What is the Upward Bound Math Science Program?

Wesleyan University’s Upward Bound Math Science (UBMS) Program is a comprehensive program developed to enhance the academic skills and preparation of talented high school students who have an interest in pursuing higher education. While providing students with academic support, the program also offers hands-on science and math experience and exploration. The UBMS Program assists students in the college preparation, identification, and application process. It also provides a six-week summer program on the campus of Wesleyan University, and an after school and Saturday Program during the academic year. Students participate until their high school graduation.

What does the Upward Bound Math Science Program offer?

- Summer preparation for academic year
- After school academic and pre-professional enrichment
- SAT Preparation
- Academic support in Math, Science, English, and other subjects
- College visitation program
- Assistance with selecting and applying to colleges
- Assistance in completing financial aid and scholarship applications
- Assistance in analyzing financial aid packages and options
- SAT and college application fee waivers
- College preparation
- Assistance with high school course selection
- Community Service opportunities
- Cultural and enrichment activities

Program Criteria

- **Demographics**
  - Students will come from a low-income, first-generation college-bound background. At least one of these criteria must be met.
  - Low-income is defined by the U.S. Department of Education as an individual whose family’s taxable income for the preceding year did not exceed 150 percent of the poverty level amount.
  - First-generation is defined as neither parent/guardian has attained a Bachelor’s Degree or higher.

- **College Ambition, Potential, and Motivation**
  - Candidates should want to go on to higher education, and have the potential and motivation to do so.

- **Attendance, Participation, Involvement, and Transportation**
  - Candidates should want to participate in the program and attend events and meetings, including once a month on Saturdays during the school year.
  - Participation in the six-week summer program (late June to first week of August – exact dates to be confirmed) is mandatory all the way through high school graduation.
  - Bus transportation will be provided for most activities, including summer program and school year Saturday Sessions.

- **Behavior and Discipline**
  - Candidates should be mature, responsible, and self-disciplined. They should present themselves positively and always show genuine respect for themselves and others. This includes maintaining a high standard of honesty and integrity.
  - Students should not be subject to disciplinary action in school while in the Program.
  - Students that violate Program rules or do not meet expectations must be aware of consequences, including possible dismissal from the Program.
Application Checklist, Deadline, and Submission

✓ A completed application will include:

☐ Student Application page [pg. 3]
☐ Financial Eligibility Information Form (with most recent tax forms) [pg. 4]
☐ Consent to Release Information Form [pg. 5]
☐ Publicity and Photo Release Form [pg. 6]
☐ Math/Science Teacher Recommendation (from current math/science teacher) [pg. 7-8]
☐ Applicant Questionnaire [pg. 9-10]

✓ Completed applications should be submitted by Friday, April 3rd, 2020.

✓ Completed applications can be submitted in the following ways:

➢ By mail to the following address:

   Wesleyan Upward Bound Math-Science
   41 Lawn Ave.
   Middletown, CT 06459

➢ Handed in to the guidance office

➢ Delivered in person to the Program office on 41 Lawn Ave. in Middletown

✓ If you have any questions or concerns regarding the application or the program, please feel free to:

➢ Call our office at 860-685-2970

➢ For Middletown: E-mail Marek Mikunda, Program Coordinator, at mmikunda@wesleyan.edu

➢ For Meriden & New Britain: Email Durga Nyame, Program Coordinator, at dnyame@wesleyan.edu

➢ E-mail Miguel Peralta, the Program Director, at mperalta@wesleyan.edu

➢ Stop by our office! Monday-Friday, 9am-5pm

➢ Visit our website at wesleyan.edu/ubms
Student's Name: _____________________________________________

Student's Address: ____________________________________________
                                                                 Street       City       State       Zip Code

Home Phone Number: ____________________________________________  Cell Phone Number: ____________________________________________

E-mail Address: ________________________________________________

Gender: ☐ Male ☐ Female  Birth Date: __/__/____  Age: ____________  Current Grade: ________  

School Attending Next Year: ☐ Middletown HS  ☐ Maloney HS  ☐ Platt HS  ☐ New Britain HS 

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 Parent(s)  ☐ Legal Guardian(s)  

☐ Mother/Stepfather  ☐ Father/Stepmother  ☐ Grandparent(s)  ☐ 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 ☐ MA/MS ☐ PhD ☐ Other ________

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 ☐ MA/MS ☐ PhD ☐ Other ________

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 ________________________________
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 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 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 THE FIRST TWO PAGES OF YOUR 2019 (or most recent) FEDERAL INCOME TAX RETURN OR WELFARE/SOCIAL SECURITY BUDGET SHEET. THIS MUST BE PROVIDED TO DETERMINE ELIGIBILITY FOR THE UPWARD BOUND MATH SCIENCE PROGRAM.***

Parent(s) or Guardian(s) Name_________________________________________

Address__________________________________________________________________________

City __________________________ State ______ Zip Code ________ Phone ________

Relationship to Student: __________________________ Date: __________________________

