

Priority Application Deadlines
December 1, 2009 for Spring 2010
April 15, 2010 for Summer 2010

Upward Bound at Boston University INSTRUCTIONS FOR APPLICATION

Upward Bound is a federally-funded TRIO program that provides academic support to low-income and/or first-generation college bound students. You may apply if you are currently a freshman or sophomore **and** attend Social Justice Academy, The Engineering School, Community Academy of Health and Science, Brighton, English, or Snowden High Schools. For more information please visit www.bu.edu/ub

Dear Student:

I am pleased that you are interested in Upward Bound. Please follow these steps in completing your application:

1. Fill in your personal information on the first page. Please be sure to complete the application essays, which are located on the second page.
2. Choose a teacher or counselor who knows your work as a student and ask him or her to write a short letter of recommendation. You should give this person the attached letter of recommendation form.
3. You and your parents should complete the academic release form. Please ask your guidance counselor for a copy of your complete high school transcript and copies of your most recent MCAS and BPS test scores. If a student is enrolled in special education course(s) a current copy of their Individual Education Plan must accompany the application.
4. Complete the attached data sheet. You will also need to submit one of the following: a copy of your United States birth certificate or permanent resident card.
5. Ask your parent or guardian to sign the parental consent, waiver and release.
6. Ask your parent or guardian to read and sign the parent contract of participation. You need to read and sign the student contract of participation.
7. Ask your parent or guardian to fill out and sign the income statement. You will also need to submit income verification (please see enclosed form for acceptable documentation).
8. You and your parent may choose to complete and sign the media release form.
9. You may return the completed application to your high school guidance counselor or you may return the completed application directly Upward Bound. Once we receive your application, we will contact you to arrange an interview with you. At least one of your parents or your legal guardian must accompany you to the interview.

Please feel free to contact our office at 617-353-3551 with any questions and I look forward to receiving your application.

Sincerely,

Michael Dennehy
Director



For Official Use Only
FG: _____ LI: _____

Upward Bound at Boston University

2009 - 2010 APPLICATION

(Please print or type)

Date: _____ Gender: Male Female

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

Name of High School: _____ Grade: _____

High School I.D. Number: _____ Name of High School Counselor: _____

Home Address _____
(Street) (Apt. No.)

_____ (City) (Zip Code)

Home phone: _____ Cell Phone: _____ E-mail: _____

Social Security Number*: _____ Date of Birth: _____

Name of Parent(s) or Legal Guardian: _____
Mother Father

Mother's Daytime Phone: _____ Mother's Evening Phone: _____

Father's Daytime Phone: _____ Father's Evening Phone: _____

Please check the box below that best indicates how you first learned about Boston University Upward Bound:

- Guidance Counselor A Friend or Relative Upward Bound presentation at school
- A Newspaper Advertisement Upward Bound website High School Teacher
- Summer Stuff Community Leader/Clergy Other: _____

Please check the box below that represents the highest level of education that you (the student) expect to complete:

- High School Career or Vocational Degree Program Two-year College
- Four-year College Master's Degree Doctoral Degree

* The program uses this information for participants' stipends and for reporting purposes to the United States Department of Education.

Upward Bound at Boston University

PARENTAL CONSENT, WAIVER & RELEASE

I, _____ the parent/guardian of _____, give my consent of his/her participation in the Upward Bound Program being sponsored by the Collaborative Office of Boston University and the Boston Public Schools. I understand my child will be attending after school classes and tutoring sessions at the university during the school year and attending a six-week summer residential program at Boston University during the summer. I understand that the university has made no representation concerning the safety of the methods of travel to and from or the travel sites visited.

I hereby agree, on behalf of myself and my child, to assume all of the risks in connection with my child's attendance at and participation in the Upward Bound Program, including travel, and I agree to release Boston University from any and all liabilities and claims whatsoever arising in connection with my child's attendance and participation, including travel, except insofar as such liabilities and claims arise out of Boston University's gross negligence or willful misconduct.

I consent to and authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child's attendance at or participation in the Boston University Upward Bound program. I give my consent and authorization to the Upward Bound Director or his/her designee to use his/her judgment in seeking medical care for my child. I understand that an attempt will be made to contact me in the event that emergency medical care is needed.

