Rowan University

UPWARD BOUND ELL

New Student Application

2026-2027

Federal TRiO Program
Funded by the U.S Department of Education

TRiO

Please note that all applications are accepted for review regardless of race, color, national origin, religion, gender or disability (U.S. Dept. of Education -GEPA Section 427).

Upward Bound ELL Program Application

2026-2027

TRiO UPWARD BOUND

Rowan University

Directions

- Print Clearly in black ink
- Be sure to answer all questions
- Remember your parent/guardian's signature is REQUIRED
- Please submit your complete application directly to your school counselor or reference.

Part I - Student Applicant Information

Date:	Name:				
Social Security #:	School ID#:				
Email Address: @					
High School Currently Attending: _____ Current Grade Level_____					
Mailing Address: _____ Street					Apt. No.
City: _____	State: _____		Zip:		
Home Phone Number: _____ Alternative Phone Number: _____					
Date of Birth:			Age: _____	Gender: M F	

Citizenship:

Are you a U.S. Citizen? Yes No If No - Are you a Permanent Resident? Y N

Ethnic Background:

___African American or Black ___American Indian ___Asian / Pacific Islander

___Hispanic ___White ___More than one race_____

___Other_____

Who do you live with?

_____Mother & Father __Father __Mother __Guardian ___Other

Name of Guardian if you do not live with one of your parents: _____

What language is spoken at home?

____English ___Spanish ___Other_____

Do you work or plan to work this school year and/or this summer? _____Yes ____No

If yes, when? _____ where? _____

How many hours a week? _____

List any extracurricular activities are you involved in?_____

Part II- Student's Need Assessment

What are your favorite school subjects?	What grades do you usually get?
What college or university do you plan to attend? ____Undecided	What do you plan on majoring in? ____Undecided

What type of degree do you plan to obtain? You can check more than one.

___High School Diploma ___Vocational or Technical School Degree
___Two (2) Year/ Associate Degree ___Four (4) Year College Degree
___Masters Degree ___ Doctoral Degree ___Undecided

Please check all the following UB services and activities that you need or would be interested in receiving this year?

Academic Services & Activities: You can check more than one.

___Academic advising and Report Card Checks
___Study & Test Taking Skills
___HSPA Test Preparation & Tutorials in: __Math __English __Both
___Tutoring or Homework Assistance with the following core high school courses:
(You can check more than one)
__Math __English __Science __Foreign Language __Other_____
___College Preparatory Instruction in English, Math, Science, and Foreign Language
___College Adjustment and Orientation Activities

___Early College Enrollment Program Information
___Other_____

College Admissions & Financial Aid Services: You can check more than one.

___College Awarness and Exploration
___College Field Trips
___Financial Aid Awareness and Scholarship Information
___College Entrance Exam (ACT/SAT) Information and Preparation
___College Admissions and Testing Fees
___Individualized Assistance with College Admissions & Financial Aid Application Process
___Other_____

Other Supportive Services & Activities: **You can check more than one.**

___Goal-Setting and/or Self-Esteem Building
___Leadership & Citizenship Skills
___Career Field Trips
___Cultural Awareness
___Community Service Opportunities
___Other_____

PERSONAL ESSAY

The personal essay is an important part of the selection process. In 250 or more word essay discuss **ONE** of the following topics:

1) Your purpose in applying to Upward Bound Program, what you believe you will gain from the experience, and the contributions you can make to the program;

2) What events or persons in your background have influenced you in your educational and career goals;
3) Discuss a personal, local, national, or international issue that concerns you.
4) What are your dreams for the future?

Please attach additional pages if necessary

Part III- RECOMMENDATION FORMS (To be completed by a Teacher)

Rowan University
Upward Bound ELL Program
129 North Broadway, Camden, NJ 08102
Phone: (856) 361- 2937
Fax: (856) 361- 2933

Teacher Recommendation Form

Dear Teacher:

The student listed below is applying for admission into the Upward Bound ELL Program at Rowan University. Your assessment of the student's conduct, character and academic need for program services is an integral element in the admission process. Please give us your honest assessment of this student's desire and ability to learn. Please return the completed Recommendation Form to the student in a sealed envelope to submit with his/her completed student application. Should you have any questions or concerns, please feel free to contact Dr. Margarita Olivencia, Upward Bound ELL Project Coordinator, at (856) 361-2937. The time and effort you have taken to complete this form is sincerely appreciated.

