

University of Massachusetts Boston

TRiO

Upward Bound Program

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Upward Bound Program

Application for Admission



For more information please contact:

Upward Bound Program

100 Morrissey Blvd.

Boston, MA 02125

Phone: 617-287-5845

Fax: 617-287-5815

www.upwardbound.umb.edu

“Upward Bound, it’s more than a program; it’s a state of mind.”

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APPLICATION INSTRUCTIONS

We are pleased that you are interested in Upward Bound. The Upward Bound Program provides educational opportunities for low-income and/or first-generation college bound students. You may apply if you are currently a freshman or sophomore at Dorchester, Jeremiah E. Burke, Madison Park, South Boston or West Roxbury, or and a Boston Public High School student who lives in Dorchester, Jamaica Plain, Mattapan, Roxbury or South Boston. You also **must** be considering attending college in the future.

Follow these 7 steps to complete your application. Please make sure that you do not leave any questions blank throughout the whole application. If any of the questions do not apply to you, put **N/A** (Not Applicable).

1. Fill in your personal and educational information on Part I and II.
2. Fill in your family information in Part III.
3. Ask your parent(s) or guardian(s) to fill out and sign the Income Statement in Part IV. You will also need to submit one of the following: 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 documenting your family income.
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) or 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 complete high school transcript and copies of your most recent MCAS and Stanford 9 scores. If a student is enrolled in special education course(s) a current copy of his or her 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. You should give this person the attached letter of recommendation form.

Thank you for your interest in the Upward Bound Program. As soon as we receive your completed application, we will schedule an interview with you. We believe that Upward Bound offers an exciting opportunity for you to work toward your future educational goals, and we look

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forward to working with you to achieve those goals.

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PART I: STUDENT INFORMATION

(Please print or type) Date _____

First Name _____ Last Name _____ M.I. _____

Age _____ Date of Birth _____ [] Male [] Female

Place of Birth _____

Home Address _____
(Street) (Apt. No.)

(City) (Zip Code)

Telephone number _____ E-mail _____

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

(City) (Zip Code)

Racial or ethnic group (please check the following)

(Please note this information is used solely for reporting purposes to the United States Department of Education)

- | | |
|--|--|
| <input type="checkbox"/> African American, Black | <input type="checkbox"/> American Indian, Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian, Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> White | |

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? _____

Verification of United States citizenship or residency:

Social Security number _____

Are you a U.S.A. Citizen? [] Yes [] No

If not, please provide a copy of both sides of your Permanent Residency Card (Green Card) and Number _____

Note: Your application will be considered incomplete if you do not provide us with a copy of your Social Security Card and copies of both sides of your Permanent Residence Card/Green Card.

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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?

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PART III: FAMILY INFORMATION

Name of mother/guardian(s) _____, _____, _____
Last First M.I.

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

(City) (Zip Code)

Daytime phone # _____ Evening phone # _____

Name of father/guardian(s): _____, _____, _____
Last First M.I.

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

(City) (Zip Code)

Daytime phone # _____ Evening phone # _____

Name of person to contact in the event of an emergency
_____, _____, _____
Last First M.I.

Daytime telephone # _____ Evening telephone # _____

Relationship to student _____

Please check off the highest education level completed by the parent(s) or guardian(s), whom the student resides with.

	Elementary School	GED/High School	2 Year College	4 Year College
Mother	[]	[]	[]	[]
Father	[]	[]	[]	[]
Guardian(s)	[]	[]	[]	[]

If the parent (s) or guardian(s) graduated from a 4-year college, what country was the degree completed in and what degree was received?

What Country

Degree

Parent's/Guardian's Signature

Date

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PART IV: STATEMENT OF INCOME

I, _____, the parent or guardian of _____ do hereby state that my **family's current annual taxable income** is \$_____ and that **the total number of people in my household** is _____.

- Parent(s)/guardian(s) **must** attach INCOME VERIFICATION: a copy of most recent income tax form 1040 or 1040EZ or a letter from Department of Transitional Assistance and/or Social Security Office documenting family income.
- If the family receives AFDC or Social Security Benefits, please check here []

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.

Signature of Parent or Guardian

Date

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PART V: MEDICAL RELEASE FORM

Please fill out the form below with your parent(s)/guardian(s). This form is valid until you are no longer a member of the Program.

I, _____, as the parent or legal guardian
(Parent or Legal Guardian)

of _____ and I, _____,
(Child) (Child)

hereby on behalf of myself and my heirs, assignees, etc., release any and all claims against and hold harmless the University of Massachusetts Boston for any and all personal injury, property damage or any other claims of whatever nature and however incurred arising from the transportation to and from any participation by us in the activities of the UMass Boston Upward Bound Program.

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

(Date)

(Parent or Legal Guardian)

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PART VI: MEDICAL HISTORY

Name of student _____ Date of Birth _____

Address _____
Number Street Name City State Zip

Parent's telephone numbers: Home _____
Work _____

If the parent's are not available, whom to call _____
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 _____

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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 a 2.3 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 and 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's signature

Date

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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 2.3 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's Signature

Date

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PART IX: PARENT RELEASE OF INFORMATION

To the Headmaster or Registrar's Office:

You are hereby authorized to release from your records to the University of Massachusetts Boston Upward Bound Program, the data requested below and any other pertinent data concerning the following student:

Name _____ School ID# _____

Date of Birth _____

The undersigned, hereby gives consent and declares knowledge for the review and release of school records of _____ to be made available to authorized
(Student Name)

staff of the UMass Boston Upward Program. All such information and records will be confidential and used only for counseling purposes to facilitate academic, college, and career assistance for the aforementioned student.

1. Student's High School Schedules
2. Student's High School Transcripts
3. Student's Report Cards
4. Student's Test Scores (Stanford 9, MCAS, SAT, etc.)

Parent/Guardian Name _____

Address _____
Number Street Name City MA Zip

Phone Number _____ Emergency Number _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

**Please return all information to:
University of Massachusetts Boston
Upward Bound Program
100 Morrissey Blvd.
Boston, MA 02125-3393**

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Below please 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, mail, or fax it directly to:

UMass Boston
Upward Bound Program
100 Morrissey Blvd.
Boston, MA 02125
Fax#: 617-287-585

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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Below please 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.

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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**
- Boston Public School Number if Applicable**
- Interview**