



UPWARD BOUND
 285 Old Westport Road
 North Dartmouth 02747

(508)999-8713 Office
 (508)999-8616 fax



STUDENT APPLICATION FOR ADMISSION

The following information is necessary and will be treated in a confidential manner. The student applicant and his/her parents must complete all items to be considered for entrance to the program.

STUDENT INFORMATION

DATE _____

NAME OF STUDENT _____

ADDRESS _____
 Number Street City Zip Code

PHONE # _____ EMERGENCY # _____

CELL PHONE# _____ STUDENT CELL PHONE# _____

(If Applicable) PARENT EMAIL _____ STUDENT EMAIL _____

DATE OF BIRTH _____ AGE _____ SOCIAL SECURITY # _____

GRADE _____ SCHOOL _____ GUIDANCE COUNSELOR _____

CLOSEST RELATIVE NOT LIVING WITH YOU

NAME _____ PHONE# _____ CELL# _____

ADDRESS _____

Are you a USA citizen? _____ VISA # _____

PARENTAL/FINANCIAL INFORMATION

APPLICANT LIVES WITH: (Please check appropriate line.)

Both Parents _____ Mother Only _____ Father Only _____ Foster Parents _____ Other (Specify) _____

Father/Step-Father/Foster Parent/Other (Specify) _____ Mother/Step-Mother/Foster Parent/Other (Specify) _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

BACHELOR'S DEGREE: YES _____ NO _____

BACHELOR'S DEGREE: YES _____ NO _____

YEAR OF GRADUATION (college): _____

YEAR OF GRADUATION (college): _____

COLLEGE OR UNIVERSITY: _____

COLLEGE OR UNIVERSITY: _____

PLACE OF EMPLOYMENT: _____

PLACE OF EMPLOYMENT: _____

BUSINESS TEL. #: _____

BUSINESS TEL. #: _____

ANNUAL SALARY: _____

ANNUAL SALARY: _____

OTHER SOURCE OF INCOME: (Please circle information pertaining to you.)

- | | | |
|--------------------------|---------------|-----------------------|
| AFDC RECIPIENT | PENSION | DISABILITY BENEFITS |
| SOCIAL SECURITY BENEFITS | S.S.I. | VETERANS BENEFITS |
| RETIREMENT | CHILD SUPPORT | UNEMPLOYMENT BENEFITS |

PLEASE INCLUDE LAST YEAR'S 1040 Tax Form AND W-2 FORMS, PLUS VERIFICATION OF ALL OTHER INCOME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE:

SIGNATURE (PARENT/GUARDIAN)

DATE

Eligibility Requirements for Upward Bound

If you are a college bound student who is serious about education and in need of academic support services such as: tutoring and academic, personal, financial or career counseling services, then you may be eligible to apply.

1. Participants must be in a college prep program.
2. Two-thirds of the participants must meet the federal requirements for low-income **and** first generation college students as defined by the U.S. Department of Education. However, one-third of the participants may be upper income **or** either parent may possess a Bachelor's Degree.
3. Students must be a U.S. citizen, a national of the U.S. or have a premium visa.
4. Upon entering the program, students must be in a grade nine (9) through (10) at New Bedford High School, New Bedford Vocational, Wareham High School or Westport High School which are the four target area schools serviced by the Upward Bound Program.

Please use the following checklist to be sure you do not omit any required information.

- a) Is the application filled out completely? _____
- b) Are all pages completed? _____
- c) Has page three (3) been completed by your guidance counselor? _____
- d) Are both teacher recommendations completed? _____
- e) Is a copy of 1040 Income Tax Return or other official verification included? _____
- f) Is a copy of the State mandated Standardized Tests (MCAS) included? _____
- g) Is your unofficial transcript included with the application? _____
- h) Is your current Grade Point Average (GPA) included with the application? _____

NAMES OF PEOPLE LIVING IN THE HOME INCLUDING APPLICANT

NAME	AGE	RELATIONSHIP	SCHOOL OR OCCUPATION	GRADE
_____		—		

SIGNATURE OF STUDENT

SIGNATURE OF PARENT/GUARDIAN

OTHER GUARDIAN INFORMATION

1. If you are a ward of the state, please give the name and office address and phone number of your social worker:

Social Workers Name

Office Address

Contact Number

2. If you are living in a foster home or group home, complete the information below regarding you foster parents or group home contact:

NAME:(S) _____ PHONE: _____

ADDRESS: _____



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STUDENT STATEMENT

a) Please explain your reasons for wanting to participate in the Upward Bound Program, and indicate how you think the program can best serve you.

b) How did you hear about Upward Bound?

c) Upon graduation from high school, what do you think you would like to do? (Check all that you are considering)

- | | |
|--|--|
| <input type="checkbox"/> Attend a trade school (for ex., cosmetology, auto repair, etc) | <input type="checkbox"/> Attend a 4-year college |
| <input type="checkbox"/> Enroll in a technical college program (ex., dental hygiene, graduation vet tech, etc) | <input type="checkbox"/> Get a job after high school |
| <input type="checkbox"/> Attend a 2-year college | <input type="checkbox"/> Enlist in the military |
| Other: _____ | |

Questions for Parent(s)/Guardians

How do you think Upward Bound can help your son/daughter?

Do you have any questions that you would like one of our staff to answer for you?

