

Upward Bound Admissions Application

*Center for Academic Access & Opportunity
73 Tremont St., 7th Floor Boston, MA 02108
PH: (617) 994-6862 FAX: (617) 994-6864*

What is Upward Bound?

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.

What are the Requirements?

1. Participate in the Academic Year & Summer Component 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
4. Attend all required afterschool sessions at your school and at Suffolk University Attend all monthly Saturday Sessions
5. Have regular academic and college advising meetings with UB staff
6. Attend all study hall periods during school
7. Have an open mind and be willing to learn and experience new things!

How will I benefit?

- Understand the importance of your high school academics on your path to college.
- Learn how to manage your time and studying by attending after-school tutoring and Saturday Sessions.
- Prepare for next year's high school classes during the Summer Program.
- Experience college life by studying on the Suffolk Campus and going on local college visits.
- Learn how set academic, personal, college and career goals for yourself.

Who is eligible to participate in Upward Bound?

An individual is eligible to participate in a Upward Bound project if the individual meets all of the following requirements:(a)(1) Is a citizen or national of the United States.(2) Is a permanent resident of the United States.(3) Is in the United States for other than a temporary purpose and provides evidence from the Immigration and Naturalization Service of his or her intent to become a permanent resident.(4) Is a permanent resident of Guam, the Northern Mariana Islands, or the Trust Territory of the Pacific Islands.(5) Is a resident of the Freely Associated States—the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.(b) Is—(1) A potential first-generation college student;(2) A low-income individual; or(3) An individual who has a high risk for academic failure.(c) Has a need for academic support, as determined by the grantee, in order to pursue successfully a program of education beyond high school.(d) At the time of initial selection, has completed the eighth grade and is at least 13 years old but not older than 19, although the Secretary may waive the age requirement if the applicant demonstrates that the limitation would defeat the purposes of the Upward Bound program. (<http://www.gpo.gov/fdsys/pkg/CFR-2011-title34-vol3/xml/CFR-2011-title34-vol3-part645.xml#seqnum645.3>)



Official Use Only: ___LI ___FG ___LIFG

Upward Bound Student Application

Student Information:

Date of Application: _____ Current Grade Level: _____
Expected High School Graduation Year: _____

First Name: _____ Last Name: _____ M.I. _____

Home Address: _____
(Street) (Apt #) (City) (Zip Code)

Home Phone: () _____ - _____ Student Cell Phone: () _____ - _____

Student Email Address: _____ @ _____

Social Security No. _____ - _____ - _____ Gender: Male Female

Date of Birth: ____/____/____ Age: _____

Name of High School: _____ School I.D. Number _____

Parent Information:

Parent/Guardian (1): _____

Parent/Guardian Cell Phone: _____

Parent/Guardian (2): _____

Parent/Guardian Cell Phone: _____

Ethnicity: (Check all that apply)

- American Indian or Alaskan Native Asian Black or African American
- Hispanic or Latino White Native Hawaiian or Other Pacific Islander

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

Extracurricular & Community Involvement:

List the activities, sports or volunteer work that you normally participate in:

- 1. _____ 3. _____
- 2. _____ 4. _____

Student Interests

Upward Bound offers the following services and activities; check off those in which you have an interest:

(Check all that apply)

- After School Tutoring (twice a week)
- Six Week Summer Program at Suffolk University
- College Visits
- Monthly Saturday Sessions at Suffolk University
- MCAS Preparation
- Academic Advising
- College Advising
- Community Service
- Internships
- SAT Preparation

What are your plans after high school?

- Attend a four year college
- Attend a community college for a 1 or 2 year degree
- Attend a trade school (i.e. culinary, beauty, automotive, electrician)
- Other _____
- Find employment
- Enlist in the military

I understand that UB will use the data provided on this application to assist in assessing my academic and/or college planning needs. I certify that all information provided is correct to the best of my knowledge.

