Upward Bound is a federally-funded TRIO program that provides academic support to low-income and/or first-generation college bound students. To qualify students need to either meet TRIO low-income guidelines or be first-generation college, meaning neither parent has obtained a bachelor’s degree. Additionally, to qualify, students must have at least started the ninth grade and either attend one of the program’s target high schools that include Brighton, the Community Academy of Science and Health, English, Margarita Muñiz Academy and Snowden or attend a public school and live in one of the program’s target neighborhoods that include Dorchester, East Boston, Mattapan and Roxbury. **Students attending the target high schools are given priority in the admissions process.** For more information, go to [www.bu.edu/ub](http://www.bu.edu/ub).

Dear Student:

I am pleased that you are interested in Upward Bound. Please follow these steps in completing your application and use the check boxes as you complete each step:

- Review the program calendar on page 2 to make sure you can participate in all program dates.
- Fill in your personal information on the page 3.
- Please be sure to complete the application essays, which are located on page 4.
- Choose a high school teacher 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 on page 8.
- You and your parents or legal guardian should complete the release of student information on page 10. 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.
- You and your parents or legal guardian should complete the data sheet on page 6. You will also need to submit one of the following: a copy of your United States birth certificate or permanent resident card.
- Ask your parent or legal guardian to fill out and sign the statement of family income form on page 7. Your parent will also need to submit income verification (please see enclosed form on page 7 for examples).
- Ask your parent or legal guardian to read and sign the parental consent, waiver and release on page 5.
- You and your parent or legal guardian should complete the required expectations for student participation on page 9.
- You and your parent may choose to complete and sign the media release form on page 11.
- **Students who do not attend a target school** will need to provide proof of address (e.g. utility bill).
- You may return the completed application to your high school guidance counselor or you may return the completed application directly to Upward Bound. Documents can also be faxed to (617) 353-2395. Once we receive your application, we will contact you to arrange an interview. 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,

Reggie Jean

---

**Do not e-mail any pages or supporting documents that contain a Social Security Number.**

Please fax to (617) 353-2395, mail, or drop off these items instead.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall Semester 2018</strong></td>
<td></td>
</tr>
<tr>
<td>September 17</td>
<td><strong>Student Fall Assembly &amp; Registration</strong> 4:00 - 5:30 p.m.</td>
</tr>
<tr>
<td></td>
<td><em>Please note:</em> Students will not be able to register by phone. Students who cannot attend the student assembly must call the office at (617) 353-3551 to make other arrangements.</td>
</tr>
<tr>
<td>September 24</td>
<td>Afterschool Program Begins</td>
</tr>
<tr>
<td>October 8</td>
<td>Columbus Day Holiday, No Program</td>
</tr>
<tr>
<td>November 12</td>
<td>Veteran’s Day Holiday Observed, No Program</td>
</tr>
<tr>
<td>November 13</td>
<td>Upward Bound T-Shirt Day. Wear your UB &amp; UBMS shirt to school</td>
</tr>
<tr>
<td>November 21 – 23</td>
<td>Thanksgiving Holiday, No Program</td>
</tr>
<tr>
<td>December 14</td>
<td>Last Day of the Semester</td>
</tr>
<tr>
<td><strong>Spring Semester 2019</strong></td>
<td></td>
</tr>
<tr>
<td>January 14</td>
<td><strong>New Student Orientation and Registration</strong> 4:00 p.m. – 5:30 p.m.</td>
</tr>
<tr>
<td>January 15</td>
<td><strong>Returning Student Spring Assembly &amp; Registration</strong> 4:00 p.m. – 5:30 p.m.</td>
</tr>
<tr>
<td></td>
<td><em>Please note:</em> Students will not be able to register by phone. Students who cannot attend the student assembly must call the office at (617) 353-3551 to make other arrangements.</td>
</tr>
<tr>
<td>January 21</td>
<td>MLK Jr. Day, No Program</td>
</tr>
<tr>
<td>January 22</td>
<td>Classes and Study Hall Begin</td>
</tr>
<tr>
<td>February 18 – 22</td>
<td>February Vacation, No Afterschool Program, UBMS Science Week</td>
</tr>
<tr>
<td>March 15</td>
<td>UB and UBMS mid-term grades due</td>
</tr>
<tr>
<td>March 18</td>
<td>UB &amp; UBMS Transition from MCAS ELA to MCAS Math Prep Classes</td>
</tr>
<tr>
<td>March 23</td>
<td>Spring Parent Open House – (10 a.m. – Noon)</td>
</tr>
<tr>
<td>April 15 – 19</td>
<td>April Vacation, No Afterschool Program, UBMS Science Week</td>
</tr>
<tr>
<td>May 10</td>
<td>Final Grades Due and End of Classes</td>
</tr>
<tr>
<td>May 13 – 24</td>
<td>Summer Placement Testing and End of the Semester</td>
</tr>
<tr>
<td><strong>Summer 2019</strong></td>
<td></td>
</tr>
<tr>
<td>June 8</td>
<td>Summer Parent Open House</td>
</tr>
<tr>
<td>June 23</td>
<td>Summer Program Begins*</td>
</tr>
<tr>
<td>July 4 and 5</td>
<td>Independence Day Holiday - No Program – Students go home the afternoon of Wednesday, July 3 and return the evening of Sunday, July 7</td>
</tr>
<tr>
<td>August 2</td>
<td>Summer Program Ends*</td>
</tr>
</tbody>
</table>