Are you aware that Upward Bound is a year round multi-year commitment? If your student is accepted into the program, are you willing to support this student's continuous involvement in UB throughout high school?



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PERSONAL STATEMENT

Please take the time to complete this essay thoughtfully and thoroughly, as it is a very important part of the application.

In the space below (or on a separate paper) please tell us about yourself. What are your plans for the future, and what do you see as potential barriers to achieving them? How might upward Bound help you accomplish your future goals? *(Complete essays are at least two paragraphs in length.)*

OFFICE FILE

UPWARD BOUND RULES AND REGULATIONS FOR THE ACADEMIC YEAR

All Upward Bound Students will:

1. Attend all classes at their local high school on a regular basis.
2. Attend tutorial sessions as necessary.
3. Enroll in the Upward Bound course a minimum of one semester of the school year.
4. Attend all Saturday sessions.
5. Meet with the Upward Bound counselor as instructed or when necessary.
6. Take all testing required by the Upward Bound Program. This includes SAT, PSAT and other tests, at the appropriate times.
7. Attend the Upward Bound Program Summer residential program at UMass Dartmouth for six (6) weeks.

VIOLATION of any of the above rules may result in either SUSPENSION or DISMISSAL from the Program.

I understand the above rules and regulations and I agree to follow these and all other Upward Bound rules and regulations. I also understand that violation of any Upward Bound rules may result in either suspension or dismissal from the Program.

Student Signature

Date

Please read the following carefully with your parent (or guardian), before signing this statement.

I hereby give permission for my son/daughter to participate in all activities of the UMass Dartmouth Upward Bound Program for the date of his/her acceptance through the completion of the program, and I hereby certify that I understand the above rules and regulations and will cooperate with staff to the fullest extent.



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Parent/Guardian Signature

Date

MEDICAL RELEASE FORM

PARENT(S)/GUARDIAN:

Does your child have any medical restrictions on his/her activities? Yes _____ No _____

Type of restrictions: _____

Name of Doctor: _____ Telephone #: _____

“I hereby give my consent for any necessary medical or surgical treatment, including the giving of
anesthetics to: _____ at the discretion of the physician”.
Student’s Name

PARENT/GUARDIAN DATE

STUDENT DATE

UPWARD BOUND PROGRAM
PERMISSION SLIP

Dear Parent/Guardian:

I _____ hereby authorize and grant permission for _____ to
Parent’s Name Student’s Name

take part in all Upward Bound activities and trips during his/her enrollment in the program.

Parent’s Signature Date

FOR TRAVEL



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AUTHORIZATION FOR RELEASE OF ACADEMIC RECORDS

I consent to the release of academic records, for _____,
Student's Name

including high school and/or college transcripts, test scores, class schedules, financial aid/scholarship and other related information to the University of Massachusetts Dartmouth Upward Bound Program.

Parent/Guardian

Student Signature

Student Soc. Sec.#

TEACHER'S CONFIDENTIAL RECOMMENDATION FORM

To the applicant: This recommendation must be completed by a teacher in an academic area such as English, history, foreign language, math, or science. The teacher should have known you for at least a semester. If you wish, you may photocopy this form and submit *one* additional teacher recommendation.

To the recommender: We seek students who have both academic promise and the need for our academic and advising services, so please provide a frank assessment of the student's strengths and needs as you have observed them. This information will be used only by Upward Bound staff. Upward Bound will treat all information confidentially and only for purposes of evaluating the applicant's appropriateness for our program.

Applicant's Name: _____ School: _____
Teacher's Name: _____ Subject: _____

How long was the applicant your student? _____

Level of Motivation:	Are/were most assignments completed on time?	Are/were most assignments generally completed?	Attendance Record:
<input type="checkbox"/> High	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Good
<input type="checkbox"/> Average	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Fair
<input type="checkbox"/> Fair			<input type="checkbox"/> Poor
<input type="checkbox"/> Poor			

Average grade in this class: _____

Comments on student's motivation, effort, and attitude:

What specific skills (if any) need to be developed?

Are you aware that the student is strongly motivated in any certain direction?

Please comment on the applicant's rapport and relationships with peers and other adults:

What are some challenges this applicant faces in preparing for, getting admitted to and succeeding in education after high school that

Upward Bound could assist with?

In what ways might participation in Upward Bound assist the applicant in his/her academic and personal development?

General comments: (please use reverse side if necessary)

Signature: _____ Date: _____



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<input type="checkbox"/> Average	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Fair
<input type="checkbox"/> Fair			<input type="checkbox"/> Poor
<input type="checkbox"/> Poor			

Average grade in this class: _____

Comments on student's motivation, effort, and attitude:

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GUIDANCE REPORT

To the Guidance Counselor:

RE: _____
(Name of Student)

Grade: _____

(Parent/Guardian Signature)

Date: _____

As certified by the parent/guardian signature above, you are authorized to release from your records the following information on the above named student:

Address: _____

City, State, Zip Code: _____

D.O.B: _____ Social Security# _____ Expected H.S. Grad. Date: _____

Total absences this academic year, to date: _____

Current Cumulative Grade Point Average: _____ (8th grade if applicable, 9th & 10th grades required)

On a scale of _____ 4.0, _____ 5.0 or _____ 100.0

Please comment on this student's potential for college success:

Please attach the following documents:

- Cumulative transcripts as of last marking period
- Standardized Test results (including MCAS)
- Current class schedules

Signature of Guidance Counselor

Date