

For Office Use Only:

Student Name: _____ Rising _____ (7th, 8th, 9th, etc.)

Current School: _____

Low Income

First Generation

ELL

Academically At Risk

Upward Bound/Danbury Public Schools Collaborative Programs – Summer 2018 Application Package

The Upward Bound/Danbury Public Schools Collaborative programs are funded by the U.S. Department of Education and the City of Danbury. **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 or four-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:
Rising 7th & 8th grade
July 9th – August 3rd

Upward Bound:
Rising 9th grade
June 25th – August 3rd

Application Deadline: Friday, March 9th 2018

*** Completed applications need to be dropped at Western Connecticut State University 181 White Street Danbury, CT 06810 Building: Berkshire Hall 016. Incomplete applications will not be accepted. If you have any questions, please call (203) 837- 8801 or 203-617-5582, assistance in Spanish is available.**

Intake Checklist

1. Western Connecticut State University Upward Bound/ Danbury Public Schools Collaborative Application

- _____
- This application is 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. Middle School and 5th grade transcripts 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. 2017 Smarter Balanced Assessment Consortium (SBAC) scores to verify:

- Demonstration of academic achievement

4. 2017 Tax Returns of both parents/ guardians (second page must be signed)

****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. Personal essay stating --- What is your family's experience in attending college and why do you want to attend college? (Essay should be 1-2 pages, typed)

Important: Your availability to participate in the UB/ Danbury Public Schools Collaborative programs is contingent on funding from the U.S. Department of Education and the City of Danbury.



**Western Connecticut State University
Upward Bound/Danbury Public Schools
Collaborative Programs**

181 White Street, Berkshire Hall 016
Danbury, CT 06810

Telephone: (203) 837-8801 or (203) 617-5582



Upward Bound/Danbury Public Schools Collaborative 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 Upward Bound/Danbury Public Schools Collaborative Programs.

STUDENT INFORMATION

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

Mailing address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Grade: _____

Date of birth: ____/____/____ Age: _____ Gender: _____ Female

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 Upward Bound/Danbury Public Schools Collaborative 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 Upward Bound/Danbury Public Schools Collaborative 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 Upward Bound/Danbury Public Schools Collaborative Programs.
- I give permission to the Western Connecticut State University Upward Bound/Danbury Public Schools Collaborative 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 Upward Bound/Danbury Public Schools Collaborative 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 Upward Bound/Danbury Public Schools Collaborative 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 Upward Bound/Danbury Public Schools Collaborative 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 Upward Bound/Danbury Public Schools Collaborative 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.

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

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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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