Signature of Student: _____ Date _____

STAFF USE ONLY

Date of first project service: _____ Blumen Activity Code: _____
Grade Level at Time of Service: _____

Based on a review of the application and all subsequent materials, the applicant is hereby:
___Accepted ___Denied ___Waitlisted

Intake Assessment (to be completed at time of acceptance)

Based on the completed student application, a review of grades/MCAS scores, teacher recommendations, and the student interview; UB has determined the primary and secondary academic need of the student to be:

Primary Need: _____

Secondary Need: _____

Student status is Limited English Proficiency at time of intake (please circle one YES NO)
Does the student meet the definition of a disconnected youth? YES NO

Calculated GPA at Entrance (based on a 4.0 scale): _____ (attach a copy of most recent transcript)

I do hereby authorize that the Suffolk University Upward Bound Application and all subsequent application materials are complete to the satisfaction of Suffolk University Upward Bound staff and the student is eligible to take part in the Suffolk University Upward Bound Program.

Staff Signature _____ Date: _____

Staff Signature _____ Date: _____

Student Academic Record Release

I, _____, (*student name*) do hereby permit the release of my 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. I also acknowledge and understand that the United States Department of Education requires Upward Bound at Suffolk University to report on my academic programs through his or her graduation from college or for at least four years after my graduation from high school. I further acknowledge and understand that, in connection with the Upward Bound Program's reporting obligation, it will use my social security number to conduct college enrollment verification through National Student Clearinghouse. I also hereby permit 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 my attendance, performance, and academic needs.

Signature of Student: _____ **Date** _____

Parent/Guardian Application

In order for your child to be considered for admission to UB we must receive a complete parent application.

Parent/Guardian Name: _____

Student Name: _____

Student Social Security No. _____ - _____ - _____

Citizenship: Is the student a U.S. Citizen? Yes No

If NO, Is the student a permanent resident of the U.S.? Yes No (see below)

If student is not a permanent resident, guardian must provide evidence from the Immigration and Naturalization Service of his or her intent to become a permanent resident.

Education Level: Please indicate the educational attainment of each parent or legal guardian with whom the student lives. Mark an X in the box representing the highest level of education completed by each Parent/Guardian. If student does not live with Parent/Guardian(s) 1 and/or 2, mark "Not Applicable".

Education Level	Parent/Guardian 1	Parent/Guardian 2
Less than High School		
Graduated from High School		
Some College		
Graduated from a 2 yr. college (Associate's)		
Graduated from a 4 yr. college (Bachelor's)		
Degree beyond the Bachelor's		
Not Applicable (student doesn't live with Parent/Guardian)		

Statement of Family Income:

Total number of people in your household = _____

Annual Taxable Income for the Preceding Year: 20____, \$_____

Where to find Taxable Income: Line 43 of IRS Form 1040 or Line 6 of IRS Form 1040EZ or Line 27 of IRS Form 1040A

If you are not required to file taxes, please write \$0 on the taxable income line above.

To be income eligible for Upward Bound, a student's family taxable income for the year prior cannot exceed 150 percent of the poverty level. For specifics please visit: <http://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html>

I understand that the Suffolk University Upward Bound Program is required to collect and report to the U.S. Department of Education parental education level and family income. I certify that all of the information on this form is true and correct to the best of my knowledge. If requested by Upward Bound or Suffolk University, I agree to provide proof of the representations made above, including but not limited to proof regarding income by providing U.S. Federal Tax Returns or appropriate documentation from the Massachusetts Department of Transitional Assistance. Because Upward Bound is a federally funded program based on financial eligibility, I acknowledge that if I provide any false or misleading information or if I am unable to provide appropriate proof of my income, my child may be ineligible for admission or dismissed from the Program.

Parent/Guardian Signature

Date

STAFF USE ONLY

Eligibility Verification:

LI LI&HR
 FG FG&HR
 LIFG LIFG&HR

Status Verification:

US Citizen
 Permanent Resident
 Intent to become permanent resident
 (copy of INS documentation on file with UB)

Verified By:

Staff Initials: _____

Date: _____

Emergency Contact Information

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Parent Home Phone: _____

Parent Work Phone: _____

Parent Cell Phone: _____

Do you allow Upward Bound to send text messages to your cell phone regarding upcoming program events and student reminders?