*Please Note:* Students and families should not make any vacation plans between June 23 and August 2 as students are expected to participate in all summer program activities.
(Please print or type)

Date: __________________________ Gender: [ ] Male [ ] Female (For reporting purposes to the US Department of Education)

First Name: ______________________ Last Name: __________________________ M.I.: __________

Student Date of Birth: ___________ Student Social Security Number*: ________________

Name of High School: __________________________ Grade: ____________

High School I.D. Number: __________ Name of High School Counselor: ______________________

Home Address __________________________ (Street) __________________________ (City) (Zip Code)

Home Phone: __________________________ Student Cell Phone: __________________________

Parent or Guardian Phone: __________________________ [ ] Cell [ ] Work

Student e-mail: __________________________

Parent e-mail: __________________________

<table>
<thead>
<tr>
<th>Parent 1 (including Adoptive Parent)</th>
<th>Parent 2 (including Adoptive Parent)</th>
<th>Legal Guardian 1 (if other than Parent)</th>
<th>Legal Guardian 2 (if other than Parent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Mother [ ] Father [ ] Unknown</td>
<td>[ ] Mother [ ] Father [ ] Unknown</td>
<td>Relationship to student: _____________ Name: __________________________</td>
<td></td>
</tr>
<tr>
<td>Name: __________________________</td>
<td>Name: __________________________</td>
<td>Relationship to student: _____________ Name: __________________________</td>
<td></td>
</tr>
<tr>
<td>Living: [ ] Yes [ ] No</td>
<td>Living: [ ] Yes [ ] No</td>
<td>Lives with Student: [ ] Yes [ ] No</td>
<td>Lives with Student: [ ] Yes [ ] No</td>
</tr>
<tr>
<td>Lives with Student: [ ] Yes [ ] No</td>
<td>Lives with Student: [ ] Yes [ ] No</td>
<td>Lives with Student: [ ] Yes [ ] No</td>
<td>Lives with Student: [ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

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

[ ] Guidance Counselor [ ] A Friend or Relative [ ] Presentation or at school
[ ] A Newspaper Advertisement [ ] Upward Bound website [ ] HS Teacher: __________________________
[ ] Summer Stuff [ ] Community Leader/Clergy [ ] Other: __________________________

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

This page includes a Social Security Number. Do not e-mail this page. Fax, mail, or deliver in person.
Please check one 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

Please complete the following essays, which are started for you. (Attach additional pages if needed)

I would like to be selected to participate in Upward Bound because... (You might want to write about the hopes you have for continuing your education beyond high school, what you want to gain from the program, which high school subjects you like and which subjects you would like some help with.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I think that you will want to choose me as a participant because I... (You might want to tell us of a particular interest or of a special skill or talent, if you have participated in a special project with your community or school, how you relate to others, or if you are a hard worker.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please check all boxes below that represent the other college access programs in which you currently participate or have recently applied:

[ ] Summer Search  [ ] Artists for Humanity  [ ] Build  [ ] Noonan  
[ ] Let’s Get Ready  [ ] TRIO Talent Search  [ ] GEAR-UP  [ ] buildOn  
[ ] Bottom Line  [ ] Harvard Crimson  [ ] College Bound  
[ ] SquashBusters  [ ] Freedom House  [ ] Other: _______________________