The term Boston University shall include the corporation named Trustees of Boston University and its successors, trustees, officers, agents, representatives, contractors and all persons for whose conduct the University is or could be legally responsible.

I agree that the laws of the Commonwealth of Massachusetts shall govern this Waiver & Release. I affirm that I have read and understood this document.

Signature of Parent or Guardian and Date

Printed Name

Emergency Contact Person

Name of student: _____, _____, _____
Last First M.I.

Name of person to contact in the event of an emergency:

_____, _____, _____
Last First M.I.

Daytime phone: _____

Evening phone: _____

Relationship to student: _____

Upward Bound at Boston University

DATA SHEET

1. Applicant's name _____

2. If you wish to be identified with a particular racial and ethnic group, please check the following:
(Please note this information is used solely for reporting purposes to the United States Department of Education)

Please mark one or more of the following racial identities:

_____ American Indian or Native American _____ Asian

_____ Black or African American _____ White

_____ Native Hawaiian or Other Pacific Islander

Please mark one of the following ethnic identities:

_____ Hispanic or Latino _____ Not Hispanic or Latino

3. Is English your first language? Yes No

4. Is English the primary language spoken at home? Yes No

If no, what language is spoken at home: _____

5. **Verification** of United States citizenship or residency. *Please attach a copy of one of the following documents:*

_____ Permanent Resident Registration Card # _____

_____ U.S. Birth Certificate # _____

_____ Naturalization Paper # _____

6. Please indicate the educational attainment of each parent or guardian with whom the student lives by putting an X in the box that represents the highest level of education completed by the parent or guardian:

	Mother	Father	Guardian
Below 8th grade			
Completed 8th grade			
Graduated from high school			
Graduated from a 2 yr. college (Associate's)			
Graduated from 4 yr. college (Bachelor's)			
Degree beyond the Bachelor's			

Certification: All of the information on this application is true and correct to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that we have given on this application. I also realize that purposely giving false or misleading information on this application may result in a fine, a prison sentence, or both. I also realize that if I do not give proof when asked, that my child will be denied admittance to Upward Bound at Boston University.

Signature of Parent or Guardian

Date

Upward Bound at Boston University

STATEMENT OF INCOME

The student's parent or legal guardian must complete this statement. Please answer the questions below and sign the certification that follows.

Parent Name: _____

Parent's Social Security Number: _____

1. Does your family receive any of the following?

SNAP/food stamps	Yes	No
TAFDC/transitional assistance benefits	Yes	No
Free and Reduced School Lunch	Yes	No

Note: If you answer "yes" to any part of question #1, please attach written documentation from a government agency that verifies of your family's receipt of benefits and skip to the certification below. Such agencies can include the Massachusetts Department of Transitional Assistance or verification of Free or Reduced Lunch benefits from your child's high school. If you answered no to all parts of question #1, please complete questions 2 and 3 along with certification below.

2. Please enter the total number of people in your household. _____

3. Please enter your family's 2008 annual taxable income. _____

Note: Taxable income can be found on line 6 of IRS Form 1040EZ, on line 27 of IRS Form 1040A, or on line 43 of IRS Form 1040. Please attach a photocopy of your 2008 tax return with supporting W-2s and complete the certification below.

Certification: All of the information on this application is true and correct to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that we have given on this application. I also realize that purposely giving false or misleading information on this application may result in a fine, prison sentence, or both. I also realize that if I do not give proof when asked, that my child will be denied admittance to Upward Bound at Boston University.

Parent's Signature

Date

Upward Bound at Boston University

LETTER OF RECOMMENDATION

TO THE STUDENT: Please separate this sheet from the rest of application and give to a teacher/counselor to fill out.

TO THE TEACHER OR SCHOOL COUNSELOR:

Upward Bound is a higher educational opportunity program offered by Boston University. During the academic year, the students come to Boston University for afternoon classes and tutoring. During the summer, the students live on the Boston University campus and have a full-time schedule of academic activities for six weeks.

Please assess the above student's potential to be a successful participant in the program. We would appreciate your comments on the student's ability in any of the following areas: initiative, sense of responsibility, intellectual curiosity and imagination, writing and oral expression, working with and relating to others, common sense and good judgment, and persistence to carry through on tasks. Please indicate how long you have known the student and name the course in which you have him/her. Please return this letter to the student.