Yes, send text messages to my cell phone No, do not send text messages to my cell phone

Parent Email Address: _____ @ _____

Do you allow Upward Bound to send text messages to your child's cell phone regarding upcoming program events and student reminders? Yes No

In case of an emergency, if parent/guardian cannot be reached, please contact:

1. Name: _____

Relationship to Student: _____

Contact Phone number: _____

2. Name: _____

Relationship to Student: _____

Contact Phone number: _____

Please list any allergies to food or medication your child has:

Parent/Guardian Signature

Date

Authorization of Participation Form

I, _____ the parent/guardian of

_____ (student name), give my consent to his/her participation in the Upward Bound Program in both the Academic Year and Summer Program, being sponsored by the Office of Academic Access and Opportunity at Suffolk University.

I give my consent for my child to **participate in the following activities:**

1. After school sessions
2. Six week summer program on the Suffolk Campus.
3. Monthly Saturday workshops held on the Suffolk University Campus and community organizations in Boston.
4. College workshops and events held at Suffolk University and community partner organizations in Boston.
5. College visits (parents notified in advance of location, dates, method of transportation).
6. Field trips both in state and out of state (parents notified in advance of location, dates, method of transportation).
7. Travel to Suffolk University, Center for Academic Access & Opportunity, Upward Bound Office (73 Tremont St. Boston, MA) to utilize college & career resources. Students may drop in after school to meet with UB Academic & Career Advisor.

Transportation:

Unless otherwise specified, your child will be responsible for transporting him/herself to and from Upward Bound activities. When transportation is provided, I give permission to Upward Bound to transport my child to and from Upward Bound events. I understand that Suffolk University has made no representation concerning the safety of the methods of travel to and from or the travel sites visited. Upward Bound will notify parents of any events in which transportation will be provided.

I fully understand and appreciate the risks associated with the activities described above. I understand that participating in the Activities is an acceptance of the risks that may be associated with participation in the Activities, including the risks of injury to person or property, or both. By signing below, I understand, accept and assume all such risks.

I hereby agree, on behalf of myself and my child, to assume all of the risks in connection with my child's participation in the activities identified above, including travel, and I agree to release Suffolk University from any and all liabilities and claims whatsoever arising in connection with my child's participation, including travel, except insofar as such liabilities and claims arise out of Suffolk University's gross negligence or willful misconduct.

By signing below, I affirm that I have had sufficient time to review and understand the provisions in this document, that I have read and fully understand this document, and that I am freely signing this document. I voluntarily give my consent to this Authorization of Participation Form.

Parent/Guardian Signature

Date

Medical History & Medical Release

Medical History of Student

Student Name _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Parent Cell Number _____

Please be as specific as possible when answering the following questions:

Physician /Clinic Name _____ Date of last physical examination _____

Address _____ City _____ State _____ Zip _____

Is your child presently under a physician's care? Yes No If yes, why? _____

Are there limits on your child's physical activities? Yes No If yes, explain _____

Does your child have allergies (i.e. to medications, food)? Yes No If yes, explain _____

If your child has a food allergy, is s/he currently prescribed an epi-pen? Yes No

Does your child have medical problems or has s/he been seriously ill in the past 3 years? Yes No If yes, explain _____

Is your child taking any medication? Yes No If yes, please list medications _____

Suffolk University does not administer any medications (over-the-counter or prescription) to students.

Is your child covered by medical insurance? Yes No

If yes, please provide the following information:

Health Insurance Provider: _____

Member ID: _____

If there is an emergency and we cannot contact you, who should be contacted?

Name _____ Phone # _____ Relation _____

Name _____ Phone # _____ Relation _____

MEDICAL RELEASE TO BE SIGNED BY PARENT OR LEGAL GUARDIAN

Should _____ (print child's complete name) require medical attention and/or care during his/her attendance at or participation in the Suffolk University Upward Bound Program, I consent to and authorize emergency and non-emergency medical care to be provided to my child. I give my consent and authorization to the Suffolk University Upward Bound Program Director or his/her designee to use his/her judgment in seeking medical care for my child. I understand that an attempt will be made to contact me in the event that emergency medical care is needed.

