

Upward Bound
Application for Enrollment

Date ____ / ____ / ____

Name _____
(Last) Please Print (First) (Middle Initial)

Address _____ Bridgeport, CT _____
(Street) Zip Code

Date of Birth ____ / ____ / ____ Male Female Birth Place _____
(Country of Origin)

Are you a U.S. Citizen? Yes - Social Security Number _____
 No - Green Card No. _____ Exp. Date ____ / ____ / ____

Phone _____ (Home) _____ (Cell) E-mail Address _____

Ethnicity: Hispanic/Latino African American
 Native American/Native Alaskan Caucasian
 Asian American Native Hawaiian or Other Pacific Islander
 Other (Specify) _____

Middle School: _____

Present High School: *Bassick* *Central* *Harding* *Fairchild Wheeler*

Present Grade : 9th 10th 11th Homeroom _____ Guidance Counselor _____

Are you presently enrolled in another **UPWARD BOUND** or **TALENT SEARCH** program? Yes No

If answer is yes, please indicate program and location _____

Did either of your parents graduate from a four-year college? Yes No

If answer is yes, which parent? _____ College _____

With whom do you currently reside? Both Parents Mother Only Father Only Legal Guardian
 Foster Parents Other (specify) _____

Do you have a disability? _____ If the answer is yes, please explain _____

In case of emergency, please list a family member or friend who does not live with you:

Name _____ Phone _____ Relation to Student _____

We authorize Fairfield University's Upward Bound Program to obtain confidential information about the student listed below from his/her school and teachers. We understand that this information will be used for educational and programmatic planning. We also authorize the Upward Bound Program to secure necessary records, report cards, test scores, and other student information from the student's school as well as Power School, the district data management system, and to obtain information concerning postsecondary placement for tracking purposes.

Student's Signature _____

Parent/Guardian's Signature _____

Phone (Home) _____ (Cell) _____ (Work) _____

Application Reviewed by: _____ Date: ____ / ____ / ____



Upward Bound

Authorization for Release of Information

I _____
Full Name of Parent/Guardian

hereby give permission for _____
Name of High School

to release my child's _____
(Last Name) (First Name)

academic records including but not limited to official High School transcript, as well as information obtained from Power School, the Bridgeport Board of Education (SIS) Student Information System. This information is needed to provide the best possible service to your child and to be in compliance with the U.S. Department of Education's performance reporting requirements.

Important: I understand this release form remains valid even if my child has left the program. Due to federal regulations, the Upward Bound Program must provide information to the U.S. Department of Education on participants for a period of five years following the date of their enrollment in the program.

Signature of Parent/Guardian

_____/_____/_____
Date



Upward Bound
Income Verification Form

Student's Name _____
(Last)
(First)
(Middle)

Dear Parent/Guardian:

This information is required by the federal government to determine your child's eligibility for the Upward Bound Program. Your child's eligibility is based on "taxable" family income. Taxable income is **not gross income**, it is after all deductions have been made. Please refer to your income tax return for your family's **taxable income** (use IRS Form 1040, Line 43; 1040A, Line 27; or 1040EZ, Line 6). If you receive federal assistance (Social Security or Public Assistance), then you automatically qualify under these guidelines.

<u>Size of Family Unit</u> Parents and Children (Please check one box)	<u>Family's Taxable Income</u> (Please check one box closest to your family's taxable income)
<input type="checkbox"/> 1	<input type="checkbox"/> \$19,140
<input type="checkbox"/> 2	<input type="checkbox"/> \$25,860
<input type="checkbox"/> 3	<input type="checkbox"/> \$32,580
<input type="checkbox"/> 4	<input type="checkbox"/> \$39,300
<input type="checkbox"/> 5	<input type="checkbox"/> \$46,020
<input type="checkbox"/> 6	<input type="checkbox"/> \$52,740
<input type="checkbox"/> 7	<input type="checkbox"/> \$59,460
<input type="checkbox"/> 8	<input type="checkbox"/> \$66,180
For family units with more than eight members, add \$6,720 for each member. (Effective January 15, 2020)	

