Upward Bound/Danbury Public Schools Collaborative Programs – Summer 2020 Application Package

The Upward Bound / Danbury Public Schools Collaborative programs are funded by the U.S. Department of Education and the City of Danbury. All of these programs provide motivation and academic skill development for low income, minority and first generation middle and high school students to prepare them for future educational endeavors. An academically intensive six-week or four-week summer program serves to advance the students’ academic skills, while promoting their personal growth through extracurricular experiences. The ultimate goal of the programs is to help students to achieve their academic goals of admission and completion of a post-secondary education.

Required Summer Dates for accepted students

Excel:
Rising 7th & 8th grade
July 6th – July 31st

Upward Bound:
Rising 9th grade
June 22nd – July 31st

Application Deadline: Friday, March 13th 2020
* Drop off completed applications to Western Connecticut State University
181 White Street Danbury, CT 06810 Building: Berkshire Hall, Suite 016
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
If you have any questions, please call (203) 837 - 8801 or (203) 617 - 5582.

Application Checklist

1. Completed Intake Application
   - This application is proof of Family Income and/or potential First-Generation college student
     (to be verified by completion of Parent/Guardian and Student’s Information section on Application)

2. Current and last academic year grades to verify:
   - Proof of school enrollment upon admission and academic achievement
   - Proof of Connecticut Residency
   - Proof of attendance at a qualifying public secondary school upon admission

3. 2019 Smarter Balanced Assessment Consortium (SBAC) scores to verify:
   - Demonstration of academic achievement

4. 2019 Tax Returns of both parents/guardians (second page must be SIGNED) to verify:
   - Proof of Residency and establish taxable income
   - Proof of Low-Income family
   **If you are not required to file a US tax form due to low income, please submit one of the following documents
   with your application: - Monetary Benefit Declaration form - Documentation showing Social Security Benefits OR
   - Housing Authority Verification Calculation Income sheet

5. Birth Certificate/Alien Registration Card/Naturalization Papers to verify:
   - Proof of United States Residency

6. Personal essay stating --- Why is your family’s experience in attending college and
   why do you want to attend college? (Essay should be 1-2 pages, ONLY ACCEPTED TYPED)
**Please print clearly and use pen only. STUDENT INFORMATION**

| Last Name: _____________________________ | First Name: _____________________________ | M.I. ______ |
| Mailing address: _____________________________ | City: _____________________________ | Zip: ______ |
| Home Phone: (_____): _____________________________ | Current Grade: ______ | Gender: □ Female □ Male |
| Date of birth: ______/______/_______ | Age: ______ |
| School: _____________________________ | Student School ID Number: _____________________________ |
| Student’s Email: _____________________________ | Student Cell: (_____): _____________________________ |
| US Citizen: □ Yes □ No □ If NO, please provide Permanent Resident Card #: _____________________________ |

**Ethnic background:** □ American Indian or Alaskan Native □ Asian □ Black or African American □ Hispanic/Latino □ White □ Native Hawaiian or Other Pacific Islander □ More than one race

Is the student part of the Bilingual or ESL/ELL program? □ Yes □ No

Does the student receive free/reduced lunch? □ Yes (Free) or □ Yes(Reduced) □ No □ Unknown

Is the student part of the Excel Program? □ Yes □ No □ What School? _____________________________

| PARENT (S) / GUARDIAN INFORMATION |
| With whom does the student live? □ Both parents □ Mother □ Father □ Guardian or Stepparent |

*Note: Only fill out the information of the person who the student lives with.*

| Name | Mother | Father | Guardian |
| Phone # | | | |
| Email | | | |
| Preferred Language | □ English □ Portuguese | □ English □ Portuguese | □ English □ Portuguese |
| | □ Spanish □ Other: | □ Spanish □ Other: | □ Spanish □ Other: |

Does the student’s parent(s)/guardian(s) have a HS or GED degree from the United States? □ Yes □ No

If yes, whom? _____________________________

Does the student’s parent(s)/guardian(s) have a 4-year college degree from the United States? □ Yes □ No

If yes, whom? _____________________________

**EMERGENCY CONTACT INFORMATION (Must be different from Parent/Guardian)**

| Last Name: _____________________________ | First Name: _____________________________ | M.I. ______ |
| Home Phone: (_____): _____________________________ | Cell Phone: (_____): _____________________________ |
| Relationship to the student: □ Grandparent □ Aunt/Uncle □ Sibling □ Family Friend □ Other: _____________________________ |

Important: Your availability to participate in the UB/ Danbury Public Schools Collaborative programs is contingent on funding from the U.S. Department of Education and the City of Danbury.
INCOME DOCUMENTATION INFORMATION

The following information is required by the federal government to determine the economic eligibility of each applicant and ensure we are providing services within federal guidelines. Failure to complete this section could result in the delay or denial of your student’s admission to the Western Connecticut State University Upward Bound/Danbury Public Schools Collaborative Program.