Parent/Guardian Signature _____ Date _____

Media Consent & Release Form

I _____ (parent/guardian name), hereby give my permission to Suffolk University to photograph, record, audiotape, film, videotape, or otherwise produce and reproduce the voice, image or likeness of _____ (student's name), including the use of my child's name, quotes or statements made by my child in any and all manner and media formats now in existence or later created (collectively, the "Recordings"). I further give Suffolk University permission to use such Recordings throughout the world in perpetuity for any lawful purposes, including for use in any Suffolk University educational and/or commercial promotional/advertising material without any obligation to provide payment or royalties. I understand that my child may be identified in any photographs, news stories or publications that Suffolk University considers appropriate for release to magazines, newspapers, Suffolk University's World Wide Web site, and/or other publications. I further understand and acknowledge that Suffolk University owns the copyright in the Recordings and the Recordings may be edited in Suffolk University's sole discretion.

I release Suffolk University, its agents, employees, licensees and assigns from and against any and all claims or other causes of action arising out of production, distribution, broadcast or exhibition of the Recordings in any medium, including but not limited to the media listed above. I have read and fully understand the terms of this release.

Parent/Guardian Signature

Date

ACADEMIC RECORD RELEASE

I, _____, the parent/ guardian of

_____ do hereby **permit the release of my son/ daughter's 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**. I also acknowledge and understand that the United States Department of Education requires Upward Bound at Suffolk University to report on my child's academic programs through his or her graduation from college or for at least four years after my child's graduation from high school. I also hereby permit Upward Bound at Suffolk University to release information regarding my son/daughter's participation in the Upward Bound Program to Boston Public Schools, including but not limited to information regarding his/her attendance, performance, and academic needs.

Parent/Guardian Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, the parent/guardian of

_____ authorize the Boston Public Schools to release information from the academic records, including standardized test scores, report cards and progress reports through the completion of 12th grade regarding my child to the Suffolk University Upward Bound Program.

I also authorize the Suffolk University Upward Bound Program to share information regarding my child's participation in the Suffolk University Upward Bound Program with the Boston Public Schools, including but not limited to information related to program attendance, academic progress, academic/social concerns, and any information related to the performance in the Upward Bound Program.

I authorize Upward Bound Staff to meet with my child in and out of school for the duration of the time the student is enrolled in Upward Bound.

Upon graduation from high school, I authorize the Suffolk University Upward Bound Program to use my child's social security to conduct college enrollment verification on National Student Clearinghouse.

Parent/Guardian Signature

Date

Academic Recommendation

Student Name: _____ **Date:** _____

Dear Teacher/Counselor: This student has applied for Upward Bound at Suffolk University. The program provides year round academic enrichment, after school tutoring, Saturday sessions at Suffolk University, and a 6 week summer program. Students who enroll in the program must be dedicated to their education and have a desire to go to college. Return the recommendation to the student upon completion.

Thank you in advance for your recommendation!

Teacher/Counselor Name: _____

Subject (if teacher): _____ **Room No.** _____

How long have you known this applicant? _____

Based upon your knowledge of the student, please rate his/her academic skills in the following areas:

Academic Skills	Outstanding	Above Average	Average	Needs Improvement
Writing Ability				
Reading & Comprehension Skills				
Study Habits				
Test Taking				
School Attendance				
Communication Skills				
Motivation				
Potential for Growth				

Based upon your interactions with the student, what academic support does the student need?

Areas of Academic Support	High Need	Some Need	No Need	Unsure
Completing homework assignments on time				
Focusing during class time				
Asking relevant questions during class lessons				
Motivation to do well in school				
Relationships with others				
Math comprehension				
Test taking skills				

Please answer the following questions:

- Yes No** Does this student have the potential for success in college?
Yes No Do you think this student would benefit from the academic support of UB?
Yes No Would this student utilize the opportunities and services offered by UB?

Please provide any additional information/insight you feel would assist Upward Bound in meeting the academic needs of the student.

Recommender's Signature: _____ Contact Phone: _____

Academic Recommendation

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