ATTENTION CURRENT 6th & 8th GRADE DANBURY PUBLIC SCHOOL STUDENTS!!!

Western Connecticut State University Upward Bound and Excel Programs are accepting applications for the 2019 Summer and Academic Year.

Upward Bound and Excel Programs offer:

- Summer & Academic Year Classes
- Community Service
- Educational & College Trips
- Preparation for Post-secondary Education
- Lifelong Learning Experiences

Come and attend our information session

When: Wednesday, February 06, 2019
Time: 6:30 – 8:00pm
Where: Western Connecticut State University (Midtown Campus)
181 White Street Danbury, CT 06810
Building: Science Building  Room: 125

For more information contact our office (203) 837-8801 or 203-617-5582 or visit www.wcsu.edu/pcaap.
For Office Use Only:

Student Name: ____________________________________ Rising __________ (7th or 9th)
Current School: ____________________________________
☐ Low Income  ☐ First Generation  ☐ ELL  ☐ Academically at Risk

Upward Bound/Danbury Public Schools Collaborative Programs – Summer 2019 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.

**Application Deadline: Friday, March 8th 2019**
* Drop off completed applications to Western Connecticut State University
  181 White Street Danbury, CT 06810 Building: Berkshire Hall, Suite 016
  INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
  If you have any questions, please call (203) 837 - 8801 or (203) 617 - 5582.

**Application Checklist**

1. **Completed Intake 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. **Current and last academic year grades to verify:**
   - Proof of Sixth through Ninth grade enrollment upon admission and academic achievement
   - Proof of Connecticut Residency
   - Proof of attendance at a qualifying public secondary school upon admission

3. **2018 Smarter Balanced Assessment Consortium (SBAC) scores to verify:**
   - Demonstration of academic achievement

4. **2018 Tax Returns of both parents/guardians (bottom of 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, ONLY ACCEPTED 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.
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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>
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<th>Names of Individuals Living in Home (include student)</th>
<th>Age</th>
<th>Relationship to student</th>
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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 $18,210
- □ $18,211 - $24,690
- □ $24,691 - $31,170
- □ $31,171 - $37,650
- □ $37,651 - $44,130
- □ $44,131 - $50,610
- □ $50,611 - $57,090
- □ $57,091 - $63,570
- □ $63,571 - $70,050
- □ $70,051 - $77,530
- □ $77,531 - $85,010
- □ $85,011 - $92,490
- □ $92,491 - $100,000
- □ $100,001 - $125,000
- □ $125,001 - $150,000
- □ $150,001 - $175,000
- □ $175,001 - $200,000
- □ $200,001 - $250,000
- □ $250,001 - $300,000
- □ $300,001 - $350,000
- □ $350,001 - $400,000
- □ $400,001 - $500,000
- □ $500,001 - $750,000
- □ $750,000 and over

- □ 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 give consent to my child to use 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 

□ Mother  □ Father  □ 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? ☐ 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.

* 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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