



Upward Bound Program | Suffolk University

PROGRAM APPLICATION

Upward Bound is a federally funded program under the U.S. Department of Education that seeks to increase college access to underrepresented populations in post-secondary education. Since 1965 Upward Bound has provided the fundamental support students need to enter and succeed in post-secondary education. The program provides academic enrichment activities and guidance through the college application and financial aid process during the school year and summer months for students who are: 1) citizens, permanent residents, or from other eligible citizenship statuses; 2) potential first-generation college students; 3) from low-income families; 4) at-risk academically; 5) in need of academic support, and/or a combination of these statuses as assessed by program staff.

SCHOOL AND PERSONAL INFORMATION

Current Grade Level:

Expected Year of High School Graduation:

High School Name: _____ School ID Number: _____

Legal Name (First, MI, Last): _____

Address (Street, City, State, Zip code): _____

Home Phone: _____ Student Cell Phone: _____

Student Email Address: _____

Date of Birth: _____ Age: _____ Sex*: _____ (*at birth as required by the US Dept of Education)

What language(s) do you speak at home? _____

Are you Hispanic or Latina/o/x?

Federal regulations require all applicants to indicate the racial and ethnic categories they belong to. Do you belong to each of these racial groups? (You must say YES to at least one)

American Indian

Black or African American

Asian

Alaska Native

Native Hawaiian or Other Pacific Islander

White

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1: _____ Relationship to Applicant: _____

Cell Phone: _____ Email address: _____

Do you live with a single parent/guardian? _____ If "NO", please fill out information for parent/guardian 2 below.

Parent/Guardian 2: _____ Relationship to Applicant: _____

Cell Phone: _____ Email address: _____

STUDENT INTERESTS AND PERSONAL STATEMENT

What are your general plans after high school? _____

In the space below, briefly explain why you would like to participate in the Upward Bound Program. How do you feel it would benefit you in achieving your future goals? Also briefly discuss who in your life – family, teachers, other adults – have had a positive impact in your development or aspirations for the future:

STUDENT EXPECTATIONS

In addition to being from income-eligible, first-generation, and at-promise backgrounds, individuals accepted to the Upward Bound program are required to do the following to enter and remain in the program:

1. Participate in the academic year and summer components of the Upward Bound Program
2. Understand that Upward Bound is a commitment for ALL of your high school years
3. Strive to maintain at least a 2.75 GPA and seek support if you feel you are having academic issues
4. Attend all required after-school sessions and study hall periods at your school
5. Attend all Saturday monthly sessions at Suffolk University
6. Have regular academic and college advising meetings with the Upward Bound staff
7. Have an open mind and be willing to learn and experience new things!

CERTIFICATION, AUTHORIZATION, AND RELEASE OF INFORMATION

With my signature below, I hereby:

1. *certify that the information in this program application, including academic and eligibility information, is true and correct to the best of my knowledge, and I understand the program staff may request additional information to verify my entries; and,*
2. *I have read and understand the student expectations above and agree to abide by them if accepted to the program; and,*
3. *I authorize the release of your academic records, including but not limited to grades, report cards, individual education plans, standardized test scores and proof of graduation to Upward Bound at Suffolk University for the purpose of compiling and reporting data to the United States Department of Education, Office of Post-Secondary Education; and,*
4. *I acknowledge and understand that the United States Department of Education requires Upward Bound at Suffolk University to report on my academic programs through my graduation from college or for at least four years after my graduation from high school; and,*
5. *I acknowledge and understand that, in connection with the Upward Bound Program's reporting obligation, the program will use my social security number to conduct college enrollment verification through National Student Clearinghouse; and,*
6. *I authorize Upward Bound at Suffolk University to release information regarding my participation in the Upward Bound Program to Boston Public Schools, including but not limited to information regarding your attendance, performance, and academic needs.*

Applicant's Signature

Date of Certification, Release, and Application



Upward Bound Program | Suffolk University
PARENT'S FORM for STUDENT APPLICATION

Upward Bound is a federally funded program under the U.S. Department of Education that seeks to increase college access to underrepresented populations in post-secondary education. Since 1965 Upward Bound has provided the fundamental support students need to enter and succeed in post-secondary education. The program provides academic enrichment activities and guidance through the college application and financial aid process during the school year and summer months for students who are: 1) citizens, permanent residents, or from other eligible citizenship statuses; 2) potential first-generation college students; 3) from low-income families; 4) at-risk academically; 5) in need of academic support, and/or a combination of these statuses as assessed by program staff.

STUDENT/APPLICANT INFORMATION

Student/Applicant Name: Student Social Security Number:

***Student Citizenship status:

By signing with my initials here, I certify that I am the parent/legal guardian of the applicant stated above, certify their citizenship status, have authority to fill out this form, and grant permissions on their behalf.

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: Relationship to Applicant:

Cell Phone: Home Address:

EMERGENCY CONTACT 1: Phone: Relationship:

EMERGENCY CONTACT 2: Phone: Relationship:

ELIGIBILITY VERIFICATION

Household Income

The program requires income information for its applicants to assess eligibility. Please provide the following information for the tax year noted (this is usually prior-prior income depending on the application cycle).

Tax Year: Filing Status: Family Size: Taxable Income*: \$

*See income tax return for Filing Status and Taxable Income. Taxable income can be found on Form 1040 Line 10 in 2018 and Line 11b in 2019; this may change from year to year. If you cannot locate it, taxable income is equal to Adjusted Gross Income minus the Standard or Itemized deductions listed on your tax return and is usually listed a few lines below these two. If you are not required to file taxes, please write \$0.00 for taxable income.