Student's Name: _____ Grade Level: _____ School: _____
Class/Course Subject:_____ Current Class/Course Grade:_____

Please place an "X" in the appropriate column for each characteristic listed below:

STUDENT CHARACTERISTICS	EXCELLENT	AVERAGE	FAIR	POOR
CONDUCT IN CLASS				
WILLINGLY PARTICIPATES IN CLASS				
RESPECTS OTHERS AND THEIR PROPERTY				
ABILITY TO FOLLOW INSTRUCTIONS				
COMPLETES ASSIGNED WORK ON TIME				
STUDY SKILLS/HABITS				
ANALYTICAL THINKING SKILLS				
MATURITY/INTEGRITY				
PUNCTUALITY				
EAGER TO LEARN NEW THINGS/INITIATIVE				
DEMONSTRATES MOTIVATION TO COMPLETE A 6-WEEK SUMMER PROGRAM				

Please provide comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the student's performance in Upward Bound. Additional comments may be written on the back.

Teacher's Printed Name & Title: _____School Telephone Number_____
Teacher's Signature _____

RECOMMENDATION FORMS (To be completed by a Teacher or Counselor)

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Teacher's Signature _____

RECOMMENDATION FORMS (To be completed by a Teacher or Counselor)

High School Record & Transcript Request Form

I, _____ parent/ guardian of _____
(*Parent's Name*) (*Student's Name*)

hereby grant permission for you to **release and attach a copy of the high school transcript, current report card and any other academic related records** for the above name student to the *Rowan University Upward Bound ELL Program.*

Required by Section 504 Rehabilitation Act of 1973:
(Please check the appropriate box where it applies.)

❑ Visual Impairment ❑ Auditory Impairment ❑ Motor Impairment ❑ Learning Impairment

Comment(s):
Please list all standardized test taken and attach a copy of results.

Standardized Test	Date Administered	Score Results			
		Math	Reading/ Verbal	Writing/ Science	Total
PSAT					
ACT					
SAT					
Other:					

High School Information:
Present Grade:_____ Expected Graduation Date: ____/____/20__
Current CGPA: _____ Current Class Rank: ____ of ____

***Guidance Counselor's Name*:**
(Ms., Mrs., Mr., Dr.) _____
(*LAST*) (*FIRST*)

High School: _____
Address: _____
(*NUMBER*) (*STREET*)

_____
(*CITY*) (*STATE*) (*ZIP CODE*)

Phone #: ( ) _____ Fax #: ( ) _____ _____
(*AREA CODE*) (*NUMBER*) (*AREA CODE*) (*NUMBER*)

Email Address: _____

_____ _____ _____
Student's Signature/Date ***Parent/Guardian's Signature/Date*** ***Counselor's Signature/Date***

PART IV: UB Parent Application (To Be Completed by Parent/ Guardian):

Student's Name:	Current School & Grade Level:
Mother's/Guardian's Name:	Father's/Guardian's Name:
Mother's/Guardian's Address:	Father's /Guardian's Address:
Mother's /Guardian's Home Phone Number:	Father's/Guardian's Home Phone Number:
Mother's /Guardian's Cell Phone Number:	Father's/Guardian's Cell Phone Number:
Mother's /Guardian's Work Number:	Father's /Guardian's Work Number:

1. Did the student's MOTHER **graduate** from college with a Four (4) year degree? ☐ **NO** ☐ **YES**

2. Did the student's FATHER **graduate** from college with a Four (4) year degree? ☐ **NO** ☐ **YES**

I certify that the information provided on this form is true and complete to the best of my knowledge.

Parent's/Guardian's Signature

Date

Income Information:

Please attach a **SIGNED** copy of your **2025 or 2026 U.S. Income Tax Form** in order to verify annual taxable income

Rowan University

ACKNOWLEDGMENT OF RISK AND RELEASE

Parent/Guardian Approval for Participation in Upward Bound at Rowan University

Child's Name (please print): _____

I hereby certify I am the parent or guardian of the above-named child ("minor child") and agree that the minor child has my approval to participate in the [Upward Bound Academic Program at Rowan University, to be held: October 2025-May 2026.

