



MURRAY STATE UNIVERSITY
UPWARD BOUND MATH AND SCIENCE
A U.S. Department of Education-funded program: \$312,480, per year



APPLICATION FOR ADMISSION

PLEASE MAIL OR FAX TO:

UPWARD BOUND MATH AND SCIENCE
MURRAY STATE UNIVERSITY
252 BLACKBURN
MURRAY, KY 42071
PHONE 270.809.5429 FAX 270.809.4351

IN ORDER TO BE CONSIDERED FOR PROGRAM PARTICIPATION IN UPWARD BOUND MATH AND SCIENCE. PLEASE BE SURE TO:

- COMPLETE EACH SECTION OF THE APPLICATION
- PROVIDE STUDENT SIGNATURES WHERE REQUESTED
- PROVIDE PARENT/GUARDIAN SIGNATURES WHERE REQUESTED
- COMPLETE ALL WRITING PROMPTS
- PROVIDE TEACHER NAMES FOR LETTERS OF RECOMMENDATION

TRANSCRIPTS, TEST SCORES, CURRENT GRADES, ABSENCES, AND DISCIPLINE REPORTS WILL BE REQUESTED FROM YOUR SCHOOL.

ONCE ALL MATERIALS ARE RECEIVED BY UPWARD BOUND MATH AND SCIENCE AND REVIEWED, YOU WILL BE NOTIFIED ABOUT ACCEPTANCE INTO THE UPWARD BOUND MATH AND SCIENCE PROGRAM



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PART A: PERSONAL INFORMATION

PLEASE USE INK. PLEASE PRINT INFORMATION.									
NAME:	FIRST		MI		LAST		DOB	/	/
GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY			STUDENT CELL: ()					
PREFERRED PRONOUNS:	<input type="checkbox"/> SHE/HER/HERS <input type="checkbox"/> HE/HIM/HIS <input type="checkbox"/> THEY/THEM								
MAILING ADDRESS:		STREET OR BOX NUMBER				CITY		STATE	ZIP CODE
CURRENT GRADE LEVEL:	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th				STUDENT EMAIL:				
RACE (ETHNICITY):	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Islander <input type="checkbox"/> Two or more races								
CITIZENSHIP STATUS (SELECT ONE):									
<input type="checkbox"/>	I am a U. S. citizen or national or a permanent resident of the United States.								
<input type="checkbox"/>	I am in the United States for other than a temporary purpose and can provide evidence from the Immigration and Naturalization Service of my intent to become a permanent resident.								
<input type="checkbox"/>	I am a permanent resident of Guam, the Northern Mariana Islands, or the Trust Territory of the Pacific Islands.								
<input type="checkbox"/>	I am a resident of the Freely Associated States – the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.								

PART B: GUARDIAN AND FAMILY INFORMATION: PLEASE COMPLETE ALL SECTIONS THAT APPLY

PARENT/GUARDIAN (1)	STUDENT CURRENTLY LIVES WITH THIS PERSON :	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME:			
PHONE NUMBER :	()	RELATIONSHIP TO APPLICANT:	
EARNED A FOUR-YEAR COLLEGE DEGREE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PARENT GUARDIAN (2)	STUDENT CURRENTLY LIVES WITH THIS PERSON :	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME:			
PHONE NUMBER:	()	RELATIONSHIP TO APPLICANT:	
EARNED A FOUR-YEAR COLLEGE DEGREEE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

IS THE STUDENT IN A FOSTER CARE PROGRAM? YES NO

DOES THE STUDENT HAVE A COURT-APPOINTED GUARDIAN? YES NO

DOES THE STUDENT CURRENTLY RECEIVE FREE OR REDUCED LUNCH PROGRAM AT SCHOOL?

FREE REDUCED NO



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IF YOU ARE UNSURE OF YOUR INCOME STATUS OR DO NOT FILE FEDERAL TAXES, YOU MAY SUBMIT A SIGNED UNITED STATES INCOME TAX RETURN OR OTHER GOVERNMENT DOCUMENTS THAT VERIFY FAMILY INCOME.

