Thank you for your interest in Northern Illinois University’s Upward Bound program. The staff, current students and graduates of Upward Bound are proud of the history, success and excellence of this program. Graduates of this program have gone on to careers in accounting, computer science, medicine, law, university teaching, social work, art and more.

We offer tutoring, academic and career counseling, visits to colleges and cultural enrichment activities, assistance with course selection, information on financial aid and financial planning for postsecondary education. The guiding mission of the Upward Bound program is to provide motivation and instruction necessary for postsecondary education.

9th -12th grade students who attend Jefferson, Guilford, Auburn or East High School in Rockford, or West or East High School in Aurora are eligible. Students must enroll in the program prior to starting 12th grade to be able to participate.

Eligibility for admission is determined using a written application, an interview and recommendations. Individuals who are accepted into the program must agree to make full use of the services offered, make a commitment to strive to remain in the program until they complete high school or receive a general equivalency diploma, and agree to participate in the follow up portion of the program.

Once you have determined education is a part of your plans, read through the information describing the program, talk with an Upward Bound staff member and others, and complete this application form. Placement in this program is limited, and openings are not always available. You are encouraged to be thorough and prompt in submitting your application.

To assist you in the admissions process, we offer the following guidelines:

1. Read all information carefully.
2. Complete all sections of the application.
3. Use black or blue ink.
4. Print all information.

Before submitting your application, please make sure:

* All signatures are in place
* Your school transcripts or most recent grades are included
* Requested information is provided
* A parent and the student sign the Authorization to Release Information Form
* Two letters of recommendation and one counselor evaluation are included
* A copy of your signed federal tax return is included
* A copy of Social Security card is included
* A copy of birth certificate is included
* To send proof of permanent residency or application for permanent residency from Immigration and Naturalization Services, if you are not a U.S. citizen

Missing documentation and information will delay the processing of your application. Applications not completed with 60 days of receipt of application will be destroyed. Call (815) 753-1867 for more information.

**Mail application with documentation to:**

Upward Bound

Northern Illinois University

DeKalb, IL 60115

# **APPLICATION** A. GENERAL INFORMATION

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Applicant’s Name (Last /First/Middle) | Date of Application |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Address (Number and Street) Apt. No. | Social Security Number |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ |
| City State Zip code | Date of Birth Age |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number Cell Phone Number Current Grade Email Address

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic Background (check all that apply):  
*☐* African-American *☐* Hispanic or Latino/a *☐* Caucasian *☐* American Indian *☐* Asian *☐* Other:\_\_\_\_\_\_\_\_\_\_\_

Are you a U.S. citizen? **Yes No**

If not, are you a permanent resident of the U.S. or have you applied for permanent residency? **Yes No**

Is English your native language? (circle one):  **Yes No**

If no, please list your native language. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking prescription medication on a daily or weekly basis? **Yes No**

If so, indicate what medication(s) you are taking and how often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Do you have a physical/learning disability?  If yes, please check any/all that apply: | **Yes No** |
| *☐* Low vision (20/70 to 20/200) | *☐* Coordination impairment |
| *☐* Legally blind (20/200 to total blindness) | *☐* Speech impairment |
| *☐* Significant bilateral hearing loss | *☐* Diagnosed learning disability: |
| *☐* Complete hearing loss | *☐* Reading *☐* Spelling *☐* Mathematics |
| *☐* Mobility impairment (specific equipment used) | *☐* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *☐* Systematic impairment (e.g. epilepsy, diabetes) specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Current or Anticipated High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of high school counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you do after school (work, team practice, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the major classes you are currently taking and most recent grade received for the semester (A B,C,D), do not include art, music, gym or vocational classes. (Example: Algebra, Grade: C)

English \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_ Math \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_ Science \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_