Student’s Signature ___________________________ Date _______________
Upward Bound at Boston University

PARENTAL CONSENT, WAIVER & RELEASE

I, _____________________________________ the parent/legal guardian of ______________________________________, give my consent of his/her participation in the Upward Bound Program being sponsored by 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 Legal Guardian and Date

Printed Name

Parent/Guardian 1:

Last Name: __________________________, First Name: __________________________, M.I.: __________________________

Primary Telephone: [ ] Home [ ] Cell [ ] Work (______) __________________________

Alternative Telephone: [ ] Home [ ] Cell [ ] Work (______) __________________________

Parent/Guardian 2:

Last Name: __________________________, First Name: __________________________, M.I.: __________________________

Primary Telephone: [ ] Home [ ] Cell [ ] Work (______) __________________________

Alternative Telephone: [ ] Home [ ] Cell [ ] Work (______) __________________________

Emergency Contact Person (if persons listed above are not available)

Last Name: __________________________, First Name: __________________________, M.I.: __________________________

Primary Telephone: [ ] Home [ ] Cell [ ] Work (______) __________________________

Alternative Telephone: [ ] Home [ ] Cell [ ] Work (______) __________________________
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
- Black or African American
- 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:
   - Spanish
   - Haitian Creole
   - Chinese (specify dialect: ________________________)
   - Vietnamese
   - Somali
   - Cape Verdean Creole
   - Portuguese
   - Arabic
   - Other; please specify: ________________________________

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 by putting an X in the box that represents the highest level of education completed by the parent or legal guardian:

<table>
<thead>
<tr>
<th>Parent 1 (including Adoptive Parent)</th>
<th>Parent 2 (including Adoptive Parent)</th>
<th>Legal Guardian 1</th>
<th>Legal Guardian 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please print parent name in space  →</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 8th grade</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed 8th grade</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduated from high school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduated from a 2 yr. college</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduated from 4 yr. college (Bachelor’s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree beyond the Bachelor’s</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 Legal Guardian  Date
# Upward Bound at Boston University

**STATEMENT OF FAMILY INCOME**

The student’s parent or legal guardian must complete this statement. Please answer the questions below and sign the certification that follows. To be income eligible for Upward Bound, a student’s family taxable income for the year prior cannot exceed 150 percent of the poverty level. For specifics and the taxable income levels, please visit [http://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html](http://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html)

Parent’s or Legal Guardian’s Name: ____________________________

<table>
<thead>
<tr>
<th>For Students Applying in Calendar Year 2018</th>
<th>For Students Applying in Calendar Year 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did your family receive any of the following in 2017? (please circle responses)</td>
<td>1. Did your family receive any of the following in 2018? (please circle response)</td>
</tr>
<tr>
<td>SNAP/food stamps</td>
<td>Yes</td>
</tr>
<tr>
<td>TAFDC</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Note: If you answered “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 the certification below. Such agencies can include the Massachusetts Department of Transitional Assistance. (To request an income verification letter from DTA call 1-877-382-2363.) If you answered no to all parts of question #1, please complete questions 2 and 3 along with certification below.*

<table>
<thead>
<tr>
<th>2. Please enter the total number of people in your household in 2017.</th>
<th>2. Please enter the total number of people in your household in 2018.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Please enter your family’s 2017 annual taxable income.</th>
<th>3. Please enter your family’s 2018 annual taxable income.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Taxable income can be found on line 6 of 2017 IRS Form 1040EZ, on line 27 of IRS Form 1040A, or on line 43 of IRS Form 1040. Please attach a photocopy of your 2017 tax return 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.

__________________________________________  ____________________________
Signature of Parent or Legal Guardian          Date

Supporting documentation for this page, such as tax returns and W-2s, may include Social Security Numbers. **Do not e-mail any documents that include Social Security Numbers.** These documents should be faxed to (617) 353-2395, mailed, or delivered in person.
LETTER OF RECOMMENDATION

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

TO THE HIGH SCHOOL 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 rigorous 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.

You may return this recommendation to the student, email it to reggie@bu.edu, fax it to 617 353-2395, or mail or hand deliver it directly to:

Boston University Upward Bound
Two Silber Way, Room 431
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 ____________________________
Teacher's Email ____________________________
Upward Bound at Boston University

REQUIRED EXPECTATIONS FOR STUDENT PARTICIPATION

I understand that Upward Bound requires students to do the following:

1. Students are expected to remain in Upward Bound through high school graduation.

2. Students are required to participate in both the six-week summer program and the after school program.
   
   • During the summer program students live in a residence hall on the Boston University campus from Sunday night through Friday afternoon.
   