Names of Individuals Living at Home (include student) | Age | Relationship to student
---|---|---
1. | | |
2. | | |
3. | | |
4. | | |
5. | | |
6. | | |

Total Number of Dependents Living at Home: __________

Please check the box for last year’s TAXABLE FAMILY INCOME after deductions. This is NOT your Adjusted Gross Income. (Taxable income is on: Form 1040 ~ line 11b)

- ☐ Up to $18,735
- ☐ $18,736 – $25,365
- ☐ $25,366 – $31,995
- ☐ $31,996 – $38,625
- ☐ $38,626 – $45,255
- ☐ $45,256 – $51,885
- ☐ $51,886 – $58,515
- ☐ $58,516 – $65,145

- I hereby authorize the Upward Bound/Danbury Public Schools Collaborative Programs to contact and request information from, as well as share information with my student’s school, teachers and counselors. I hereby grant permission for the release of my student’s high school records and all other achievement records to the Western Connecticut State University Upward Bound/Danbury Public Schools Collaborative Programs.
- I give permission to the Western Connecticut State University Upward Bound/Danbury Public Schools Collaborative Programs to arrange transportation for my student, to and from Program sponsored events, in vans, buses or other vehicles driven or arranged by the Western Connecticut State University Upward Bound/Danbury Public Schools Collaborative Programs personnel. I understand that this is a service provided to students who voluntarily wish to use the Program’s transportation. Therefore, the Program will not be held liable in the event of an accident.
- I give my student permission to be interviewed and/or photographed by digital, still photo film or video recorder by the Western Connecticut State University Upward Bound/Danbury Public Schools Collaborative Programs for use on radio, TV, printed media, or in project documentation and promotional materials.
- Our signatures below indicate our commitment to the Western Connecticut State University Upward Bound/Danbury Public Schools Collaborative Programs. I give consent to my student to use the Internet and other technology and accept responsibility for appropriate use thereof.

I certify that all of the information I have provided is true and accurate.

________________________________________________________________________________________

Student’s Printed Name

Student Signature

Date

☐ Mother    ☐ Father    ☐ Guardian/Stepparent

Printed Name

Signature

Date

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MEDICAL & INFORMATION RELEASE FORM

Student Name ____________________________________________

Last                      First                      Middle Initial

Date of Birth: ___________   Best contact phone number: _______________________

Name of Doctor: _______________   Telephone Number: (___) ___________

Address: ___________________________________________________________

Street                        City                      State                      Zip

Medical insurance company: ___________________________   Policy/ Certificate # ____________

1. I give permission for my student to be given:  ☐ Aspirin  ☐ Tylenol  ☐ Advil

2. My student has had a tetanus shot within the past six years?  ☐ No  ☐ Yes

3. Does your student have any limitations to physical activity?  ☐ No  ☐ Yes - If YES, please explain.

4. Is your student currently under treatment for any illness or condition?  ☐ No  ☐ Yes - If YES, please explain.

5. Is your student on any medications?  ☐ No  ☐ Yes - If YES, please list below.

6. Does your student have any allergies?  ☐ No  ☐ Yes - If YES, please list below.

7. Does your student have any special needs for accommodations or is there any other medical concerns that we should be aware of?  ☐ No  ☐ Yes - If YES, please list below.

* I authorize the teacher, program leader or qualified medical personnel to take whatever first-aid action is deemed necessary, in their sole judgment, to protect my student’s health and safety in the event of any emergency. I agree that the program will not be responsible for or liable for any act, error, omission, or for any personal injury.

* I hereby give consent to allow my student to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this program. Permission is hereby granted for any emergency medical treatment, operation, anesthesia, or inoculation that might be needed.

* In addition, I hereby give my permission as parent/legal guardian for my student to participate in trips, athletic activities, and the Wide-Angle Vision program (i.e. hiking, canoeing, technical rock climbing, high ropes course & caving) until he/she officially withdraws or terminates himself/herself from the program.

☐ Mother  ☐ Father  ☐ Guardian/Stepparent  Signature                        Date

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