



**Upward Bound**  
**Dolan House – Room 221**  
**Fairfield University**  
**1073 North Benson Road**  
**Fairfield, CT 06824-5195**  
Phone (203) 254-4027 Fax (203) 254-4296

**Application for Enrollment**  
Academic Year 2015-2016

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_  
Please Print (Last) (First) (Middle Initial)

Address \_\_\_\_\_ Bridgeport, CT Zip \_\_\_\_\_  
(House No.) (Street) (Apt. No.)

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 \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) E-Mail \_\_\_\_\_

Ethnicity:  Hispanic  Black or African American  
 American Indian/Alaskan Native  White  
 Asian  Native Hawaiian or Other Pacific Islander

Middle School: \_\_\_\_\_

Present High School:  Bassick  Central  Harding  Other \_\_\_\_\_

Present Grade :  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> 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 and to obtain information concerning postsecondary placement for tracking purposes.

Student's Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Upward Bound Staff Member

FG/LI LI FG



**Fairfield**  
UNIVERSITY

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**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.

<b>Size of Family Unit</b> Parents and Children (Please check one box)	<b>Family's Taxable Income</b> (Please check one box closest to your family's taxable income)
<input type="checkbox"/> 1	<input type="checkbox"/> \$ 17,655
<input type="checkbox"/> 2	<input type="checkbox"/> 23,895
<input type="checkbox"/> 3	<input type="checkbox"/> 30,135
<input type="checkbox"/> 4	<input type="checkbox"/> 36,375
<input type="checkbox"/> 5	<input type="checkbox"/> 42,615
<input type="checkbox"/> 6	<input type="checkbox"/> 48,855
<input type="checkbox"/> 7	<input type="checkbox"/> 55,095
<input type="checkbox"/> 8	<input type="checkbox"/> 61,335
<b>For family units with more than eight members, add \$6,240 for each member. (Effective January 28, 2015)</b>	

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



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**Current 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:

\_\_\_\_\_  
 \_\_\_\_\_

Reviewed by: _____ Date _____ Upward Bound Staff Member
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**Student Self-Assessment – Part II**

- Out of the areas listed on Page 4, 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? \_\_\_\_\_  
\_\_\_\_\_

Reviewed by: _____	Date _____
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**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 (circle one):**

	Poor			Excellent	
<b>Academic Potential</b>	1	2	3	4	5
<b>Initiative</b>	1	2	3	4	5
<b>Self-Discipline</b>	1	2	3	4	5
<b>Interpersonal Skills</b>	1	2	3	4	5
<b>Communication Skills</b>	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.**

Reviewed by: _____	Date _____
Upward Bound Staff Member	