative/Motivation					
Self-Discipline					
Ability to Cope with Failure					
Creativity					
Overall Responsibility					
Ability to Set/Achieve Goals					
Study Habits					
Potential for Success in College					

Based on **character & personal** promise, how would you recommend this applicant to Upward Bound Classic?
____ Highly Recommend
____ Recommend
____ Recommend with Reservations
____ Do Not Recommend

Additional Comments:

_____

_____

_____ _____ _____
Counselor Name (Print) Signature Date

This form can be returned by: Fax, Mail, or Returned to student in sealed envelope. If faxed, UBC must have the original completed form on file prior to the student's admission.

THANK YOU!

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TEACHER RECOMMENDATION FORM (English/Language Arts)

Student_____ Grade_____

Teacher _____ Title (subject taught)_____

To the student: ***This form needs to be completed by an ENGLISH teacher.***

To the teacher: Upward Bound Classic is designed to prepare and motivate students with academic potential for success in postsecondary education. Your evaluation of the nominee is extremely beneficial to us in determining if the student can succeed in this highly intensive program. Please rate the student on each of the following areas of personal competence. If you would like to add additional comments, please feel free to continue the back. Thank you!

Grasps fundamental ideas and concepts	□ Above Average	□ Average	□ Below Average	□ N/A
Integrates complex information	□ Above Average	□ Average	□ Below Average	□ N/A
Completes assignments, fulfills contracts	□ Above Average	□ Average	□ Below Average	□ N/A
Accepts criticism	□ Above Average	□ Average	□ Below Average	□ N/A
Assumes responsibility	□ Above Average	□ Average	□ Below Average	□ N/A
Is motivated to achieve	□ Above Average	□ Average	□ Below Average	□ N/A
Has good work habits; is disciplined	□ Above Average	□ Average	□ Below Average	□ N/A
Has positive sense of self	□ Above Average	□ Average	□ Below Average	□ N/A
Is sensitive to the needs of others	□ Above Average	□ Average	□ Below Average	□ N/A
Has foundation in basic skills	□ Above Average	□ Average	□ Below Average	□ N/A
Demonstrates leadership skills	□ Above Average	□ Average	□ Below Average	□ N/A
Is emotionally mature	□ Above Average	□ Average	□ Below Average	□ N/A
Student has potential for postsecondary success.	□ Above Average	□ Average	□ Below Average	□ N/A

Please provide an overall recommendation for the student and a brief explanation for your choice:

□ Highly Recommend □ Recommend □ Recommend with reservation □ Do not recommend

_____

_____

Signature _____Date _____

Please return to student for inclusion in the application packet. A sealed envelope may be used.

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TEACHER RECOMMENDATION FORM (MATHEMATICS)

Student_____ Grade_____

Teacher _____ Title (subject taught)_____

To the student: ***This form needs to be completed by a MATH teacher.***

To the teacher: Upward Bound Classic is designed to prepare and motivate students with academic potential for success in postsecondary education. Your evaluation of the nominee is extremely beneficial to us in determining if the student can succeed in this highly intensive program. Please rate the student on each of the following areas of personal competence. If you would like to add additional comments, please feel free to continue on the back. Thank you!

Grasps fundamental ideas and concepts	□ Above Average	□ Average	□ Below Average	□ N/A
Integrates complex information	□ Above Average	□ Average	□ Below Average	□ N/A
Completes assignments, fulfills contracts	□ Above Average	□ Average	□ Below Average	□ N/A
Accepts criticism	□ Above Average	□ Average	□ Below Average	□ N/A
Assumes responsibility	□ Above Average	□ Average	□ Below Average	□ N/A
Is motivated to achieve	□ Above Average	□ Average	□ Below Average	□ N/A
Has good work habits; is disciplined	□ Above Average	□ Average	□ Below Average	□ N/A
Has positive sense of self	□ Above Average	□ Average	□ Below Average	□ N/A
Is sensitive to the needs of others	□ Above Average	□ Average	□ Below Average	□ N/A
Has foundation in basic skills	□ Above Average	□ Average	□ Below Average	□ N/A
Demonstrates leadership skills	□ Above Average	□ Average	□ Below Average	□ N/A
Is emotionally mature	□ Above Average	□ Average	□ Below Average	□ N/A
Student has potential for postsecondary success.	□ Above Average	□ Average	□ Below Average	□ N/A

Please provide an overall recommendation for the student and a brief explanation for your choice:

□ Highly Recommend □ Recommend □ Recommend with reservation □ Do not recommend

_____

_____

_____

Signature _____Date _____

Please return to student for inclusion in the application packet. A sealed envelope may be used.