



Priority Application Deadlines
December 1, 2019 for Spring 2020
April 15, 2020 for Summer 2020

Upward Bound Math Science at Boston University
INSTRUCTIONS FOR APPLICATION

Upward Bound Math Science 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. Students must also demonstrate an interest in science, technology, engineering or math. 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 the Chelsea, Boston Green Academy, Josiah Quincy Upper School, and Charlestown or attend a public school and live in one of the program's target neighborhoods that include Chelsea, 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/ubms.

Dear Student: I am pleased that you are interested in Upward Bound Math Science. 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*.
- Complete and sign the application essays, which are located on *page 4*.
- Choose a high school math or science 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. 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 must 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.
- A parent or legal guardian must read and sign the parental consent, waiver and release on *page 5*.
- You and your parent or legal guardian must complete the required expectations for student participation on *page 9*.
- Ask your parent or legal guardian to fill out and sign the statement of income on *page 7*. Your parent will also need to submit income verification (see enclosed form on *page 7* for examples).
- 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).
- Return the completed application to your high school guidance counselor or you may return the completed application directly to Upward Bound Math Science. Applications can also be faxed to (617) 353-2395. Once we receive your completed 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. 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.

Boston University
Upward Bound and Upward Bound Math Science
Calendar 2019 – 2020

Fall Semester 2019

September 16 **Student Fall Assembly & Registration*** 4:00 - 5:30 p.m.
2 Silber Way, Room 130

***Please note:** 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.

September 23 Afterschool Program Begins
October 14 Columbus Day Holiday, No Program
November 4 – 8 Upward Bound T-Shirt Week. Wear items with UB & UBMS to school
November 11 Veteran's Day Holiday Observed, No Program
November 27 – 29 Thanksgiving Holiday, No Program
December 13 Last Day of the Semester

Spring Semester 2020

January 13 **New Student Orientation and Registration*** 4:00 p.m. – 5:30 p.m.

January 14 **Returning Student Spring Assembly and Registration*** 4:00 p.m. – 5:30

***Please note:** Students will not be able to register by phone. Students who cannot attend student registration must call the office at (617) 353-3551 to make other arrangements.

January 20 MLK Jr. Day, No Program
January 21 Classes and Study Hall Begin
February 17 – 21 February Vacation, UBMS Science Week, No Afterschool Program
March 18 UB and UBMS mid-term grades due
March 23 Transition from MCAS ELA to MCAS Math Test Prep Classes
March 28 Spring Parent Open House – (10 a.m. – Noon)
April 10 Good Friday Holiday, No Program
April 20 – 24 April Vacation, UBMS Science Week, No Afterschool Program
May 14 Final Grades Due and End of Classes
May 18 – 28 Summer Placement Testing and End of the Semester

Summer 2020*

June 6 Summer Parent Open House
June 29 Summer Program Begins*
July 3 Independence Day Holiday – Update: Students go home the afternoon of Thursday, July 2 and return the evening of Sunday, July 5
August 7 Summer Program Ends*

***Please Note:** Students and families should not make any vacation plans between June 29 and August 7 as students are expected to participate in all summer program activities. Please try to schedule medical appointments for Friday afternoons.



For Official Use Only
FG: _____ LI: _____

**Upward Bound Math Science at Boston University
2019 - 2020 APPLICATION**

(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) (Apt. No.)

(City) (Zip Code)

Home Phone: _____ Student Cell Phone: _____

Parent or Guardian Phone: _____ Cell Work

Student e-mail: _____

Parent e-mail: _____

Parent 1 (including Adoptive Parent)	Parent 2 (including Adoptive Parent)	Legal Guardian 1 (if other than Parent)	Legal Guardian 2 (if other than Parent)
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Unknown Name: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Unknown Name: _____	Relationship to student: _____ Name: _____	Relationship to student: _____ Name: _____
Living: <input type="checkbox"/> Yes <input type="checkbox"/> No Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living: <input type="checkbox"/> Yes <input type="checkbox"/> No Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Guidance Counselor Presentation or at school A Friend or Relative _____
 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.

