

UPWARD BOUND
UNIVERSITY OF MASSACHUSETTS BOSTON
100 Morrissey Blvd
Boston, MA 02125-3393

Application for Admission



Funded by a grant from the
U.S. Department of Education

Telephone: 617.287.5845
Fax: 617.287.5815
Email: upwardbound@umb.edu
Website: <http://www.upwardbound.umb.edu>
Office Location: McCormack 3rd Floor, Room 706

Department of Pre-Collegiate Programs
A Division of Academic Support Services



APPLICATION INSTRUCTIONS

We are pleased that you are interested in the Upward Bound Program at UMass Boston! Our program provides educational opportunities for low-income and/or first generation college bound students. **In order to be eligible for this program you must be considering attending college in the future and fall into one of the following categories:**

- Currently a freshman, sophomore, or junior at one of the following high schools: Dorchester High School, Jeremiah E. Burke High School, Madison Park High School, South Boston High School, or West Roxbury High School.
- Currently a freshman, sophomore, or junior who attends a Boston Public High School and lives in Dorchester, Jamaica Plain, Mattapan, Roxbury, or South Boston.

Follow these 7 steps to complete your application. Please make sure that you do not leave any questions blank, as it will result in an incomplete application. If a question does not apply to you please answer with **N/A** (not applicable).

1. Fill out your personal and educational information on Part I and II.
2. Ask your parent(s)/guardian(s) to fill out your family information in Part III.
3. Ask your parent(s)/guardian(s) to fill out and **sign** the Income and Citizenship Statements in Part IV. You will also need to submit one of the following to document your family income: Income Verification--a copy of your recent tax return Form 1040 or 1040EZ, or a letter from the Department of Transitional Assistance and/or Social Security.
4. With the help of your parent(s)/guardian(s), please complete the Medical Release and History Form in Part V and Part VI.
5. Ask your parent(s)/guardian(s) to read and sign the Parent(s) Contract of Participation in Part VII. You need to read and sign the Student Contract of Participation in Part VIII.
6. You and your parent(s)/guardian(s) should complete the Release of Information in Part IX. Please ask your guidance counselor for a copy of your official high school transcript and copies of your most recent MCAS scores. If you are enrolled in special education course(s) a current copy of your Individual Education Plan must accompany the application.
7. Choose a teacher and a community leader or a school official who knows your work as a student and your commitment toward your education. Ask him or her to write a short letter of recommendation. Please ask them to use the attached letter of recommendation forms.

Thank you for your interest in the Upward Bound Program. Once we receive your completed application we will schedule an interview with you. We believe that our program offers an exciting opportunity for you to work toward your future educational goals, and we look forward to working with you to achieve those goals.

PART I: STUDENT INFORMATION

(Please print or type)

Date: ____/____/____ (month/day/year)

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

Age: _____ Date of Birth: ____/____/____ (month/day/year)

Gender: Male Female Place of Birth: _____

Home Address: _____ Apt. No: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ E-mail: _____

Mailing Address (if different): _____ Apt. No: _____

City: _____ State: _____ Zip Code: _____

Ethnic and Racial Background

Please respond to each of the following two questions. This information is used for the purpose of reporting to the United States Department of Education.

1. Ethnicity: Are you Hispanic/Latino? Yes No

2. Race (please check all that apply):

- Black or African American
- Asian
- White
- American Indian, Alaska Native
- Native Hawaiian or other Pacific Islander

Is English your first language? Yes No

Is English the primary language spoken at home? Yes No

If not, what language is spoken at home? _____

PART II: EDUCATION INFORMATION

Name of high school: _____ Grade: _____

Name of high school guidance counselor: _____

Student's BPS high school I.D. number (6 digit number on your report card): _____

Please check the box below that represents the highest level of education that you (the student) expect to complete:

GED	High School	Career or Vocational Degree Program
Two-year College	Four-year College	Master's Degree Doctoral Degree

Extracurricular Activities

Please list any Extracurricular Activities (athletics, part time employment, clubs, etc.) in their order of importance to you:

Activity	Grade	Position	Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What are you current plans for work or education after graduation from high school?

On separate sheets of paper write two essays that answer the following questions. Use at least one page per question.

1. What does education mean to you?
2. Why are you interested in the Upward Bound Program? What do you hope to gain from the Program?

PART III: FAMILY INFORMATION

TO BE COMPLETED BY PARENT/GUARDIAN

Mother's (or Guardian's) First Name: _____ Last Name: _____

Address (if different): _____ Apt. No: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: () _____ Evening phone number: () _____

Father's (or Guardian's) First Name: _____ Last Name: _____

Address (if different): _____ Apt. No: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: () _____ Evening phone number: () _____

Emergency Contact First Name: _____ Last Name: _____

Daytime phone number: () _____ Evening phone number: () _____

Relationship to student: _____

FIRST GENERATION VERIFICATION

With whom does the student live?

