

DO NOT WRITE IN THIS SECTION – FOR OFFICE USE ONLYStudent Name: _____ Rising _____ (7th-10th)

Current School: _____

☐ Low Income

 ☐ First Generation

 ☐ ELL

 ☐ Academically at Risk
ConnCAP / Upward Bound / Danbury Public Schools Collaborative Programs - Application Package

The ConnCAP/ Upward Bound / Danbury Public Schools Collaborative programs are funded by the State and 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 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.

*** Drop off completed applications to Western Connecticut State University
181 White Street Danbury, CT 06810 Building: Warner Hall 103
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
If you have any questions, please call (203) 837 – 8801 or (203) 617 – 5582.**

When coming to campus, please wear masks and follow social distance guidelines.

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. 2021 Smarter Balanced Assessment Consortium (SBAC) scores to verify: _____

- Demonstration of academic achievement

4. 2021 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 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 --- What 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) _____

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



**Western Connecticut State University
ConnCAP / Upward Bound / Danbury Public
Schools Collaborative Programs**

Address: 181 White Street, Danbury, CT 06810

Building: Warner Hall 103

Telephone: (203) 837-8801 or (203) 617-5582

ConnCAP / Upward Bound / Danbury Public Schools Collaborative programs are designed to encourage and prepare participants to attend Post-secondary education. All information is **strictly confidential** and is used solely for the purpose of determining eligibility of students applying for participation in the ConnCAP / Upward Bound / Danbury Public Schools Collaborative Programs.



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 (S) INFORMATION

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

	Mother	Father	Guardian
Name			
Phone #			
Email			
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	<input type="checkbox"/> English <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	<input type="checkbox"/> English <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Other:

With whom does the student live? ☐ Both parents ☐ Mother ☐ Father ☐ Guardian or Stepparent

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: _____

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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 ConnCAP / Upward Bound / Danbury Public Schools Collaborative Programs.**

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 15)**

- | | | |
|---|--|--|
| <input type="checkbox"/> (1) Up to \$ 19, 319 | <input type="checkbox"/> (4) \$32,940 – \$39,749 | <input type="checkbox"/> (7) \$53,370 – \$60,179 |
| <input type="checkbox"/> (2) \$19, 320 – \$26,129 | <input type="checkbox"/> (5) \$39,750 – \$46,559 | <input type="checkbox"/> (8) \$60,180 – \$66,989 |
| <input type="checkbox"/> (3) \$26,130 – \$32,939 | <input type="checkbox"/> (6) \$46,560 – \$53,369 | <input type="checkbox"/> Other: _____ |

- I hereby authorize the ConnCAP / 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 ConnCAP/Upward Bound/Danbury Public Schools Collaborative Programs.
- I give permission to the Western Connecticut State ConnCAP / 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 ConnCAP / 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 ConnCAP / 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 ConnCAP / 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 understand that Western Connecticut State University ConnCAP / Upward Bound / Danbury Public Schools Collaborative Programs is a federal program authorized by the U.S. Department of Education and the Connecticut Office of Higher Education. I also understand that the information I have provided will be used to document my eligibility for the Program. I understand that the information provided on this application will be held confidential by the Pre-Collegiate and Access Programs staff.

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

Student's Printed Name	Student Signature	Date
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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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