I agree to allow the minor child to participate in the Activity and, on behalf of the minor child, our heirs, personal representatives or assigns, affirm that the minor child is voluntarily participating in the Activity, which may or may not include transportation by Rowan University. I assume all risks of injury, illness, or loss of personal property resulting from the minor child's participation in the Activity. This Acknowledgment of Risk and Release includes, without limitation, all injuries which may occur as a result the minor child's participation in the Activity.

I understand the Activity may or may not include the minor child having access to online learning and interaction through platforms such as Blackboard, Canvas, Webex, etc. for purposes of online education, interacting with Activity participants, watching video lessons, or other reasons to further the purpose and benefits of the Activity. Access to these platforms may require Rowan University to use the minor child's personal information to create a user account to access the educational platform. I hereby grant Rowan University my consent to collect, use and disclose the minor child's personal information as explained in Rowan University's Web Privacy Policy (http://go.rowan.edu/privacy), and to create an account for the minor child. I further consent to the minor child's use of the account and other online platforms, and acknowledge such use must comply with Rowan's Acceptable Use Policy (https://go.rowan.edu/aup).

If the Activity is in person, I acknowledge that I have been advised of the risks associated with the minor child's participation in the Activity, during times of increased health concerns and risks of communicable diseases. Specifically, I understand that although Rowan University has instituted policies and procedures intended to minimize the risk of the spreading of contagious disease, including COVID-19, such risks are unavoidable in certain in person activities and settings. While this Acknowledgment of Risk and Release is not limited to COVID-19 and addresses the risk of spread of all infectious diseases and other risks of participation in the Activity, the novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. COVID-19's highly contagious nature means that

contact with others can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic for a period of time, or may never become symptomatic at all. Because of its highly contagious and sometimes "hidden" nature, it may be difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the disease.

Aware of the foregoing, the minor child is voluntarily electing to participate in the Activity. I understand that the University has put in place new safety rules and precautions in order to mitigate the spread of COVID-19, which rules and precautions may be updated at any time. While acknowledging that these rules and precautions may or may not be effective in mitigating the spread of COVID-19, I agree to comply with such rules and precautions. I understand that failing to comply with these rules and precautions is a violation of the University's policies relating to public health and that failing to comply could subject the minor child to removal from the Activity. I understand that we will be provided with information about the public health policies but that we may be required to complete a health assessment prior to participation in the Activity, participate in contact tracing investigations, follow infection prevention strategies, including social distancing and facial covering where appropriate, and other actions necessary to prevent infection.

In full awareness of the above and in consideration of the minor child's participation in the Activity, to the extent permitted by law and not inconsistent with the New Jersey Tort Claims Act, I do hereby waive, release and discharge any and all claims for death, illness, injury or damage (including the spread of infectious diseases) against Rowan University, and all affiliates, employees, officers, agents, representatives, successors, or assigns, relating to the Activity, which I may have as a result of my election to allow the minor child to participate in the Activity. I understand and agree that this waiver shall release Rowan University from any claims based on the actions or omissions of the University, its employees, officers, agents, representatives, successors or assigns, whether any infection, illness or harm occurs before, during, or after the minor child's participation in the Activity. I further agree that this release and agreement not to sue will be binding on my heirs and successors.

I further agree that if a claim is filed by a third party in connection with any of the minor child's conduct or behavior while engaged in the Activity, I will indemnify and hold harmless Rowan University, its employees and representatives against any such claims, including attorneys' fees incurred by Rowan University in defending such claims.

I hereby consent to and authorize the use and reproduction by Rowan University, or anyone authorized by Rowan University, of any and all photographs, videography, and audio recordings that have been taken of the minor child during the Activity, without compensation to me, the minor child or assignees.

I also give permission for the minor child to receive any emergency medical treatment by healthcare professionals, including emergency medical transportation, which may be required for injuries sustained by the minor child. I further agree to be responsible for any medical bill incurred as a result of any personal illness or injury to the minor child.

If any portion of this Release shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this Release shall remain in full force and effect and the offending provision or provisions will be severed here from. By signing this Release, I acknowledge that I understand its content and that this Release cannot be modified orally.

I acknowledge that I have carefully read this document and fully understand that it is a release of liability. I affirm that I am 18 years of age and competent to sign this document on behalf of the minor child.

_____ _____

Signature of Parent or Guardian Date

_____

Printed Name