History \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_ Foreign Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| How did you hear about the Upward Bound program? |  |
| *☐* Upward Bound staff | *☐* Current/former Upward Bound Student |
| *☐* Upward Bound Program brochure | *☐* High school staff |
| *☐* Presentation at my school | *☐* Parents/family |
| *☐* Friends  Check the areas for which you may need assistance: | *☐* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Getting into college: Skill Development: | Personal Development: |
| *☐* Test Preparation *☐* Mathematics | *☐* Personal Counseling |
| *☐* Course Selection *☐* Reading /English | *☐* Life Planning |
| *☐* Academic Advising *☐* Writing | *☐* Goal Setting |
| *☐* The Admission Process *☐* Study Skills | *☐* Career Options |
| *☐* Financial Aid Advising *☐* Science | *☐* Other \_\_\_\_\_\_\_\_\_\_\_\_ |

1. Explain why you would like to participate in the Upward Bound Program.

1. Describe your career interests.
2. List your hobbies/extracurricular activities.

1. Explain your feelings about living away from home for six weeks to attend an intensive summer educational program.
2. In what academic areas have you experienced the most success and why?

1. In what academic areas would you like to improve the most and why?

|  |  |
| --- | --- |
| B. PARENT/GUARDIAN SECTION  (to be completed by a parent or guardian) |  |

Name of parent (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of parent (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First MI Last First MI Last

Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed a bachelor’s degree? **Yes No**  Have you completed a bachelor’s degree? **Yes No**

Is the student a ward of the court?  **Yes No** Number of family members in your household (including applicant) \_\_\_\_\_\_\_\_\_\_\_\_

Student lives with: *☐* Mother *☐* Father *☐* Stepmother *☐* Stepfather *☐* Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. FINANCIAL ELIGIBILITY  
(to be completed by a parent or guardian)

**Submit income verification.** Federally funded programs require the submission of income verification from the parent(s)/guardian(s) of dependent participants. Participants living independently must also submit income verification. If you or your parent(s)/guardian(s) filed an income tax form last year, a copy of the completed tax (1040, 1040A, or 1040EZ) must accompany this form.

If your parent(s)/guardian(s) did not file an income tax form, please provide the following information regarding the source and amount of your nontaxable income. Verification of nontaxable income must accompany this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Source:** | **Monthly Income:** | **Source:** | **Monthly Income:** |
| *☐* Public Welfare | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *☐* Social Security benefits | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *☐* Veteran’s benefits | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *☐* Retirement/pension benefits | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *☐* Food Stamps | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *☐* Child Support | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *☐* Workers compensation | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *☐* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

It is hereby certified that the information on this application is true and correct to the best of my knowledge.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Parent/Guardian’s Signature (1)** | **Date** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Parent/Guardian’s Signature (2)** | **Date** |

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby request that the Northern Illinois University Upward Bound program staff have access to my secondary academic records and post-secondary academic records and financial aid award information. The Upward Bound program requires my academic information for advisement purposes while I am a high school student, and to track my progress towards completion of a post-secondary degree while I am in attendance at a post-secondary institution. Their access to my academic records is required by Upward Bound’s funding agency, the U.S. Department of Education.

Information requested by the program’s staff will include copies of my unofficial grade reports on a quarterly basis from my high school, and copies of my unofficial transcripts and financial aid award each semester that I am enrolled in a higher education institution.

I fully understand that the Upward Bound Program will request the information for only the purposes mentioned above, and that they will observe my confidentiality through proper maintenance of academic reports in secure files that will be inaccessible by any person other than the Director and the Program Coordinator. I understand further that this consent shall remain in effect until revoked by me, in writing, but that any such revocation shall not affect disclosures previously made prior to the receipt of any such written revocation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ xxx-xx-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date Last 4 digits of Social Security number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

Complete this form and submit it along with the application. Students should give a copy of this authorization to their school.

**COUNSELOR’S EVALUATION  
  
Part 1 (to be completed by applicant):**

The applicant is asked to complete this section of the form. Please use ink and print all information requested. The applicant and parent/guardian must then sign and enter the date before giving this form to the counselor to complete.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Applicant’s Name (Last, First, Middle) | Date of Birth |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| High School | Grade Level |

I hereby consent to the release of my school records and the information requested herein to the NIU Office of Precollegiate

Programs- Upward Bound Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date Parent’s Signature Date

**The applicant should not write below this line.**

**Part 2 (to be completed by applicant’s counselor):**

The above-named student has applied for admission to the NIU Upward Bound program, a college preparatory program funded by the U.S. Department of Education. The primary function of the program is to provide academic skills preparation and counseling for students who have potential, but do not have sufficient preparation, motivation or opportunity to realize their talents.

