

# Fitchburg State College

## Upward Bound Program Application

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### Student Information

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**Student's Name:** \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Grade Point Avg. (circle one): A B C D F Guidance Counselor: \_\_\_\_\_

Are you currently receiving services through any other community agency?  No  Yes Agency name: \_\_\_\_\_

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### Family Information

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**Parent(s) or Legal Guardian with whom you live:**

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Cell (phone) \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Cell (phone) \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Work phone #:** \_\_\_\_\_

Size of Family Household: 1 2 3 4 5 6 7 8 9 10 11 12 # \_\_\_\_\_

Highest Grade Completed by Mother: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 more.

Highest Grade Completed by Father: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 more.

Did either parent complete a four year college degree? Mother:  No  Yes From what college? \_\_\_\_\_

Father:  No  Yes From what college? \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_ Intake completed by: \_\_\_\_\_

## UPWARD BOUND PROGRAM

**Dear Upward Bound Applicant:**

Please gather the following information, using these 2 steps to complete your Upward Bound application.

- \_\_ 1. \* Detach** the green "Student Application Sheet", page 1  
**(Complete immediately and turn in to your high school guidance counselor)**
- \_\_ 2.** Gather the following materials together and turn in to your h.s. guidance counselor. Or bring them directly to the Upward Bound office, Fitchburg State College. (Rm. 258, Conlon Music Bldg.)
- \_\_ \* Income Verification** (copy)  
Documentation of parent(s)/guardian's current income (i.e. current IRS tax return, TAFDC, SSI verification papers, unearned income)
  - \_\_ Health Insurance Card** (copy)
  - \_\_ \* Parent/Guardian Consent Forms**, pages 3 and 4
  - \_\_ Birth Certificate** (copy) and **Alien Card** (copy)
  - \_\_ Social Security Card** (copy)
  - \_\_ One Recommendation** (Reference Form Attached)  
The recommendation to be completed by school personnel (i.e. teacher, counselor, Vice-principal).
  - \_\_ \* Applicant Essay**  
One page essay (200 word) describing what you hope to gain from participating in the UB program and your education and/or career plans after graduation.
  - \_\_ \* High School Records** (include current report card, transcripts and a copy of 8<sup>th</sup>/10<sup>th</sup> grade MCAS scores)

\* When these completed materials are received, the Upward Bound program will determine your eligibility for the program. If eligible, you and your parent(s)/guardian will be contacted for an interview with program staff.

**Please feel free to contact the Upward Bound office at 978-665-3439 if you have any questions or concerns.**

Thank you for your time and care on this application.

Sincerely,

Julie A. Primeau, Director  
Upward Bound

**PARENTAL CONSENT FORM  
TO PARTICIPATE IN UPWARD BOUND**

I hereby grant (applicant's name): \_\_\_\_\_ full permission to participate in all UPWARD BOUND program activities.

I further agree not to hold the Fitchburg State College or program personnel liable for any injuries sustained by my son/daughter/ward that are not due to gross negligence, and I grant permission to secure emergency medical treatment if necessary. I also grant the UPWARD BOUND PROGRAM permission to access my son/daughter/ward's high school record folder and transcripts. In addition, I certify that the information provided on this application is, to my knowledge, true and accurate.

Name of Doctor: \_\_\_\_\_ Phone Number of Doctor: \_\_\_\_\_

Insurance Carrier or Mass Health: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**PARENT/ STUDENT CONSENT FORM  
FOR ACCESSING STUDENTS' RECORDS**

I, (Parent/Guardian's signature) \_\_\_\_\_ give permission for the Upward Bound Program to obtain the academic records/information for my son/daughter/ward (print student's name) throughout his/her high school career and for six years following his/her graduation. In keeping with federal regulations, any student who participates with the Upward Bound Program for ten days during summer programming or sixty days during school year programming must be tracked annually throughout their college years until completion, or six year after his/her high school graduation. [Federal regulation CFR 645.32 (3) (4) (5).]

(Student's signature) \_\_\_\_\_ (Date)

Social Security # \_\_\_\_\_ - - Year of High School Graduation:

**UPWARD BOUND PROGRAM**  
**STUDENT REFERENCE**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name of reference person \_\_\_\_\_ Job title/position \_\_\_\_\_

**In what capacity and for how long have you known this student?**

**ACADEMIC INFORMATION**

How do you rate this student's academic POTENTIAL? (Circle one) low 1 2 3 4 5 high

How do you rate this student's present academic PERFORMANCE? low 1 2 3 4 5 high

How do you rate this student's current educational MOTIVATION? low 1 2 3 4 5 high

In what areas (academic, vocational, social) does this student need serious improvement?

How can the Upward Bound Program meet these needs?

If this student does not enter the Upward Bound Program, will s/he be likely to apply to or enroll in a postsecondary program? Yes \_\_\_ No \_\_\_

What obstacles may keep this student from entering AND succeeding in postsecondary education if s/he does not enroll in the Upward Bound Program?

What obstacles may keep this student from entering AND succeeding in postsecondary education even if s/he enrolls in the Upward Bound Program?

What career plans, if any, has this student made?

(OVER)

## PERSONAL INFORMATION

If the student has any identified learning disabilities, please attach a copy of the student's individual educational plan. If the student has any other learning problems, please describe.

Does the student have any particular behavioral patterns which the Upward Bound Program personnel should be aware of in order to meet the student's needs? (i.e. reaction to stress, new situations, criticism, success, etc.)

Is there anything in the home situation which affects this student's academic performance, social growth or potential for success in postsecondary education?

Do you believe this student has the maturity level to participate in a residential group setting?  
*Please describe.*

Has this student ever had personal counseling? Yes \_\_\_ No \_\_\_  
Do you think this student needs personal counseling now? Yes \_\_\_ No \_\_\_

What health problems, if any, does this student have?

Do you feel that this student may be a chemical/alcohol abuser? Yes \_\_\_ No \_\_\_

Please feel free to add additional information here or attach it to this reference.

## SUMMARY

Why do you think this student is a likely candidate for the Upward Bound Program?

What is your overall recommendation of the applicant?

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your time in completing this form, **please mail:** att: Director, Upward Bound Program, Fitchburg State College, 160 Pearl St., Fitchburg, MA 01420 - or return to your guidance counselor*