

 SAVANNAH STATE UNIVERSITY 

### Engineering Technology Department

### TRIO Upward Bound

## UPWARD BOUND/UNITE Summer Program

## APPLICATION

**FULL NAME:**

**SEX:**  *MALE* *FEMALE* **U.S. Citizen:**  *YES*  *NO*

**TELEPHONE:**

**E-mail:**

**AGE:**  **Date of Birth:**

**ADRESS:**

**Ethnic Origin:**

**PARENT OR GUARDIAN NAME:**

**PARENT OR GUARDIAN ADDRESS:**

**HIGH SCHOOL:**

**GRADE:**

**HAVE YOU TAKEN THE SAT OR ACT?**   *YES*  *NO*

**IF YES, WHEN**       **CUMULATIVE SCORE**       **MATH SCORE**

**WHAT IS YOUR GRADE POINT AVERAGE?**

**LIST THE SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS (STEM) COURSES YOU HAVE TAKEN AND GRADES EARNED:**

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| --- | --- | --- | --- | --- |
| *COURSE NAME:* | *GRADE* |  | *COURSE NAME:* | *GRADE* |
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**LIST ANY CLUBS OR ASSOCIATION IN WHICH YOU ARE A MEMBER (INDICATE OFFICE HELD)**

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| *CLUBS OR ASSOCIATION* | *OFFICE HELD* |  | *CLUBS OR ASSOCIATION* | *OFFICE HELD* |
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**LIST ANY SCIENTIFIC AND / OR MATHEMATICS COMPETITION IN WHICH YOU PARTICIPATED**

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**LIST ANY HONORS, PRIZES, AND AWARDS YOU HAVE RECEIVED**

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**APPROXIMATELY HOW MANY HOURS DO YOU STUDY A DAY?**

**LIST YOUR FOUR (4) MOST FAVORITE SUBJECTS IN ORDER OF INTEREST**

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**DO YOU PLAN TO ATTEND COLLEGE?**   *YES*  *NO*

**WHAT WOULD BE YOUR PROBABLE MAJOR? LIST IN ORDER OF PREFERENCE.**

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SIGNATURE DATE

***REQUIRED DOCUMENTS:***

* ***APPLICATION***
* ***200-300 WORDS ESSAY ABOUT YOUR INTEREST IN STEM DISCIPLINE***
* ***TEACHER RECOMMENDATION FORM***
* ***COUNSELOR RECOMMENDATION FORM***

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| --- | --- |
| ***SEND ALL REQUIRED DOCUMENTS TO:***  **MR. BOBBY ROBERTS,** DIRECTOR  SSU UPWARD BOUND UNITE PROGRAM  3219 College Street Box 20488  SAVANNAH STATE UNIVERSITY  SAVANNAH, GA 31404  Telephone: (912) 358-3477  Fax: (912) 358-3687  [Robertsb@savannahstate.edu](mailto:Robertsb@savannahstate.edu) | **FOR ADDITIONAL AEOP OPPORTUNITIES VISIT:**  **U.S. ARMY EDUCATIONAL OUTREACH PROGRAM AT:**  [**http://www.usaeop.com/**](http://www.usaeop.com/)  **COORDINATED BY TECHNOLOGY STUDENT ASSOCIATION (TSA)**  [**http://www.tsaweb.org/**](http://www.tsaweb.org/) |

**teacher RECOMMENDATION form**

      has applied for admission to the SSU Upward Bound- UJETS Summer Program. **Please submit this completed form to:**

SSU Upward Bound UNITE Program

3219 College Street Box 20488

Savannah, GA 31404

Telephone: (912) 358-3477

Fax: (912) 358-3687

Please evaluate the student’s interest in academic work:

Excellent  Above Average  Average  Below Average  Poor

Please describe the quality of the student’s participation in your class.

Describe the student’s regard for authority and his/her peer collaboration skills.

Evaluate the student’s potential or desire to continue his/her education beyond high school.

Excellent  Above Average  Average  Below Average  Poor

Please summarize any special circumstances that have affected the student’s progress.

Do you recommend this student for the Upward Bound – UJETS Summer Program?

Enthusiastically  With Reservations  No

Additional Comments:

Teacher Name:

High School and Class Name:

Telephone:

E-mail Address:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNSELOR RECOMMENDATION form**

      has applied for admission to the SSU Upward Bound UJETS Summer Program. **Please submit a transcript along with the completed form to:**

SSU Upward Bound UNITE Program

3219 College Street Box 20488

Savannah, GA 31404

Telephone: (912) 358-3477

Fax: (912) 358-3687

What is the student’s G.P.A.?(If possible, please list on a 4.0 scale)

What is the rank of the student?

Please check the student’s curriculum plan:

college preparatory  general curriculum  vocational curriculum

Please list the student’s current schedule:

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Has the student met the following proficiencies? Please indicate Yes (Y), No (N) or Unknown (UK)

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| --- | --- | --- | --- |
| State Proficiency |  | Met 8th GR. Reading/Language |  |
| Met 8th Gr. Math |  | Met 10-12th Gr Reading/Language |  |
| Met 10-12th Gr. Math |  | Met High School Graduation proficiencies |  |
| Others (name) |  |  |  |

Please supply all applicable test scores of the student:

|  |  |
| --- | --- |
| ACT PLAN |  |
| PSAT |  |
| ACT (please list all scores) |  |
| SAT (please list all scores) |  |

Please evaluate the student’s interest in academic work:

Excellent  Above Average  Average  Below Average  Poor

Describe the student’s regard for authority and his/her peer collaboration skills.

Evaluate the student’s potential or desire to continue his/her education beyond high school.

Excellent  Above Average  Average  Below Average  Poor

Please summarize any special circumstances that have affected the student’s progress.

Do you recommend this student for the SSU Upward Bound – UJETS Summer Program?

Enthusiastically  With Reservations  No

Additional Comments:

Counselor Name:

High School:

Address:

Telephone:

E-mail Address:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_