

**For Office Use Only:**

Student Name: \_\_\_\_\_ Rising \_\_\_\_\_ (7<sup>th</sup>, 9<sup>th</sup>, etc.)

Current School: \_\_\_\_\_

Low Income       First Generation       ELL       Academically At Risk

**ConnCAP/Upward Bound/Excel Programs – Summer 2017**

The ConnCAP/Upward Bound/Excel programs are funded by the U.S. Department of Education and the Connecticut State Department of Education. **All of these programs provide motivation and academic skill development for low income, minority and first generation middle and high school students to prepare them for future educational endeavors.** An academically intensive six-week summer program serves to advance the students' academic skills, while promoting their personal growth through extracurricular experiences. The ultimate goal of the programs is to help students to achieve their academic goals of admission and completion of a post-secondary education.

**Mandatory Summer Dates if accepted into the program.**

**Excel: 7<sup>th</sup> grade**  
July 10<sup>th</sup> – August 4<sup>th</sup>

**ConnCAP/ Upward Bound: 9<sup>th</sup> grade**  
June 26<sup>th</sup> – August 4<sup>th</sup>

**Intake Checklist**

**Please make sure to include all items listed below in order to be considered for the program.**

**If any item is missing, the application process may be delayed.**

**If you have any questions, please call (203) 837- 8801 or 203-617-5582, assistance in Spanish is available.**

**1. Western Connecticut State University ConnCAP/Upward Bound Application** \_\_\_\_\_

- Proof of Family Income and/or potential First Generation college student  
*(to be verified by completion of Parent/Guardian and Child Information section on Application)*

**2. Copy of most recent report card and last year's report card to verify:** \_\_\_\_\_

- Proof of Sixth through Ninth grade enrollment upon admission
- Proof of Connecticut Residency
- Proof of attendance at a qualifying public secondary school upon admission
- Demonstration of academic achievement

**3. Most recent copy of one of the following Standardized State tests to verify demonstration of academic achievement:** \_\_\_\_\_

- Smarter Balanced Assessment Consortium (SBAC) scores **OR**
- Connecticut Mastery Test (CMT) scores

**4. Most recent SIGNED US1040 Tax Form (Electronic signature is acceptable)** \_\_\_\_\_

**\*\*If you are not required to file a US tax form due to low income, please submit one the following documents with your application:**

- Housing Authority Verification Calculation Income sheet **OR**
- Documentation showing Social Security Benefits **OR**
- Monetary Benefit Declaration form *to verify:*
  - Proof of Residency and establish taxable income
  - Proof of Low-Income family

**5. Birth Certificate/Alien Registration Card/Naturalization Papers to verify:** \_\_\_\_\_

- Proof of United States Residency

**6. One page essay (Typed) stating---Why do you want to attend college?** \_\_\_\_\_

**\* Completed applications will be reviewed and families will be contacted for an interview with the program advisors at a later date. Deadline: March 10<sup>th</sup>, 2017**

**Important: Your availability to participate in the CC/UB/ Excel programs is contingent on funding from the State of Connecticut and the U.S. Department of Education.**



Western Connecticut State University  
ConnCAP/Upward Bound/Excel Programs

181 White Street, Berkshire Hall 016  
Danbury, CT 06810

Telephone: (203) 837-8801 ♦ Fax: (203) 837-8602



ConnCAP/Upward Bound/Excel programs are designed to encourage and prepare participants to attend post-secondary education. All information is **strictly confidential** and is used solely for the purpose of determining eligibility of students applying for participation in the Educational ConnCAP/Upward Bound/Excel Programs.

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Grade: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Female  Male

School: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Student's Email: \_\_\_\_\_

US Citizen:  Yes  No - If NO, please provide Permanent Resident Card #: \_\_\_\_\_

Ethnic background:  American Indian or Alaskan Native  Asian  Black or African American

Hispanic/Latino  White  Native Hawaiian or Other Pacific Islander  More than one race

Do you have limited English proficiency?  Yes  No

Are you enrolled in the Excel Program?  Yes  No What School? \_\_\_\_\_

Does the student receive free/reduced lunch?  Yes  No  Unknown

**PARENT (S) / GUARDIAN INFORMATION**

With whom does the student live?  Both parents  Mother  Father  Guardian

\*Note: Just fill out the information of the person who the student lives with.