	PLEASE MARK YOUR FAMILY TAXABLE INCOME IN THE TABLE BELOW			
	EFFECTIVE JANUARY 12, 2022, UNTIL FURTHER NOTICE			
		SIZE OF FAMILY UNIT		TAXABLE INCOME LESS THAN:
TO DETERMINE YOUR TAXABLE INCOME, REFER TO YOUR 2019 FEDERAL TAX RETURN: LINE 6 ON 1040 EZ LINE 27 ON 1040A LINE 43 ON 1040	<input type="checkbox"/>	1	<input type="checkbox"/>	\$20,385
	<input type="checkbox"/>	2	<input type="checkbox"/>	\$27,465
	<input type="checkbox"/>	3	<input type="checkbox"/>	\$34,545
	<input type="checkbox"/>	4	<input type="checkbox"/>	\$41,625
	<input type="checkbox"/>	5	<input type="checkbox"/>	\$48,705
	<input type="checkbox"/>	6	<input type="checkbox"/>	\$55,785
	<input type="checkbox"/>	7	<input type="checkbox"/>	\$62,865
	<input type="checkbox"/>	8	<input type="checkbox"/>	\$69,945

USING THE CRITERIA BELOW, ARE YOU CONSIDERED HOMELESS? YES NO

The current definition of "homeless" for this program is:

- Lack a fixed, regular, and adequate nighttime residence.
- Primary nighttime residence is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for humans.
- Share the housing of other persons due to loss of housing, economic hardship, or similar reason.
- Currently living in a motel, hotel, trailer park, or campground due to lack of alternative, adequate accommodations.
- Currently living in an emergency or transitional shelter.
- Currently living in car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting.

PART C: ACKNOWLEDGEMENT AND SIGNATURE

I VERIFY, BY SIGNING THIS DOCUMENT, THAT THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS INFORMATION WILL BE HELD IN COMPLETE CONFIDENCE BY THE TRIO PROGRAMS AT MURRAY STATE UNIVERSITY AND BY THE U. S. DEPARTMENT OF EDUCATION.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE



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IT IS IMPORTANT THAT YOU, THE STUDENT, COMPLETE EVERY SECTION OF PART D

PART D: PERSONAL AND SCHOLASTIC INFORMATION

NAME:		
HIGH SCHOOL:		
CURRENT GRADE LEVEL:	<input type="checkbox"/> Rising 9 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	
EDUCATIONAL INTERESTS AFTER HIGH SCHOOL:	<input type="checkbox"/> 4-YEAR COLLEGE	<input type="checkbox"/> 2-YEAR COLLEGE
	<input type="checkbox"/> VOTECH	<input type="checkbox"/> CERTIFICATION
	<input type="checkbox"/> MILITARY	
CAREER CHOICES:	1.	2.
	3.	4.

CHECK ANY OF THE FOLLOWING TRIO PROGRAMS IN WHICH YOU CURRENTLY PARTICIPATE:

- UPWARD BOUND
 EDUCATIONAL TALENT SEARCH
 UPWARD BOUND MATH AND SCIENCE

TELL US ABOUT YOURSELF: EXTRACURRICULAR ACTIVITIES, COMMUNITY SERVICE, AWARDS, HONORS, INTERSTS, AND HOBBIES.

TELL US HOW UBMS CAN HELP YOU MEET YOUR GOALS FOR BECOMING WHAT YOU WANT TO BE.



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IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE WITH US? WE WOULD LOVE TO KNOW MORE ABOUT YOU.

DO YOU HAVE ANY OF THE FOLLOWING TECHNOLOGIES?

- DEKSTOP COMPUTER YES NO
 LAPTOP COMPUTER YES NO
 IPAD OR ANOTHER TABLET YES NO
 INTERNET CONNECTION YES NO
 SMART PHONE YES NO

PART E: RECOMMENDATION REQUESTS

PLEASE LIST THE NAME AND SCHOOL FOR EACH OF THE FOLLOWING. PLEASE CHOOSE TEACHERS THAT KNOW YOU WELL ENOUGH TO PROVIDE A COMPLETE RECOMMENDATION.

SCIENCE TEACHER	
NAME:	
SCHOOL:	
EMAIL ADDRESS:	
MATH TEACHER	
NAME:	
SCHOOL:	
EMAIL ADDRESS:	



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PART F: STUDENT INFORMATION RELEASE FORM

MURRAY STATE UNIVERSITY
 UPWARD BOUND MATH AND SCIENCE

The information you provide to the Upward Bound Math and Science Program and/or Murray State University is for UBMS, Murray State University, and the U.S. Department of Education use only. The information provided in this application is necessary to determine eligibility for the program and may be used for research purposes. Only UBMS (AIMS), Murray State University personnel, and U.S. Department of Education personnel have access to these records.

1. I give consent to release the following information to the Murray State University Upward Bound Math and Science Program as requested:
 - Standardized Test Results (ACT, SAT, CTBS, PSAT, etc.)**
 - High School Grade Reports**
 - High School Transcripts**
 - College Admission and Financial/Aid Records**
 - College Grade Reports and Transcripts**

2. Further, I give consent for UBMS (AIMS)/Murray State University staff and my child’s school representatives to discuss my child’s academic progress and general school activities for the purposes of identifying needs, coordinating services, and documenting my child’s overall scholastic progress. I and my child fully understand that AIMS will track my child’s academic progress and admission status until he/she is no longer attending an institution of higher learning.

