

Wesleyan Upward Bound Math-Science Program Benefits

I. Advocacy

- A. Staff will assist with academic, personal, family, and social concerns that may arise in a student's high school career.
- B. Staff will serve as a liaison between students, parents, and their respective school systems.
- C. Staff may refer students/families to appropriate personal and family counseling services.

II. Academic Assistance

- A. Advisors will be provided for each UBMS student. They will meet regularly with students and parents to discuss student's academic performance. Conferences will be held with students and parent(s)/guardian(s) at the end of Academic Year Terms 1, 2, and 3.
- B. Students will receive assistance with high school course selection.
- C. Tutor services will be provided for each UBMS student at his/her respective schools.
- D. Writing Workshops will be provided for UBMS students.
- E. Study Skills Assistance will be provided to all UBMS students on a regular basis.

III. College Admissions Preparation

- A. Staff will inform students and parent(s)/guardian(s) of updated information on the college admission process.
- B. SAT preparation workshops will be provided for Juniors and Seniors.
- C. SAT and ACT fee waivers will be provided for UBMS students.
- D. Students and parents will visit several colleges and universities throughout the New England region.

IV. Financial Aid

- A. Parents and students will be kept abreast of the latest financial aid information.
- B. Staff will consult with parents in completing the FAFSA and CSS Profile Applications.
- C. College Application Fee Waivers will be provided to each UBMS graduating senior.
- D. Staff will assist students in the identification and completion of appropriate scholarship applications.

V. Enrichment Activities

- A. Community Service opportunities, cultural and enrichment activities will be made available throughout the year.

VI. Career Planning

- A. Aptitude Tests will be administered to aid students in the selection of appropriate careers.
- B. Assistance will be provided to insure that students' course selections are appropriate to their career choices and academic aptitude.
- C. Students will be informed of job shadowing and internship opportunities.

Wesleyan University
Upward Bound Math & Science Program
Student Application

FOR OFFICE USE: Date: _____ Accepted Income First Generation Both Disability Rejected

Student's Name: _____ **Social Security Number:** _____

Student's Address: _____
Street City State Zip Code

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Gender: Male Female Birth Date: ___/___/___ Age: _____

School Attending: Maloney HS Platt HS New Britain HS High School Graduation Year _____

Ethnicity (check all that apply): American Indian or Native Alaskan Asian Black or African American
 Hispanic or Latino Native Hawaiian or Other Pacific Islander White

Student's Citizen Status U.S. Citizen or National Permanent Resident Other _____

Does the student have a physical disability which might require an environmental accommodation or a learning disability which we should be aware of? Yes No

If yes, please describe the disability: _____

With whom does the student live? Both parents Father only Mother only Foster Parents Legal Guardians
 Mother/Stepfather Father/Stepmother Grandparents Other (Relation to Applicant) _____

English- Speaking Home Yes No **If no, language spoken in home:** _____

Mother/Stepmother/Guardian

Full Name: _____

Address: _____
Street City State Zip Code

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ E-mail Address: _____

Highest grade level completed: 9 10 11 12 Assoc. Degree BA/BS MS Ph.D Other _____

Occupation: _____ Employer: _____

Father/Stepfather/Guardian

Full Name: _____

Address: _____
Street City State Zip Code

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ E-mail Address: _____

Highest grade level completed: 9 10 11 12 Assoc. Degree BA/BS MS Ph.D Other _____

Occupation: _____ Employer: _____

CONFIDENTIAL FINANCIAL ELIGIBILITY INFORMATION

(TO BE FILLED OUT BY PARENT OR GUARDIAN WITH WHOM STUDENT RESIDES)

Please answer **ALL** questions. **This application cannot be considered if the required information is not provided.**

The personal information given to the Upward Bound Math-Science Program is kept on file for the federal government (US Department of Education). This information is protected by the Privacy Act. Only Upward Bound Math-Science staff or those who have special authorization will view this information. The requested information is necessary to determine if you are eligible to participate in the Program and assists the government in measuring our success. The Department of Education has the authority to gather any information that will contribute to making Upward Bound Math-Science a better program. (20 USX 123z)

***PLEASE ATTACH A COPY OF YOUR 2014 (or most recent) FEDERAL INCOME TAX RETURN OR WELFARE/SOCIAL SECURITY BUDGET SHEET. THIS MUST BE PROVIDED TO DETERMINE ELIGIBILITY FOR THE UPWARD BOUND PROGRAM.**

Parent(s) or Guardian(s) Name _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Relationship to Student: _____ Date: _____

What was your **2014** (or most recent) **taxable** income? \$ _____

IRS FORM 1040	Line 43
IRS FORM 1040A	Line 27
IRS FORM 1040EZ	Line 6

Did you claim the applicant as an exemption on your income tax return? Yes No

Does the family receive any of the following government benefits?

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount per month
Aid to Dependent Children (AFDC)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Name & Telephone Number of caseworker _____			
Social Security Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Telephone Number of Administering Office _____			
Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Telephone Number of Administering Office _____			
Title XIX Medical Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Telephone Number of Administering Office _____			

Names of Individuals Living at Home (Please attach additional sheet if needed)	Age	Relationship to student
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		

Total Number of Individuals Living at Home _____ (Please include parents/guardians and siblings)

I certify that the information reported on this statement is, to the best of my knowledge and belief, true, correct, and complete.