Potential First-Generation Status

Please select the appropriate responses about the student's parents/guardians below. This will allow us to assess the student's eligibility as potential first-generation college students, as defined by the U.S. Department of Education.

Educational Attainment of Parent/Guardian 1:

Educational Attainment of Parent/Guardian 2:

PARENT/GUARDIAN CERTIFICATIONS, AUTHORIZATIONS, AND RELEASES

With my initials next to each statement and my signature below, I _____ hereby:

1. certify that I am the Parent/Guardian of _____, hereby known as the "Dependent," and that I have authority to fill out this form and grant permissions, permissions, and authorizations on their behalf; and,
2. **VERACITY AND VALIDITY:** I understand that the Upward Bound Program at Suffolk University, hereby known as "Suffolk Upward Bound," is a federally funded program that is required to collect and report federal income and parental education levels to the U.S. Department of Education for eligibility purposes. I further certify that the information in this parent/guardian form, including student citizenship, family income, and parental education, is true and correct to the best of my knowledge, and I understand the program staff may request additional information to verify my entries with appropriate documentation from federal, state, or local entities; and,
3. **ACADEMIC RECORD RELEASE:** I authorize the release of my Dependent's academic records, including but not limited to grades, report cards, individual education plans, standardized test scores and proof of graduation to Suffolk Upward Bound **for the purpose of compiling and reporting data to the United States Department of Education, Office of Post-Secondary Education;** and, I acknowledge and understand that the United States Department of Education requires Suffolk Upward Bound to report on my Dependent's academic programs **through their graduation from college or for at least four years after their graduation from high school.** Thus, upon graduation, I authorize Suffolk Upward Bound to use my Dependent's social security number to conduct college enrollment verification through the National Student Clearinghouse; and,
4. **AUTHORIZATION FOR RELEASE OF INFORMATION:** I authorize the Boston Public Schools to release information regarding my Dependent from the academic records to Suffolk Upward Bound, including but not limited to, standardized test scores, report cards, and progress reports **through the completion of their 12th grade.** I further authorize Suffolk Upward Bound to share information regarding my Dependent's participation in their program with Boston Public Schools, including but not limited to program attendance, academic progress, academic and/or social matters, and any other information related to their performance in the program; and,
5. **MEDIA CONSENT AND RELEASE:** I hereby grant Suffolk Upward Bound my permission to photograph, record, audiotape, film, videotape, or otherwise produce and reproduce the voice, image, or likeness of my Dependent, including the use of their name, quotes, or statements made by them in any and all manner and media throughout their participation in the program. I further provide the program permission to use such media for any lawful purposes including that of education, promotional, or advertising materials without any obligation to provide any payment, compensation, or royalties. I understand that my Dependent may be identified in any photographs, news stories, or publications that the program considers appropriate for release, and understand that they will own the copyrights to such materials. I hereby release the program, its agents, employees, licensees, and assigns from and against any and all claims or other causes of action arising out of the production, distribution, broadcast, or exhibition of such materials in any medium, and understand that I or my Dependent upon turning 18, may request in writing that such materials not be used in the future.
6. **MEETINGS AND PARTICIPATION:** I authorize Suffolk Upward Bound staff to meet with my Dependent in and out of school for the duration of the time that they are enrolled in the program. I also give my consent for my Dependent to participate fully in both the academic and summer components of the program. Specifically, I am aware and agree that my Dependent can and will participate in: after school sessions, a six-week residential program on the Suffolk University campus, monthly Saturday workshops and other seminars throughout the year held at Suffolk University or in community organizations, college visits, field trips, and face-to-face resources provided at Suffolk University and their respective high schools, as needed. For any out-of-state and out-of-region activities, I understand that Suffolk Upward Bound will provide me with related details and request further permissions to allow my Dependent to attend/participate in those activities; and,
7. **TRANSPORTATION AND RISK:** Unless otherwise specified, I understand that my Dependent will be responsible for transporting themselves to and from Suffolk Upward Bound activities, most of which will take place at the Suffolk University campus located at 73 Tremont St, Boston, MA 02108, their respective high schools, or local area sites usually accessible by the MBTA. In some cases, the program may provide transportation to its participants. In these cases, I understand that I will be notified and will be able to grant my permission at that time. I acknowledge and understand that Suffolk Upward Bound has made no representation concerning the safety of the methods of travel to and from or the travel sites to be visited, it will be up to me to fully understand and appreciate the risks that may be associated with my Dependent's participation in these activities, including the risks of injury to person, property, or both. In such cases, I agree, on behalf of myself and my dependent, to assume all risks in connection with my Dependent's involvement, including travel, except insofar as such liabilities and claims arise out of Suffolk University's gross negligence or willful misconduct; and,
8. **MEDICAL RELEASE:** Should my Dependent ever require medical attention and/or care during their attendance at or participation in Suffolk Upward Bound, I consent to and authorize emergency and non-emergency care to be provided to my Dependent. I grant my consent to the Suffolk Upward Bound Program Director or their designee to use their judgement in seeking medical care for my child. I understand that an attempt will be made to contact me and/or the emergency contacts I have listed in this application in the event that emergency care is needed.

Signature of Parent/Guardian for Statements Above

Date of Application & Certifications