3. I give consent for UBMS (AIMS)/Murray State University to use **photographs** of my child for news releases, publicity, and other information about the program released to the public.

4. I give consent for this release to remain in effect until my child’s completion of college and/or post-graduate work is completed, if selected as an UBMS (AIMS) Program participant. If not selected for the Program, I give consent for the information provided in this application and information released as described above to be used by UBMS (AIMS) for research projects.

 Name of Student (printed)

 Parent/Guardian Signature

 Date

 Student Signature

 Date



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PART G: PERMISSION AND MEDICAL RELEASE FORM

MURRAY STATE UNIVERSITY
 UPWARD BOUND MATH AND SCIENCE

I/we hereby give my/our consent for _____ to attend Upward Bound Math and Science sponsored activities at Murray State University. These activities may include **field trips, cultural events, and workshops**. I/we understand my/our child will be provided transportation to and from these events and hereby agree to same. As parent (s) or the natural guardian (s) of the above named student, I/we release Murray State University, its Board of Regents and individual Regents, directors, officers, agents, and employees, the Director of Upward Bound Math and Science and any staff member of Upward Bound Math and Science (hereinafter referred to as “released parties”) from any and all liability for injury to the above named child, including death, which may arise from any causal factor, including negligence. In the event my/our under-age child should subsequently bring legal action and obtain judgment against the released parties, or any of them, I/we hereby bind and obligate myself/ourselves to indemnify said released parties up to and including the full amount of the judgement.

Furthermore, I/we understand that I/we forever release the released parties from all claims, damages, actions, or causes of actions which may occur due to any decisions made with respect to the **medical care or treatment** of my/our child. I/we further authorize agents of the Upward Bound Math and Science Program and/or employees/agents of Murray State University to **authorize emergency medical treatment** for my/our child in the event that I/we are unavailable to provide such consent and hereby agree to hold said released parties harmless as to any and all decisions in regard to said medical care.

This release is unlimited in duration, and applies to any and all Upward Bound Math and Science (AIMS) sponsored activities in which the above-named individual participates.

This permission and release form is entered into voluntarily and of my/our own free will and volition. I/we further understand and agree that this agreement is intended to be as broad and inclusive as is permitted by Kentucky law, and that if any portion of this agreement is held invalid, the balance shall continue in full legal force and effect. My/our signature(s) indicate(s) that the above-named child resides in my/our home, and I/we are the custodial parent(s)/guardian(s) of said child.

 Name of Parent/Guardian (printed)

 Name of Parent/Guardian (printed)

 Parent/Guardian Signature

 Date

 Parent/Guardian Signature

 Date



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GUIDANCE COUNSELOR RECOMMENDATION

You have been asked to provide a recommendation for the following student. The recommendation and supporting documents may be returned in the postage paid envelope.

MSU Upward Bound Math and Science (UBMS) is a federally-funded program designed to prepare high school age students for college and careers in STEM. Your honest assessment of this student will assist in determining if this student would benefit from our services. Upward Bound Math and Science seeks students who are motivated academically but need assistance academically and financially.

STUDENT NAME:		CURRENT GRADE LEVEL:	
COUNSELOR NAME:		SCHOOL NAME:	
COUNSELOR EMAIL:		SCHOOL PHONE:	()

STATEMENT OF ATTENDANCE HISTORY FOR STUDENT:

STATEMENT OF REFERRAL HISTORY FOR STUDENT:

PLEASE INCLUDE THE FOLLOWING DOCUMENTS IN THE RECOMMENDATION FOR THE STUDENT

1. CURRENT COURSE SCHEDULE
2. CURRENT GRADE REPORT (IF AVAILABLE): FOR NEW 9TH GRADERS, 8TH GRADE TRANSCRIPT ACCEPTABLE
3. MOST RECENT HS TRANSCRIPT (IF AVAILABLE): FOR NEW 9TH GRADERS, 8TH GRADE TRANSCRIPT ACCEPTABLE
4. AVAILABLE STANDARDIZED TEST SCORES
5. IEP/504 PLAN (IF APPLICABLE) NOTE: DOES NOT PREVENT A STUDENT'S PARTICIPATION IN UBMS

PLEASE CHECK ANY APPLICABLE CHALLENGES THAT YOU FEEL THIS STUDENT FACES:

Low standardized test scores		Lack of career goals and/or need for accurate career information in STEM		Lack of confidence, self-esteem, or social skills	
Diagnosed learning disability		Low educational aspirations		Low income family and/or community	
Low course grades		Lack of opportunity/support in taking challenging course work			