Parent/Guardian Signature _____ Date _____

WESLEYAN UNIVERSITY UPWARD BOUND MATH-SCIENCE

CONSENT TO RELEASE INFORMATION ON YOUR CHILD

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Your child is a candidate for the Wesleyan University Upward Bound Math-Science Program, which is operated in cooperation with your local school system. It is funded by the U.S. Department of Education, the State of Connecticut, and your local School Board. The Program assists eligible students in developing motivation, academic skills, and financial-aid knowledge necessary for post-secondary education.

To be considered for this Program, we must have your authorization, in order, to request information from middle schools, high schools, colleges, testing institutions, and other agencies or universities on behalf of our students and Program. Your signature at the bottom of this form authorizes Upward Bound Math-Science Program to:

- Request a copy of your school and/or college transcript and test scores,
- Access to online school records including PowerSchool,
- Request a copy of your PSAT, SAT, ACT, CMT or CAPT test scores,
- Use your Social Security number to request a copy of your financial aid application, transcripts, college enrollment status, and awards from the federal and state funding agencies, post-secondary institutions, and the National Student Clearinghouse.
- Communicate with representatives from agencies or post-secondary institutions on your behalf.

I hereby authorize the above-mentioned parties to provide the Wesleyan University Upward Bound Math-Science Program with information and records on my child.

Student's Social Security Number: _____

Print Student's Name: _____

Student's Signature: _____ **Date:** _____

Print Parent's Name: _____

Parent's Signature: _____ **Date:** _____

PUBLICITY AND PHOTO RELEASE FORM

The Wesleyan Upward Bound & Pre-Collegiate Programs Office is making a concentrated effort to promote the positive activities, honors, and work of our staff and students. This includes working with the local newspapers, radio, and television stations and also developing our own publications. These publications include information, likenesses, and images, which may appear on the University web site as well as in other publications.

As we go about this project there will be opportunities for various students to be interviewed and/or photographed and **identified by name and grade or school**. However, we understand that some parents may request that we do not identify their child(ren). Please fill out the form below to inform us of your wishes regarding publicity. **Please note, however, that your child's image or likeness may appear in occasional candid photos without any type of name identification and the use of these candid photos of your child is permissible.**

(Please print. Use a separate form for each child)

Student Name _____ Grade _____

Parent/Guardian Name _____

I give permission for my child to be interviewed, identified, and/or photographed/filmed for use in program publications, including, but not limited to, publication via web site or other technological publications, videos, newspapers, radio, or television.

I request that you do not interview or photograph my child.

Parent/Guardian Signature _____

Date _____

This form will be kept on file at our office. If a situation arises that may change your child's status regarding publicity, please notify us in writing as soon as possible. New photo release forms will not be required each school year.

**WESLEYAN UNIVERSITY
UPWARD BOUND MATH-SCIENCE PROGRAM**

MATH/SCIENCE TEACHER RECOMMENDATION

Applicant's Name: _____

Grade: 8th 9th 10th 11th

Teacher's Name: _____ Name of School: _____

Name of Subject & Level: _____ Advanced/High Honors Honors

College Prep. Regular/Basic Other: _____

This student has applied as an applicant for the Upward Bound Math-Science. Please rank the student in each category below.

Category	Below Average	Average	Above Average	Excellent	Outstanding (5%)	One of the top few encountered in my career
Academic Self-Discipline						
Intellectual Promise						
Academic Effort						
Initiative						
Independence						
Creativity						
Maturity						
Motivation						
Leadership Potential						
Ability to ask for & access help						
Overall assessment of student relative to others in their grade						

1. Does this student excel in your current math or science course?

2. If you could make a suggestion of how the student could improve, what would you suggest?

3. Any other information regarding the applicant would be greatly appreciated (i.e. personality, skills, participation, interaction with peers and authority figures, etc.).

4. Please check the following services/skill development that you think the applicant needs:

- Writing skills & Grammar
- Reading Skills
- Mathematical Skills
- Homework completion
- Study Skills (note taking, test preparation, time management, etc.)
- Preparation for the SBAC
- Motivation to study
- Motivation to pursue college
- Class attendance
- Leadership & Presentation skills
- Social & Communication skills
- Self-esteem and/or confidence

5. Does the student perform at grade level? Yes NO

Signature: _____

Date: _____

**WESLEYAN UNIVERSITY
UPWARD BOUND MATH-SCIENCE**

PERSONAL STATEMENT

Applicant's Name: _____ Date: _____

This personal statement will help us get to know you better as a person and student in ways that differ from courses, grades and test scores. It will also demonstrate your ability to organize your thoughts and express yourself.

Instructions: Please write a brief essay that answers **each** of the following questions (you may attach additional pages if needed):

What challenging experiences have you overcome that will be of benefit to you in meeting the challenges of the Upward Bound Math-Science?

What program services will be most helpful to you and why?

In what ways do you plan to contribute to the program?

What would you like to do as your career? What are some careers that you have thought about doing? What are type of jobs would you want to do/see yourself doing?

Applicant's Signature: _____ Date: _____