

WCSU EXCEL APPLICATION FOR ADMISSION

Student's Information:
(Please print or type, and please fill in all fields)

Name _____
Last First Middle Initial

Mailing Address _____
Number Street Apt. No.

City State Zip Code

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Sex: Male Female Grade Level ____ School Attending _____

Guidance Counselor _____

Telephone Number: Home() _____ Business () _____

1) Citizenship:

Please include a copy of your appropriate citizenship document

United States Citizen: U.S. Birth Certificate # _____

Permanent Resident: Alien Registration Card # _____

Resident Alien: Naturalization Papers # _____

2) Ethnicity:

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

African American/Black Hispanic/Latino Caucasian/White Asian

American Indian/Alaskan Native Native Hawaiian/Pacific Islander Multi-racial

3) Is English your first language? Yes No If not, then what language is?

What is the primary language spoken in your household? _____

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

Address

Street City State Zip

Telephone Number: Home() _____ Business () _____

Do we have permission to give your child? Aspirin Tylenol

Has your child had a tetanus shot current to within six years? Yes No

List any known health factor(s) that will require your child to follow a limited program of physical activity or from participating in any activities. Please explain.

—

List and describe any illness or condition for which the student is now under treatment. In addition, list any disability or allergies and all medications the student is taking or is allergic.

—

Permission is hereby granted for any emergency medical treatment, operation, anesthesia, or inoculation that might be needed.

In addition, I hereby give my permission as parent/legal guardian for my child to participate in trips, athletic activities until he/she officially withdraws or terminates himself/herself from the program.

I also grant permission to the guidance office to release academic information from my child's school records (**transcripts, report cards, etc.**) to the Western Connecticut State University EXCEL Program in order to assist them in evaluating his/her prospects for admission.

Parent's/Guardian's Signature

Date

PROOF OF INCOME

To be completed by parent/guardian with whom the student resides.

Total earned income last year including all wages, salaries and tips received \$ _____
Does the family receive any of the following government benefits? Yes No

Aid to Dependent Children (AFDC) Yes No Amount per month
Name & Telephone of Caseworker: \$ _____

Social Security Benefits Yes No \$ _____
Telephone of administering office

Veteran's Benefits Yes No \$ _____
Telephone of administering office

Title 19 Medical Benefits Yes No \$ _____

Telephone of administering office

Child Support Yes No \$ _____
Unemployment Compensation Yes No \$ _____
Other (specify) Yes No \$ _____

<u>Names of Individuals Living in Home</u>	<u>Age</u>	<u>Relationship</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		

Total Number of Dependents Living at Home: _____

To comply with State & Federal regulations, which sets income eligibility guidelines, we ask that you comply with the following request:

IF YOU FILED AN ANNUAL TAX RETURN, PLEASE PROVIDE THE PROGRAM WITH A COPY OF YOUR MOST CURRENT 1040 OR 1040A AND FORWARD ALONG WITH APPLICATION.

OR

PLEASE PROVIDE THE PROGRAM A COPY OF YOUR AFDC, SOCIAL SECURITY AND/OR VETERAN 'S BENEFITS INDICATING THE AMOUNT RECEIVED.

Please **do not** send in your **original tax return form**. If you cannot make a copy, you may bring the original to the office and we will make a copy.

This information will be kept confidential and used only to determine a student's eligibility for the program. We appreciate your cooperation in providing this information.

IMPORTANT NOTE: It is illegal for us to consider a student's eligibility **without** this documentation. If you have any difficulty, call us immediately. We will glad to help you in any way we can.

To the best of my ability, the above information is complete and correct.

Parent's/Guardian's Signature

Date

WCSU EXCEL Program Federal Income Verification Form

To facilitate the application process, this form may be completed and returned with this application in place of a copy of your **federal** income tax return form.

1.) Please state the year that the following information is in reference to:

2.) If you filled out a 1040 tax return form: Please enter the figure on

Line #39 of the 1040 tax return form: \$ _____

3.) If you filled out a 1040A tax return form: Please enter the figure on

Line #25 of the 1040A tax return form: \$ _____

4.) If you received Social Security benefits or AFDC benefits from the
year stated in number 1, please indicate:

\$ _____ and/or \$ _____
Monthly Annually

**I hereby attest that the information presented above is
factually correct:**

Signature of Parent/Guardian

Date

PARENT CONTRACT OF PARTICIPATION

**I hereby agree to the following minimal requirements when my child is accepted in
the EXCEL Program:**

- 1) I will ensure that my child maintains **at least** 2.0 (C) average in each and every one of his/her high school classes.
- 2) I will ensure that my child follows the rules and regulations of the program, especially adhering to the behavioral attitude of **respect for oneself, respect for others, and respect for lifelong learning.**
- 3) I will ensure that my child attends the six-week summer program, which is non-residential at Western Connecticut State University.
- 4) I will ensure that my child attends his/her classes, any and all necessary tutoring sessions, and special activities during the academic year and summer program.
- 5) I will ensure that my child misses no more than 3 unexcused absences and 3 tardies during the academic year, and I understand that he or she may be lowered in academic standing or terminated as a result.
- 6) I will not allow my child to be involved with drugs and/or alcohol; I understand that the use of drugs and/or alcohol is not tolerated and will result in my child's immediate termination from the program.
- 7) I will commit to at least one meeting during the academic year and one meeting during the summer program with with staff while my child is enrolled in the program.
- 8) I will properly R.S.V.P. to any program activity/trip during the academic year and summer program, and I will call to inform of any subsequent cancellation.

I hearby promise to try my best to help my child reach his greatest academic, social, and personal potential.

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

Parent's Signature: _____ Date: _____

STUDENT CONTRACT OF PARTICIPATION

I hereby agree to the following minimal requirements when I am accepted in the EXCEL Program:

- 1) I will maintain **at least 2.0 (C)** average in each and every one of my high school classes.
- 2) I will obey the rules and regulations of the program, especially adhering to the behavioral attitude of **respect for oneself, respect for others, and respect for lifelong learning.**
- 3) I will complete **any and all** assignments in **every** class during the academic year and summer program.
- 4) I will attend the six-week summer program, which is non-residential at Western Connecticut State University.
- 5) I will attend all of my classes, attend any and all necessary tutoring sessions, and special activities during the academic year and summer program.
- 6) I will have no more than 3 unexcused absences and 3 tardies during the academic year, and I understand that I may be lowered in academic standing or terminated as a result.
- 7) I will not be involved with drugs and/or alcohol; I understand that the use of drugs and/or alcohol is not tolerated and will result in my immediate termination from the program.
- 8) I will commit to at least one meeting during the academic year and one meeting during the summer program with staff and my parents/guardian while enrolled in the program.
- 9) I will have my parents/guardians properly R.S.V.P. to any program activity/trip during the academic year and summer program, and I will have my parents/guardian call to inform of any subsequent cancellation.
- 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, lowered academic standing, or termination from the program.

I, _____, do hereby agree to the above terms and regulations of the ConnCAP/Upward Bound Program.

Student's Signature: _____ Date: _____

TO BE FILLED OUT BY PROGRAM DIRECTOR ONLY:

Student is admitted into program Date _____

Student is placed on program waiting list Date _____

Student's entrance into program has been rejected Date _____

If student has been rejected, should admittance be reconsidered at a future date? Yes No

Intake information present:

- Copy of parent(s)/guardian(s) previous year tax return form
- Copy of birth certificate/proof of residency
- All critical information (social security number, citizenship/residency number, income information, all student and parental information)
- All necessary parent and student signatures
- Completed student essay

I hereby attest that the above information is factually correct:

Signature

Date