

PART 2: Complete on paper and turn in to your Counselor
Submit Part 1 (online) before Part 2

C. FAMILY, CITIZENSHIP, AND INCOME INFORMATION – To be completed by parent or guardian

Student's Name _____
Last First Middle

Cell Phone Number _____ Home Phone Number _____

Personal E-mail _____

Student's Birthdate ____/____/____ Student's Seattle or Tukwila Schools ID Number _____

Student's Social Security Number ____ - ____ - ____

Student's Name EXACTLY as it appears on the Social Security Card _____

Is the Student a U.S. Citizen Yes No Birthplace (city, state, country) _____

If not a citizen, are they a U.S. Permanent Resident Yes No In the Process of Obtaining Residency

Registration Number # _____

With whom does the student live? Please check only one:

Both Parents Mother Father Legal Guardian Foster Other _____

Parent's marital status:

Married Separated Divorced Widowed Single

1st Parent/Guardian Name _____

Father Stepfather Mother Stepmother Other _____

Complete Address _____

Email Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Occupation _____

Employer _____

Highest Education Level (Check only one)

Less than high school High school graduate Some college, but no degree Two-year college degree
 Four-year college degree Master's degree PhD, MD, law degree, or other professional degree

If they attended college, was it in the U.S? Yes No State/Country: _____

2nd Parent/Guardian Name _____

Father Stepfather Mother Stepmother Other _____

Complete Address

Email Address

Home Phone

Cell Phone

Work Phone

Occupation

Employer

Highest Education Level (Check only one)

- Less than high school High school graduate Some college, but no degree Two-year college degree
 Four-year college degree Master's degree PhD, MD, law degree, or other professional degree

If they attended college, was it in the U.S? Yes No State/Country: _____

FOR THE STUDENT:

You will need to give a Recommendation Form to a Math or Science Teacher and your Counselor OR a second teacher. Write the names of who you plan to ask to complete this form.

Math or Science Teacher Name _____ **Subject** _____

Counselor (or 2nd Teacher) Name _____ **Subject** _____

Income Eligibility Information—Required

Federal regulations require that we receive verification of family income as part of the application/admission process. Please answer the following questions below:

Did you (the parent/guardian) file an Income Tax Return in 2018? Yes No

Total number in household (including student): _____ Number under age 18: _____

Number of siblings who have graduated from college: _____

If your family submitted a Federal Tax Return for 2018, you must include a signed copy with your application. Please see the pictures below so you'll know what pages to include.

If you completed a Tax Form 1040 or 1040A, please include a signed copy of BOTH pages 1 and 2.

The image shows two pages of a 2018 U.S. Individual Income Tax Return (Form 1040). The left page is Page 1, and the right page is Page 2. A blue arrow points to the 'Sign Here' section on Page 1, which includes fields for the preparer's name, signature, date, and occupation. The text 'Must be signed!' is written next to the arrow. The right page (Page 2) contains a table for reporting various types of income and deductions, such as wages, interest, dividends, and retirement income.

STAPLE THE SIGNED COPIES OF THESE TAX FORMS TO YOUR APPLICATION

D. ESSAY—To be Completed by the Student

STUDENT ESSAY:

- Answer **both** PROMPT 1 and PROMPT 2.
- Use your best writing skills, but DO NOT ask anyone else to edit your essay. We want to hear from you.
- Type and attach both essays to your application.
- Use specific examples to support your essays.

Essay Prompt 1 (300 – 400 words)

You have been admitted to college and decide to live on campus in a dorm. Your college has asked you to write a letter to your future roommate describing your background, your interests, and your values. Introduce yourself to your new roommate by writing a letter addressing each of these topics.

Essay Prompt 2 (300 – 400 words)

Why do you want to participate in the UW STEMsub program, and how can the program help you reach your academic, career, and personal goals? (Consider your strengths, goals and ambitions, and what excites you about the program. Since every student we serve must have a clear need for the program, be sure to discuss your personal challenges and areas you need to improve.)

TYPE YOUR ESSAY ON SEPARATE PAGES AND STAPLE IT TO YOUR APPLICATION

E. CERTIFICATION AND SIGNATURES—To be completed by both student and parent/guardian

By signing below, we certify that to the best of our knowledge, the information in this application is correct and complete. We agree to the following:

Student: I agree to participate in the ENTIRE UW STEMsub program, including tutoring and advising and ALL academic year Saturday workshops, the Summer Academy, and field trips. I also agree to conduct myself in a manner that will reflect well on my family, school, community, UW STEMsub, and myself.

Parents: We agree to participate in meetings, orientation sessions, and workshops organized by the program for the purpose of improving their child’s chances of educational success.

Student and Parents:

I authorize the University of Washington Math Science Upward Bound (UW STEMsub) Program to obtain any or all copies of my academic and attendance records, progress reports, report cards, high school transcripts, state mandated test scores and records, teacher evaluations, and any and all future college transcripts and records. This information will be used to meet federal reporting requirements to the U.S. Department of Education. None of my personally identified individual records will be released to any other person, corporation, organization, or present or future employer.