Please assist in the evaluation of this candidate by completing the questionnaire on the following page. Feel free to attach any additional information that you feel may be helpful. Please forward a copy of the student’s current school transcript (beginning with grade 9) including all available test scores and grade point average.

Note: There is a student and parent signed Authorization to Release Information form on file in the Upward Bound office. Should your office require it, copies of these forms can be sent to you upon request.

Name of counselor completing this form (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.** How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** In what type of curriculum is the applicant enrolled?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list the courses the student is now taking:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

1. Semester GPA \_\_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ On a \_\_\_\_\_\_\_\_\_\_\_\_\_ Scale

(Please convert student’s GPA to a traditional, unweighted 4.0 scale.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student I.D. Number Rank Class size

**Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Did the applicant meet or exceed the state standard in math at the 8th grade level? **Yes No**

Did the applicant meet or exceed the state standard in reading/language arts at the 8th grade level? **Yes No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLAN COMPOSITE/ PSAT (CR+M) DATE PLAN/PSAT TAKEN Additional Test Results

1. Has the student made normal progress in school? Please explain.
2. Does the student have any physical or learning disabilities? If yes, please describe the nature of the disability(ies) and the effect on the student.
3. Does the student have any emotional disabilities or behavioral problems that may require clinical help? If yes, please describe.
4. Describe the student’s overall academic performance.
5. What are this student’s personal strengths and weaknesses? Please be specific.
6. What are the student’s habits with regard to attendance and punctuality?

1. What would you consider to be this student’s level of maturity? In your opinion is he/she a self-starter? Does he/she accept responsibility?
2. In the space provided please give a brief summary of the ways in which you feel the Upward Bound Program might benefitthis student.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Counselor’s Signature | Date |

RECOMMENDATION FORM

(to be completed by student’s teacher)  
  
Please check all that pertain to the student below who is applying to participate in the NIU Upward Bound program.

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level:** *☐* **8**  *☐* **9** *☐* **10** *☐* **11**

|  |  |  |
| --- | --- | --- |
| **Personal Qualities:** *☐* Cooperative | *☐* Creative | *☐* Responsible |
| *☐* Gets along with others | *☐* Self-assured | *☐* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Academic Qualities:** *☐* Shows initiative | *☐* Hardworking | *☐* Motivated |
| *☐* Responds well to challenges | *☐* Gets along with teachers/ | *☐* Completes assignments on |
|  | counselors | time |
| *☐* Demonstrates good study skills/work habits | *☐* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Maturity:**  *☐* Below average | *☐* Average | *☐* Above Average |

**Recommendation:**

*☐* I highly recommend  
*☐* I recommend  
*☐* I recommend with reservations  
*☐* I do not recommend

**Comments:**

**School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Official’s Name and Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

RECOMMENDATION FORM

(to be completed by student’s teacher)  
  
Please check all that pertain to the student below who is applying to participate in the NIU Upward Bound program.

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level:** *☐* **8**  *☐* **9** *☐* **10** *☐* **11**

|  |  |  |
| --- | --- | --- |
| **Personal Qualities:** *☐* Cooperative | *☐* Creative | *☐* Responsible |
| *☐* Gets along with others | *☐* Self-assured | *☐* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Academic Qualities:** *☐* Shows initiative | *☐* Hardworking | *☐* Motivated |
| *☐* Responds well to challenges | *☐* Gets along with teachers/ | *☐* Completes assignments on |
|  | counselors | time |
| *☐* Demonstrates good study skills/work habits | *☐* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Maturity:**  *☐* Below average | *☐* Average | *☐* Above Average |

**Recommendation:**

*☐* I highly recommend  
*☐* I recommend  
*☐* I recommend with reservations  
*☐* I do not recommend

**Comments:**

**School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Official’s Name and Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**