DO YOU FEEL THIS STUDENT HAS THE POTENTIAL TO BE SUCCESSFUL IN A TWO OR FOUR-YEAR COLLEGE (EVEN IF NOT PRESENTLY ACHIEVING)? YES _____ NO _____

DO YOU RECOMMEND THIS STUDENT FOR THE MURRAY STATE UNIVERSITY UPWARD BOUND MATH/SCIENCE PROGRAM? YES _____ NO _____

COUNSELOR SIGNATURE

DATE

SCIENCE TEACHER RECOMMENDATION

You have been asked to provide a recommendation for the following student. The recommendation may be returned in the postage paid envelope. You may also complete the recommendation online at

MSU Upward Bound Math and Science (UBMS) is a federally-funded program designed to prepare high school age students for college and careers in STEM. Your honest assessment of this student will assist in determining if this student would benefit from our services. Upward Bound Math and Science seeks students who are motivated academically but need assistance academically and financially.

STUDENT NAME:		CURRENT COURSE AVERAGE:	
TEACHER NAME:			
SUBJECTS TAUGHT:		EMAIL:	
SCHOOL NAME:		SCHOOL PHONE:	()

HOW LONG HAVE YOU KNOWN THE STUDENT? _____ IN WHAT CAPACITY? _____

PLEASE RATE THE STUDENT IN COMPARISON WITH THE STUDENT'S PEERS:

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
ATTENDANCE AND PUNCTUALITY				
RESPONSIBLE BEHAVIOR AND ATTITUDE				
CURRENT LEVEL OF ACADEMIC PERFORMANCE				
ACADEMIC POTENTIAL				
HIGH INTEREST IN MATH AND/OR SCIENCE				

PLEASE CHECK ANY APPLICABLE CHALLENGES THAT YOU FEEL THIS STUDENT FACES:

Low standardized test scores		Lack of career goals and/or need for accurate career information in STEM		Lack of confidence, self-esteem, or social skills	
Diagnosed learning disability		Low educational aspirations		Low income family and/or community	
Low course grades		Lack of opportunity/support in taking challenging course work			

DO YOU FEEL THIS STUDENT HAS THE POTENTIAL TO BE SUCCESSFUL IN A TWO OR FOUR-YEAR COLLEGE (EVEN IF NOT PRESENTLY ACHIEVING)? YES _____ NO _____

DO YOU RECOMMEND THIS STUDENT FOR THE MURRAY STATE UNIVERSITY UPWARD BOUND MATH/SCIENCE PROGRAM? YES _____ NO _____

TEACHER SIGNATURE

DATE

MATH TEACHER RECOMMENDATION

You have been asked to provide a recommendation for the following student. The recommendation may be returned in the postage paid envelope. You may also complete the recommendation online at

MSU Upward Bound Math and Science (UBMS) is a federally-funded program designed to prepare high school age students for college and careers in STEM. Your honest assessment of this student will assist in determining if this student would benefit from our services. Upward Bound Math and Science seeks students who are motivated academically but need assistance academically and financially.

STUDENT NAME:		CURRENT COURSE AVERAGE:	
TEACHER NAME:			
SUBJECTS TAUGHT:		EMAIL:	
SCHOOL NAME:		SCHOOL PHONE:	()

HOW LONG HAVE YOU KNOWN THE STUDENT? _____ IN WHAT CAPACITY? _____

PLEASE RATE THE STUDENT IN COMPARISON WITH THE STUDENT'S PEERS:

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
ATTENDANCE AND PUNCTUALITY				
RESPONSIBLE BEHAVIOR AND ATTITUDE				
CURRENT LEVEL OF ACADEMIC PERFORMANCE				
ACADEMIC POTENTIAL				
HIGH INTEREST IN MATH AND/OR SCIENCE				

PLEASE CHECK ANY APPLICABLE CHALLENGES THAT YOU FEEL THIS STUDENT FACES:

Low standardized test scores		Lack of career goals and/or need for accurate career information in STEM		Lack of confidence, self-esteem, or social skills	
Diagnosed learning disability		Low educational aspirations		Low income family and/or community	
Low course grades		Lack of opportunity/support in taking challenging course work			

DO YOU FEEL THIS STUDENT HAS THE POTENTIAL TO BE SUCCESSFUL IN A TWO OR FOUR-YEAR COLLEGE (EVEN IF NOT PRESENTLY ACHIEVING)? YES _____ NO _____

DO YOU RECOMMEND THIS STUDENT FOR THE MURRAY STATE UNIVERSITY UPWARD BOUND MATH/SCIENCE PROGRAM? YES _____ NO _____

TEACHER SIGNATURE

DATE