Check one box below representing 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

If any, what college majors or careers are you considering: _____

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 Math Science 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 any other college access programs in which you currently participate or have recently applied:

- Summer Search buildOn Build Noonan
 Let's Get Ready TRIO Talent Search GEAR-UP
 Bottom Line Harvard Crimson College Bound
 Squash Busters MGH Youth Scholars Other: _____

Student's Signature

Date

Upward Bound Math Science at Boston University

PARENTAL CONSENT, WAIVER & RELEASE

I, _____ the parent/legal guardian of

_____, give my consent of his/her participation in the Upward Bound Math Science Program being sponsored by Boston University and the Boston and Chelsea Public Schools. I understand my child will be attending after school classes, tutoring sessions, and participating in laboratory experiences 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 Math Science 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 Math Science program. I give my consent and authorization to the Upward Bound Math Science 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 Date Printed Name

Parent/Guardian 1: _____,
Last First M.I.

Primary Telephone: [] Home [] Cell [] Work (_____) _____

Alternative Telephone: [] Home [] Cell [] Work (_____) _____

Parent/Guardian 2: _____,
Last First M.I.

Primary Telephone: [] Home [] Cell [] Work (_____) _____

Alternative Telephone: [] Home [] Cell [] Work (_____) _____

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

_____, Relationship to student: _____
Last First

Primary Telephone: [] Home [] Cell [] Work (_____) _____

Alternative Telephone: [] Home [] Cell [] Work (_____) _____

Upward Bound Math Science 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:

- 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 or U.S. Passport # _____

_____ 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(s) or legal guardian(s) listed on page 3:

	Parent 1 (including Adoptive Parent)	Parent 2 (including Adoptive Parent)	Legal Guardian 1 (if other than Parent)	Legal Guardian 2 (if other than Parent)
Please write name in space provided→				
Below 8th grade				
Completed 8th grade				
Graduated from high school				
Graduated from a 2 yr. college				
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 Math Science at Boston University.

Signature of Parent or Legal Guardian

Date

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 please visit <http://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html>

Parent's or Legal Guardian's Name: _____

For Students Applying in Calendar Year 2019	For Students Applying in Calendar Year 2020
<p>1. Did your family receive any of the following in 2018? (please circle responses)</p> <p>SNAP/food stamps Yes No</p> <p>TAFDC Yes No</p> <p><i>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. (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.</i></p> <p>2. Please enter the <u>total</u> number of people in your household in 2018. _____</p> <p>3. Please enter your family's 2018 annual <u>taxable</u> income. _____</p> <p>Note: Taxable income can be found on <u>line 10</u> of the 2019 IRS Form 1040. <u>Please attach a photocopy of your 2018 tax return and complete the certification below.</u></p>	<p>1. Did your family receive any of the following in 2019? (please circle response)</p> <p>SNAP/food stamps Yes No</p> <p>TAFDC Yes No</p> <p><i>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. (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.</i></p> <p>2. Please enter the <u>total</u> number of people in your household in 2019. _____</p> <p>3. Please enter your family's 2019 annual <u>taxable</u> income. _____</p> <p>Note: Taxable income can be found on <u>line 10</u> of the 2019 IRS Form 1040. <u>Please attach a photocopy of your 2019 tax return and complete the certification below.</u></p>

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 Math Science 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, mailed, or hand delivered instead.

LETTER OF RECOMMENDATION

TO THE STUDENT: Please separate this sheet from the rest of application and give to a **high school math or science teacher** to fill out.

TO THE MATH OR SCIENCE TEACHER:

Upward Bound Math Science 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, and for science activities during spring breaks. During the summer, the students live on the Boston University campus and have a full-time schedule of rigorous academic activities for six weeks, including science laboratory activities with college faculty.

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: interest and aptitude in STEM fields, initiative, sense of responsibility, intellectual curiosity and imagination, desire to go to college, 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 had the student.

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 Math Science
Two Silber Way, Room 431
Boston, MA 02215

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

Please feel free to email, 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 _____

REQUIRED EXPECTATIONS FOR STUDENT PARTICIPATION

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

1. **Students are expected to remain in Upward Bound Math Science 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 Math Science and Boston University.** Full copies of the Upward Bound Math Science 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 Math Science 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 Math Science 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 Math Science Upward Bound.
 - Students are expected to inform Upward Bound Math Science 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 Math Science

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 Math Science at Boston University for the purposes of tracking academic progress and for 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 Math Science at Boston University for the purpose purposes of tracking academic progress and for 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

Permission for Upward Bound to Release Student Information to External Partners

I, _____, the parent/ legal guardian of _____ do hereby permit Upward Bound Math Science at Boston University to release the academic records about my son/daughter and his/her participation in Upward Bound to Chelsea Public Schools, 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 the 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 Math Science at Boston University to release the academic records about me and my participation in Upward Bound to Chelsea Public Schools, 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 the 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: _____