	Mother	Father	Guardian
Name			
Phone #			
Email			

Do either of the student's natural or adoptive parent(s)/guardian(s) have a HS or GED degree?  Yes  No  
If yes, whom? \_\_\_\_\_

Does the student's natural or adoptive parent(s)/guardian(s) with whom the child resides with have a 4-year college degree?  Yes  No  
If yes, whom? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Must be different from Parent/Guardian)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

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**INCOME DOCUMENTATION INFORMATION**

The following information is required by the federal government to determine the economic eligibility of each applicant and ensure we are providing services within federal guidelines. **Failure to complete this section could result in the delay or denial of your child’s admission to the Western Connecticut State University ConnCAP/Upward Bound/Excel Program.**

<u>Names of Individuals Living in Home (include student)</u>	<u>Age</u>	<u>Relationship to student</u>
1.		
2.		
3.		
4.		
5.		
6.		

Total Number of **Dependents** Living at Home: \_\_\_\_\_

Please check the box for last year’s **TAXABLE FAMILY INCOME** after deductions. This is NOT your Adjusted Gross Income. **(Taxable income is on: Form 1040 ~ line 43; Form 1040A ~ line 27; Form 1040EZ ~ line 6)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Up to \$17,655      | <input type="checkbox"/> \$30,136 – \$36,375 | <input type="checkbox"/> \$48,856 - \$55,095 |
| <input type="checkbox"/> \$17,656 - \$23,895 | <input type="checkbox"/> \$36,376 - \$42,615 | <input type="checkbox"/> \$55,096 - \$61,33  |
| <input type="checkbox"/> \$23,896 – \$30,135 | <input type="checkbox"/> \$42,616 - \$48,855 |  |

- I hereby authorize the ConnCAP/Upward Bound/Excel Programs to contact and request information from, as well as share information with my child’s school, teachers and counselors. I hereby grant permission for the release of my child’s high school records, transcripts, and all other achievement records to the Western Connecticut State University ConnCAP/Upward Bound/Excel Programs.
- I give permission to the Western Connecticut State University ConnCAP/Upward Bound/Excel Programs to arrange transportation for my son/daughter, to and from Program sponsored events, in vans, buses or other vehicles driven or arranged by the Western Connecticut State University ConnCAP/Upward Bound/Excel Programs personnel. I understand that this is a service provided to students who voluntarily wish to use the Program’s transportation. Therefore, the Program will not be held liable in the event of an accident.
- I give my son/daughter permission to be interviewed and/or photographed by digital, still photo film or video recorder by the Western Connecticut State University ConnCAP/Upward Bound/Excel Programs for use on radio, TV, printed media, or in project documentation and promotional materials.
- Our signatures below indicate our commitment to the Western Connecticut State University ConnCAP/Upward Bound/Excel Programs. I consent to my child using the Internet and other technology and accept responsibility for appropriate use thereof.

**I understand that Western Connecticut State University ConnCAP/Upward Bound/Excel Program is a federal program authorized by the U.S. Department of Education and the Connecticut Office of Higher Education. I also understand that the information I have provided will be used to document my eligibility for the Program. I understand that the information provided on this application will be held confidential by the Pre Collegiate and Access Programs staff.**

**I certify that all of the information I have provided is true and accurate.**

<b>Student’s Printed Name</b>	<b>Student Signature</b>	<b>Date</b>
<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Guardian</b> <b>Printed Name</b>	<b>Signature</b>	<b>Date</b>

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# MEDICAL & INFORMATION RELEASE FORM

**Student Name** \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_\_ Best contact phone number: \_\_\_\_\_

**Name of Doctor:** \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Medical insurance company: \_\_\_\_\_ Policy/ Certificate # \_\_\_\_\_

1. I give permission for my child to be given:  Aspirin  Tylenol  Advil

2. My child has had a tetanus shot within the past six years?  Yes  No

3. Does your child have any limitations to physical activity?  No  Yes - If YES, please explain.

4. Is your child currently under treatment for any illness or condition?  No  No  Yes - If YES, please explain.

5. Is your child on any medications?  No  Yes - If YES, please list below.

6. Does your child have any allergies?  No  Yes - If YES, please list below.

7. Does your child have any special needs for accommodations or is there any other medical concerns that we should be aware of?  No  Yes - If YES, please list below.

\* I authorize the teacher, program leader or qualified medical personnel to take whatever first-aid action is deemed necessary, in their sole judgment, to protect my child's health and safety in the event of any emergency. I agree that the program will not be responsible for or liable for any act, error, omission, or for any personal injury.

\* I hereby give consent to allow my child to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this program. 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, and the Wide Angle Vision program (i.e. hiking, canoeing, technical rock climbing, high ropes course & caving) until he/she officially withdraws or terminates himself/herself from the program.

Mother  Father  Guardian Signature

Date

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