You may either return this recommendation to the student or mail it directly to:

Boston University
Upward Bound
621 Commonwealth Ave.
Boston, MA 02215

Thank you for your time and for your support of this student.

Please feel free to either write your recommendation on the reverse side of this form or attach your recommendation to this form.

Signed _____

Date: _____

Teacher's Name _____

Title _____

Upward Bound at Boston University

PARENT CONTRACT OF PARTICIPATION

I will meet the following requirements as an Upward Bound participant's parent.

1. I will ensure that my child maintains a 2.3 or C+ average in all of his/her high school classes.
2. I will ensure that my child follows the rules and regulations of the program.
3. I will enforce all rules and regulations of the program as they pertain to my child.
4. I will ensure that my child attends the six-week summer program, which is residential at Boston University.
5. I will ensure that my child attends classes, tutoring and special activities during the academic year and summer program.
6. I will ensure that my child meets the 80% attendance requirement of the program and I understand he/she can be disciplined or terminated for more than 3 absences in one stipend period.
7. I will not allow my child to be involved with drugs and alcohol. I understand that the use of drugs or alcohol is not tolerated and will result in my child's immediate dismissal from the program.
8. I will commit to at least one meeting during the academic year and one meeting during the summer program with staff while my child is enrolled in the program.
9. I will call the program in the event of a cancellation for any trips/activities for which my child is scheduled to participate.
10. I will answer all inquiries regarding my child from the program.

If my commitment is found to be lacking in any of these areas, I understand it may result in disciplinary action against my child if he/she is not making progress in the program.

I, _____, the parent/guardian of _____ do
Hereby agree to the terms and rules of the Upward Bound program.

Parent's signature

Date

Upward Bound at Boston University

STUDENT CONTRACT OF PARTICIPATION

I will meet the following requirements as an Upward Bound participant:

1. I will maintain at least a 2.3 or C+ average in all my high school classes.
2. I will respect teachers, tutors and my fellow students.
3. I will not disturb classes and hand in all assignments.
4. I will attend the six-week summer program, which is residential at Boston University, and I will obey all rules of the summer program.
5. I will not tease or fight with anyone in the program.
6. I will attend classes, tutoring and special activities during the academic year and summer program. I understand that three (3) or more absences within a stipend period will be reason for disciplinary action or termination.
7. I will not be involved with drugs or alcohol. I understand that the use of drugs or alcohol is not tolerated and will result in my immediate dismissal from the program.
8. I will ensure that my parents call the program in the event of a cancellation for any trips/activities for which I have signed up to participate. In the event of a cancellation without prior notice, I understand that I will be responsible for the cost of my scheduled participation.
9. I will follow the rules and regulations of Upward Bound.
10. I will develop myself fully for graduation from high school and college.

If my commitment is found to be lacking in any of these areas, it will result in disciplinary action or dismissal from the program.

Student's Signature

Date

Upward Bound at Boston University

ACADEMIC RECORD RELEASE FORM

I, _____, the parent/guardian of _____ do hereby permit the release of my son/daughter's academic records including but not limited to grades, individual education plans, standardized test scores, and proof of graduation to Upward Bound at Boston University for the purpose of compiling and reporting data to the United States Department of Education, Office of Post-Secondary Education. I understand that the United States Department of Education requires Upward Bound at Boston University to report on my child's academic progress through either his or her graduation from college or for at least four years after my child's high school graduation.

Parent's Signature

Date

I, _____, do hereby permit the release of my academic records including but not limited to grades, individual education plans, standardized test scores, and proof of graduation to Upward Bound at Boston University for the purpose of compiling and reporting data to the U.S. Department of Education, Office of Post-Secondary Education. I understand that the United States Department of Education requires Upward Bound at Boston University to report on my academic progress through either my graduation from college or for at least four years after my high school graduation.

Student's Signature

Date

IMPORTANT - please attach a copy of your complete high school transcript and copies of your most recent MCAS and BPS test scores to your Upward Bound application.

Upward Bound at Boston University

MEDIA RELEASE

I hereby give my permission to Boston University to photograph, film, videotape and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements in Boston University educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs, news stories or publications that Boston University considers appropriate for release to magazines, newspapers, Boston University's World Wide Web site, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of Boston University and that neither my child nor I am entitled to any compensation for or rights in these materials.

I release Boston University from all liability with respect to the matters covered by this release.

Child's Name: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____