Source of Income: Employment Social Security Public Assistance Other _____

Family's Taxable Income \$ _____ (IRS Form 1040, Line 43; 1040A, Line 27; or 1040EZ, Line 6)

➤ **Please provide a copy of ONE of the following: (Check one box)**

- A copy of your most recent AFDC or GA (City Welfare) Award Letter
- A copy of your Federal Tax Return (IRS Form 1040)
- A copy of any other government documentation stating your yearly taxable income
- A signed **Statement of Income** (See Interviewer)

The information you provide will be held in the strictest of confidence. Return this form with the completed Upward Bound Application to the above address. If you need any assistance in filling out this form, please call the Upward Bound office at (203) 254-4027. The above information is accurate to the best of my knowledge.

(Parent/Guardian's Signature) _____
(Date)

(Parent/Guardian's Signature) _____
(Date)

Reviewed by: _____ Date ____/____/____
Upward Bound Staff Member



Upward Bound

Current High School Schedule

Student's Name _____ Date ____/____/____
(Last Name) (First Name)
High School _____ Grade _____

Please indicate the specific classes you are currently taking in school:

English Composition Literature

Mathematics Algebra Geometry Pre-Calculus Adv. Math Other

History/Soc. Studies Civics Am. History World History Geography

Science Biology Chemistry Physics Adv. Science Other

Foreign Language French Spanish Japanese Other

Other Courses Computer Electives

Please list any after school activities:

Upward Bound

Student Self-Assessment – Part II

- Out of the areas listed on Page 5, what do you feel you need the most help with? _____

- Are there other areas or issues not mentioned that you feel you need help with? Please explain

- Please describe your goals. (What would you like to do with your life?) _____

- Does your future include a college education? _____
- Are you involved in any extra-curricular activities (sports, clubs)? _____

- Describe some of your special interests _____

- Write a brief paragraph explaining why you should be chosen as part of this program and what makes you different from other applicants _____

- Do you feel that you can handle the academic challenges the Upward Bound program offers? _____



Upward Bound

Teacher Recommendation Form

Student's Name _____
(Last) (First)

Teacher's Name _____ School _____

Subject Area(s) _____ Grade Level _____

To the Teacher: This student is applying to the Fairfield University Upward Bound Program. We would appreciate your evaluation of his/her overall academic and motivational skills. When you have completed this form please return it to the student or to the above address. Thank you for your assistance.

A. Please rate the applicant in the following categories (check one):

	Poor				Excellent
Academic Potential	1	2	3	4	5
Initiative	1	2	3	4	5
Self-Discipline	1	2	3	4	5
Interpersonal Skills	1	2	3	4	5
Communication Skills	1	2	3	4	5

B. What areas do you feel this student needs the most help in or could benefit from? (Do not limit yourself to the list above.) _____

C. Please feel free to provide any additional information about this applicant _____

Teacher's Signature _____ **Date** _____



Upward Bound

Guidance Counselor Recommendation Form

Student's Name _____ Grade _____

(Last) (First)

School _____

Guidance Counselor _____

To the Guidance Counselor: This student is applying to the Fairfield University Upward Bound Program. We would appreciate your evaluation of his/her overall academic and motivational skills. When you have completed this form please return it to the student or to the above address. Thank you for your assistance.

A. Please rate the applicant in the following categories (check one):

	Poor				Excellent
Academic Potential	1	2	3	4	5
Initiative	1	2	3	4	5
Self-Discipline	1	2	3	4	5
Interpersonal Skills	1	2	3	4	5
Communication Skills	1	2	3	4	5

B. What areas do you feel this student needs the most help in or could benefit from? (Do not limit yourself to the list above.) _____

C. Please feel free to provide any additional information about this applicant _____

Guidance Counselor's Signature _____ Date _____

- **Counselor: Please attach a copy of this student's transcript or last report card. Thank you for your assistance.**