   • During the school year, students commute to the Boston University campus after school for weekly tutoring, enrichment classes like MCAS or SAT test preparation and workshops to assist with the college and financial aid application process.

3. Students are expected to follow the rules and regulations of Upward Bound and Boston University. Full copies of the Upward Bound rules and regulations are distributed at the start of the fall semester, spring semester and summer program, and are also available upon request. Students and parents are expected to read the full version of the program’s rules and regulations. The program rules can be summarized as follows:
   
   • Students are expected to earn at least the grade of a C in all of their high school classes each marking term. If a student earns a grade below a C, Upward Bound will place them on academic probation. Any student on academic probation for three consecutive marking terms could be dismissed from the program.
   
   • Students are graded for their Upward Bound enrichment classes on a scale of 1-5 and are expected to maintain at least a 3.
   
   • Students are expected to be on time and prepared for all program classes and activities.
   
   • Students are expected to show respect for themselves and to others at all times.
   
   • Students are expected to follow reasonable staff directives.
   
   • Students are not allowed to have non-program friends as visitors on the Boston University campus while participating in Upward Bound.
   
   • Students are expected to inform Upward Bound staff of their whereabouts and during the summer program students are required to sign-in and out of the resident hall after 7 p.m.
   
   • Students are expected to observe the program’s curfew and lights-out policy during the summer program.
   
   • Students may not use cell phones or other mobile communication devices during classes or other program activities.
   
   • Students are not allowed to leave the Boston University campus during the summer program.
   
   • Students will be dismissed for any of the following infractions: possession or use of illegal drugs, alcohol, weapons or fireworks; physical violence or the threat of physical violence; intentional destruction of property (including graffiti); taking of someone else’s property without their permission; and during the summer students are not allowed in the dormitory tower reserved for the opposite sex nor are they allowed to use the dormitory or dining hall outside of approved times.

I have read and understand the required expectations for student participation.

Signature Parent or Legal Guardian ______________________ Date __________

Signature Student ______________________ Date __________
RELEASES OF STUDENT INFORMATION – REQUIRED

Permission to Release Student Information to Upward Bound

I, ______________________, the parent/legal guardian of __________________ do hereby permit the release of my son/daughter’s academic records including but not limited to courses, grades, individual education plans, standardized test scores, and proof of graduation to Upward Bound at Boston University for the purposes of tracking student progress, and 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.

_________________________ ____________________
Signature Parent or Legal Guardian Date

I, ______________________, do hereby permit the release of my academic records including but not limited to courses, grades, individual education plans, standardized test scores, and proof of graduation to Upward Bound at Boston University for the purposes of tracking student progress, and 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 academic progress through either my graduation from college or for at least four years after my high school graduation.

_________________________ ____________________
Student’s Signature Date

Permission for Upward Bound to Release Student Information to External Partners

I, ______________________, the parent/legal guardian of __________________ do hereby permit Upward Bound at Boston University to release the academic records about my son/daughter and his/her participation in Upward Bound to the Boston Public Schools, the Massachusetts Office of Elementary and Secondary Education, and to the U.S. Department of Education for legitimate educational interests and to release the following information about my son/daughter to Boston Afterschool and Beyond (http://www.bostonbeyond.org) for purposes of a Summer Measurement project (http://bostonbeyond.org/data-measurement/): name, date of birth, race/ethnicity, high school, student ID number, and home zip code.

_________________________ ____________________
Signature Parent or Legal Guardian Date

I, ______________________, do hereby permit Upward Bound at Boston University to release the academic records about me and my participation in Upward Bound to the Boston Public Schools, the Massachusetts Office of Elementary and Secondary Education, and to the U.S. Department of Education for legitimate educational interests and to release the following information about me to Boston Afterschool and Beyond (http://www.bostonbeyond.org) for purposes of a Summer Measurement project (http://bostonbeyond.org/data-measurement/): name, date of birth, race/ethnicity, high school, student ID number, and home zip code.

_________________________ ____________________
Student’s Signature Date
MEDIA RELEASE - OPTIONAL

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 or Legal Guardian’s Name: ________________________________

Parent’s or Legal Guardian’s Signature: ____________________________

Date: ______________________