Both parents/adoptive parents Father/adoptive father only Other _____
Mother/adoptive mother only Guardian(s) (please specify)

Please check the highest education level completed:

**Elementary School GED/High School 2 Year College 4 Year College
(Received Bachelor's Degree)**

Mother/adoptive

Father/adoptive

If the either parent(s) graduated from a four-year college, what country was the degree completed in and what degree was received?

Mother Country: _____ Degree: _____

Father Country: _____ Degree: _____

Parent Signature

Date

PART IV: INCOME & U.S. CITIZENSHIP VERIFICATION

TO BE COMPLETED BY PARENT/GUARDIAN

INCOME VERIFICATION

I, _____, parent or guardian of _____ do hereby state that my family's *taxable income* for the previous calendar year was \$ _____ and that my family size last year was _____ people.

- Parent(s)/guardian(s) **must** attach INCOME VERIFICATION: a copy of their income tax form (1040 or 1040EZ) or a letter from the Department of Transitional Assistance and/or Social Security Office documenting family income.
- If the family receives Temporary Assistance for Needy Families (TANF) or Department of Transitional Assistance (DTA) or Supplemental Security Income (SSI) benefits, please check here:

VERIFICATION OF U. S. CITIZENSHIP/ RESIDENCY

Child's Social Security Number: _____

Is your child a United States citizen? Yes No

If not, what is your child's country of citizenship: _____

If your child is not a U.S. citizen, Permanent Resident Card (Green Card) Number: _____

Note: Please provide a copy of your child's Social Security Card and, if applicable, a copy (both sides) of his/her Permanent Resident/Green Card. Your child's application will be considered incomplete if you do not provide copies of these documents.

CERTIFICATION

All of the information provided by me or any other person on this form is true and complete to the best of my knowledge.

Parent/Guardian Signature

Date

Student Signature

Date

PART V: MEDICAL RELEASE FORM

Please fill out the form below with your parent(s)/guardian(s). This form is valid for as long as you are a member of the Program.

I, the undersigned Parent/Guardian executing this document on behalf of myself and my heirs and assigns, shall hold harmless and release the University of Massachusetts, Boston from and against any and all claims of whatever nature, liability, losses, damages, costs, expenses, personal injury, property damage, or injury arising out of or related to the named student's participation in the activities of the University of Massachusetts, Boston Upward Bound Program.

I, _____, as parent or legal guardian further give my
(Parent/Guardian)
permission for the UMass Boston Upward Bound Program Director or any appropriately designated staff person to obtain for my child, _____, any
(Child)
medical or other emergency services that in his/her judgment seem appropriate.

Parent/Guardian Signature

Date

PART VI: MEDICAL HISTORY STUDENT

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ (month/day/year)

Address: _____ Apt. No _____

City: _____ State: ____ Zip Code: _____

Parent(s) phone numbers Home: () _____ Work: () _____

If the parent(s) are not available, whom to call:

First Name: _____ Last Name: _____ Relationship _____

Phone number: () _____

Medical Insurance Company: _____

Policy Number: _____

Student's Doctor's Name: _____ Phone number: () _____

Name of hospital student receives services from: _____

Phone Number: () _____

Allergies: _____

Diseases/Special Conditions: _____

Allergic to any medication? Yes No

If yes, please list the name(s) of the medication(s):

Is student taking any medication? Yes No

If yes, please list the name(s) of medication(s) the student is taking:

Please provide any instructions for the dispensation of the medication:

PART VII: PARENT CONTRACT OF PARTICIPATION

I will meet the following requirements as an Upward Bound participant's parent(s)/guardian(s).

1. I will work with my child toward maintaining at least a 2.5 or C+ average in all of his/her high school classes.
2. I will ensure that my child follows the rules and regulations of the Program.
3. I will enforce all rules and regulations of the Program as they pertain to my child.
4. I will ensure that my child attends the six-week summer program, which is residential.
5. I will ensure that my child attends classes, tutoring, and special activities during the academic year and summer program.
6. I will not allow my child to be involved with drugs or alcohol. I understand that the use of drugs or alcohol is not tolerated and will result in my child's immediate dismissal from the Program.
7. I will answer all inquiries from the Program staff regarding my child.

If my commitment is found to be lacking in any of these areas, I understand it may result in disciplinary action against my child if s/he is not making progress in the program.

I, _____, the parent/guardian of _____ do hereby agree to the terms and rules of the Upward Bound Program.