All of this information is protected under the Family Educational Rights and Privacy Act (FERPA, 20 USC 1231a).

IF YOU ARE NOT WILLING AND ABLE TO COMPLETE ALL OF THESE REQUIREMENTS, THEN PLEASE DO NOT APPLY.

Student Name (please print)

Student Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date



Community Based Organization Parent/Guardian Consent Form 2019-2020 Approval

UW Math Science Upward Bound

 Organization/Agency Name

 David Wolczyk

 Organization Contact Name

 dwolczyk@uw.edu (206) 543-9288

 Contact Email/Phone Number

Consent to Release of Education Records Under the Family Education Rights and Privacy Act (FERPA)

I consent to the release of my child’s education records from the Seattle School District to the above listed agency.

I understand that education records include, but are not limited to:

1. Student name, DOB and contact information
2. Student Demographics: including Special Education status and 504 Status and race/ethnicity
3. Attendance History
4. Discipline History
5. Coursework and grades History
6. Test Scores History
7. Enrollment History
8. Assignment Grades
9. Upcoming & Missed Assignments

This release includes permission for agency staff to access my child’s academic records using an automated data feed through Seattle Public Schools.

I understand that the purpose of sharing these records is to keep UW Math Science Upward Bound staff informed of my child’s academic program and progress. Agency staff will work with my child and/or his/her school in an effort to improve my child’s success at school. I acknowledge that I may revoke this consent by sending a written notification to the Seattle School District’s School & Community Partnership Department, MS: 33-160 P.O. Box 34165 Seattle, WA 98124.

This Release of Information will make the above-listed educational records, which includes historical student data, available to agency staff from the date of consenting signature until December 31, 2020.

I consent to Seattle School District releasing information to the above listed agency (please print clearly):

Parent/Guardian Signature (if youth is 17 or younger): _____

Parent/Guardian Printed Name: _____

Student’s Signature (if youth is 18 or older): _____

Today’s Date: _____

_____ PRINT Student’s Name (First and Last name)	_____ Student Date of Birth
_____ **Student School District ID # **Student ID # can be found on student ASB card, report card, official school mailing, or by contacting your student’s school	_____ Student’s School

**UW STEMsub (University of Washington Math Science Upward Bound)
Teacher/Staff Recommendation Form**

Student Info: (Complete before giving to your teacher)	Student Name:	School:	Grade:
	Student Email:	Student Phone:	

Staff Name: _____

Staff Email: _____ **How long have you known the student?** _____

Position: Math Teacher Science Teacher Other Teacher: Subject _____
 Counselor Other Staff: Position _____

Instructions for the Teacher, Counselor, or Other Staff Member:

- This recommendation may be filled out online at <http://uwmsub.org/hs-staff/>
- Please fill out and return this form as soon as possible to a UW STEMsub staff member or at Chief Sealth: Donna in the Main Office, Cleveland: Claire in the Counseling Office, Franklin: Carrie in the Counseling Office, and Foster: Brenda in the Counseling Office. You may also email it to uwmsub@uw.edu, or fax it to (206) 221-2214
- Please call 206-543-9288 or email uwmsub@uw.edu for more information or with any questions

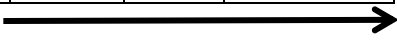
THIS INFORMATION WILL NOT BE RELEASED TO STUDENTS OR PARENTS

UW STEMsub supports current and future student success through our Academic Year and Summer Academy activities. To be part of UW STEMsub, a student must:

- Be low-income and/or a potential first-generation college student, and a U.S. Citizen or Permanent Resident.
- Currently be in the 10th grade (Chief Sealth, Cleveland, Foster, Franklin) or 11th grade (Chief Sealth or Foster).
- Demonstrate interest in Math and/or Science and a desire to pursue a STEM degree in college.
- Have the drive to persist in challenging coursework and complete Workshops and the UW Summer Academy.
- Have a **clear academic need, as shown in this recommendation** for the services that UW STEMsub provides. If we cannot demonstrate a clear need, we cannot accept the student.

Please check the appropriate column for each of item that best describes the candidate:

Student Characteristic	Excellent	Above Average	Average	Fair	Poor	N/A Unknown
Academic Potential						
Academic Motivation						
Conduct & Participation in Class						
Respect for Others and Their Property						
Ability to Follow Instructions						
Ability to Complete Assigned Work on Time						
Study Skills / Habits						
Analytical Thinking Skills						
Maturity / Integrity						
Punctuality						
Resilience / Grit						
Math Ability/Potential						
Science Ability/Potential						
Motivation to be in UW STEMsub						

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**UW STEMsub (University of Washington Math Science Upward Bound)
Teacher/Staff Recommendation Form**

Student Info: (Complete before giving to your teacher)	Student Name:	School:	Grade:
	Student Email:	Student Phone:	

Staff Name: _____

Staff Email: _____ **How long have you known the student?** _____

Position: Math Teacher Science Teacher Other Teacher: Subject _____
 Counselor Other Staff: Position _____

Instructions for the Teacher, Counselor, or Other Staff Member:

- This recommendation may be filled out online at <http://uwmsub.org/hs-staff/>
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