Western Connecticut State University Upward Bound / Excel

ATTENTION ALL CURRENT 6th, 7th & 8th GRADE STUDENTS!!!

We are recruiting for our 2018 summer programs! We offer summer classes at WCSU as well as educational trips, preparation for post-secondary education, and lifelong learning experiences.

Transportation and meals are provided for our students at no cost.

Come and attend our information session
When: Monday, February 12, 2018
Time: 6:30 – 8:00pm
Where: Western Connecticut State University 181 White Street Danbury, CT 06810 Building: Higgins Hall, 114
Topics: Information about program structure and review of application items.

Please contact our office for more information or access our web www.wcsu.edu/pcaap.
Berkshire Hall, Rooms 016, 017, 019
181 White Street, Danbury CT
Phone: (203) 837-8801 or 203-617-5582
**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.**

<table>
<thead>
<tr>
<th>Program</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
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</thead>
<tbody>
<tr>
<td>Excel</td>
<td>Rising 7th &amp; 8th grade</td>
<td>July 9th – August 3rd</td>
<td></td>
</tr>
<tr>
<td>Upward Bound</td>
<td>Rising 9th grade</td>
<td>June 25th – August 3rd</td>
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</table>

**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 of 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)

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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**

<table>
<thead>
<tr>
<th>Last Name: ______________________________</th>
<th>First Name: ______________________________</th>
<th>M.I. ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing address: ________________________</td>
<td>City: _________________________________</td>
<td>Zip: ______</td>
</tr>
<tr>
<td>Home Phone: (____) _____________________</td>
<td>Cell Phone: (____) _____________________</td>
<td>Grade: ______</td>
</tr>
<tr>
<td>Date of birth: <em><strong><strong><strong><strong><strong><strong>/</strong></strong></strong></strong></strong></strong></em>/_____________</td>
<td>Age: ______</td>
<td>Gender: □Female □Male</td>
</tr>
<tr>
<td>School: _______________________________</td>
<td>Student ID Number: ____________________</td>
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<tr>
<td>Student’s Email: ________________________</td>
<td>US Citizen: □Yes □No- If NO, please provide Permanent Resident Card #: ________________</td>
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</table>

**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.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
<tr>
<td>Mother</td>
<td>#</td>
<td></td>
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<tr>
<td>Father</td>
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<tr>
<td>Guardian</td>
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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)**

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<tr>
<th>Last Name: ______________________________</th>
<th>First Name: ______________________________</th>
<th>M.I. ______</th>
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<tbody>
<tr>
<td>Home Phone: (____) _____________________</td>
<td>Cell Phone: (____) _____________________</td>
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</tr>
<tr>
<td>Relationship to the student: ______________</td>
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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.

<table>
<thead>
<tr>
<th>Names of Individuals Living in Home (include student)</th>
<th>Age</th>
<th>Relationship to student</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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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)

- [ ] Up to $17,655
- [ ] $17,656 - $23,895
- [ ] $23,896 – $30,135
- [ ] $30,136 – $36,375
- [ ] $36,376 - $42,615
- [ ] $42,616 - $48,855
- [ ] $48,856 - $55,095
- [ ] $55,096 - $61,335

- 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.

<table>
<thead>
<tr>
<th>Student’s Printed Name</th>
<th>Student Signature</th>
<th>Date</th>
</tr>
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☐ Mother ☐ Father ☐ Guardian Printed Name Signature Date

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**MEDICAL & INFORMATION RELEASE FORM**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
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Date of Birth: ____________  Best contact phone number: ______________________

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**Name of Doctor:** ____________________________  Telephone Number: (   ) ______________

Address: ____________________________________

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<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Medical insurance company: ____________________________  Policy/ Certificate # ______________________

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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?  
   - [ ] No  
   - [ ] Yes

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  
   - [ ] 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.

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* 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.

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[ ] Mother  [ ] Father  [ ] Guardian  

Signature: ____________________________  Date: ____________

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