Parent/Guardian Signature

Date

PART VIII: STUDENT CONTRACT OF PARTICIPATION

I will meet the following requirements as an Upward Bound participant:

1. I will work toward maintaining at least a 2.5 or C+ average in all my high school classes.
2. I will respect teachers, tutors, and my fellow students.
3. I will not disturb classes and I will hand in all assignments.
4. I will attend the six-week summer program, which is residential, and I will obey all rules of the summer program.
5. I will not tease or fight with anyone in the program.
6. I will attend classes, tutoring, and special activities during the academic year and summer program. I understand that four (4) or more absences within a stipend period will be reason for disciplinary action or termination.
7. I will not be involved with drugs or alcohol. I understand that the use of drugs or alcohol is not tolerated and will result in my immediate dismissal from the program.
8. I will ensure that my parent(s) call the program in the event of a cancellation for any trips/activities that I have signed up to be part of. In the event of a cancellation without prior notice, I understand that I will be responsible for the cost of my scheduled participation.
9. I will follow the rules and regulations of Upward Bound.
10. I will develop myself fully for graduation from high school and college.

If my commitment is found to be lacking in any of these areas, it will result in disciplinary action or dismissal from the program.

Student Signature

Date

PART IX: RELEASE OF INFORMATION

MEDIA RELEASE

I hereby give my permission to UMass Boston to photograph, film, videotape and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements in UMass Boston educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs, news stories or publications that UMass Boston considers appropriate for release to magazines, newspapers, UMass Boston's World Wide Web site, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of UMass Boston and that neither my child nor I am entitled to any compensation for or rights in these materials. I release UMass Boston from all liability with respect to the matters covered by this release.

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____

RELEASE OF INFORMATION

With my signature, I, _____ the parent/guardian of _____(child) do hereby grant permission to the staff of UMass Boston, and specifically the Upward Bound program, to access my child’s school records, including the following: **grades, test scores (MCAS, PSAT, and SAT), and free/reduced lunch eligibility information.**

In addition, I (parent/guardian) hereby authorize post-secondary institutions to release to Upward Bound copies of **academic, enrollment, and student aid award** information from the college/university my child (I) will be attending after high school graduation.

I understand that all information will be kept confidential and that records will be used for assessing student needs, monitoring student progress, documenting eligibility for the program, and for reporting purposes. The information shall only be transferred to a third party outside UMass Boston and the Upward Bound program on the condition that written consent of a parent(s)/guardian(s) (or applicant, if over 18) is first obtained.

Parent/Guardian Signature

Date

Student Signature

Date

Recommendation Form

To Whom It May Concern:

The student listed below has expressed an interest in joining the Upward Bound Program. Upward Bound is a higher educational opportunities program offered by UMass Boston for students who are interested in obtaining post-secondary education after graduating from high school. During the academic year, the students come to UMass Boston for after school classes and tutoring. During the summer, the students live on a college campus and have a full schedule of academic activities for six weeks.

Upward Bound requires a commitment from the students and cooperation from their parents. To help in the decision-making process, we require two recommendation letters; at least one of the forms must be filled out by the student's teacher and the second form can be from a school official or a community agency member (i.e., Pastor, community program personnel, etc.). Please assist us by providing an informative evaluation.

To the Student:

Fill in the information below and give this form to someone you feel will provide an objective and informative opinion about you. One of these forms must be completed by your teacher and the other one can be from a community agency or a school official.

First Name: _____ Last Name: _____ MI: _____

Grade: _____ Name of School: _____

Please Print or Type

Name: _____

Position: _____

Address: _____

Name of Organization: _____

How long have you know this student and in what capacity?

What are the first three words that come to mind when describing this student?

1. _____

2. _____

3. _____

Please use the space below to assess the student's potential to be a successful participant in the Program. We would appreciate your comments on the student's ability in any of the following areas: initiative, sense of responsibility, intellectual curiosity and imagination, writing and oral expression, working with and relating to others, common sense and good judgment, and persistence in completing tasks. If you need more space, please attach additional pages.

I recommend this student to the Upward Bound Program:

With Reservation
Somewhat
Strongly
Enthusiastically

Signature

Date

You may either return this recommendation to the student or send by mail or fax to:

*UMass Boston
Upward Bound Program
100 Morrissey Blvd.
Boston, MA 02125
Fax#: 617-287-5815*

Please keep in mind that we will not review the student's application without this recommendation form. Thank you for your time and support of this student.

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STUDENT APPLICATION CHECKLIST

Completed Application with all appropriate signatures

Completed Essays

Income Verification

Income Documentation

Recommendation #1

Recommendation #2

Transcript

Copy of Social Security Card

Copy of Permanent Resident Card, if needed

Interview