Did you claim the applicant as a dependent on your most recent income tax return? □ Yes □ No

What was your 2019 (or most recent) taxable income? $__________ You can find this on: IRS FORM 1040--------- Line 10

Please mark your family size and taxable income range on the table below:

<table>
<thead>
<tr>
<th>Size of Family Unit (circle the number in your family)</th>
<th>Taxable Income (circle your most recent yearly taxable income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$0 - $19,140</td>
</tr>
<tr>
<td>2</td>
<td>$19,141 - $25,860</td>
</tr>
<tr>
<td>3</td>
<td>$25,861 - $32,580</td>
</tr>
<tr>
<td>4</td>
<td>$32,581 - $39,300</td>
</tr>
<tr>
<td>5</td>
<td>$39,301 - $46,020</td>
</tr>
<tr>
<td>6</td>
<td>$46,021 - $52,740</td>
</tr>
<tr>
<td>7</td>
<td>$52,741 - $59,460</td>
</tr>
<tr>
<td>8</td>
<td>$59,461 - $66,180</td>
</tr>
</tbody>
</table>

Does the family receive any of the following benefits?

☐ SNAP/Food Stamps ☐ AFDC ☐ Social Security Benefits ☐ Veteran’s Benefits ☐ Title XIX Medical Benefits

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 ________________
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 US Department of Education. 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 the 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, CAPT or SBAC test scores,
- Request information from your school about learning or other disabilities you have disclosed to us,
- 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 Math Science Program is making a concentrated effort to promote the positive activities, honors, and work of our staff and students. This includes working with 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 and social media accounts, 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.
ATTENTION TEACHER: Please return directly to UBMS staff member by email at ubms@wesleyan.edu, or Return recommendation to student in a sealed envelope.

Applicant’s Name: ___________________________  Grade: □ 8th □ 9th □ 10th □ 11th

Teacher’s Name: ___________________________  School: ___________________________

Name of Subject & Level: ___________________________ □ AP/Advanced/High Honors □ Honors

□ College Prep. □ Regular/Basic □ Other: ___________________________

The following ratings are a means for our program to better evaluate the student during the selection process. Please provide responses that best describe the student.

SCALE:  1 = Unsatisfactory  2 = Satisfactory  3 = Good  4 = Excellent  0 = Unable to provide response

1. ABILITY:
   Is able to understand and apply basic concepts of your class/subject
   1  2  3  4  0

2. ACHIEVEMENT
   Is living up to his/her full potential in your class/subject
   1  2  3  4  0

3. PRODUCTIVITY
   Stays on task, fully participates, completes assignments, and studies required amount to succeed
   1  2  3  4  0

4. INITIATIVE
   Takes charge of work independently and without prompting; is resourceful
   1  2  3  4  0

5. MOTIVATION
   Level of motivation in your class
   1  2  3  4  0

6. LEADERSHIP
   Ability to serve as a leader to peers; sets a good example; encourages others
   1  2  3  4  0

7. BEHAVIOR
   Follows rules, accepts consequences and responds to correction
   1  2  3  4  0

8. MATURITY
   Level of maturity in your class
   1  2  3  4  0

9. EFFORT
   Effort put forth towards assignments, class participation, etc.
   1  2  3  4  0

10. POTENTIAL
    Has the potential for pursuing a college degree?
    1  2  3  4  0

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

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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PECSEE SEE BACK PAGE!
If you could make a suggestion of how the student could improve, what would you suggest?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

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

Please check the following services/skill development that you think the applicant needs (check all that apply):

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

Does the student perform at grade level?  ☐ Yes  ☐ No

Signature:_________________________________________  Date:_________________________
WESLEYAN UNIVERSITY
UPWARD BOUND MATH SCIENCE PROGRAM
APPLICANT QUESTIONNAIRE

Applicant’s Name: ___________________________ Date: _________________________________

1. What are your favorite subjects? □ English □ Math □ History □ Science □ Foreign Languages □ Other: ___

2. What are your least favorite subjects? □ English □ Math □ History □ Science □ Foreign Languages □ Other: _____________________________

3. How would you rate your level of academic effort on a scale of 1 to 10?
   □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 Why? ____________________________________________

4. How much time do you spend doing homework? ________________________________________________

5. Please describe your homework environment: ________________________________________________
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

6. Name 3 things that you think make a student a successful student?
   1. ________________________________________________
   2. ________________________________________________
   3. ________________________________________________

7. How would you describe yourself? __________________________________________________________
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

8. How would your teachers describe you? ______________________________________________________
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

9. What areas do you need the most improvement in academically and/or personally?
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

10. What is your ideal career goal? ____________________________________________________________

11. What steps are needed in order to reach your ideal career goal? ________________________________
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

12. Define at least three strengths you have that you think will help you in your career choice:
   1. ________________________________________________
   2. ________________________________________________
   3. ________________________________________________

13. Do you think that you have enough information about your choice of career? □ Yes □ No

PLEASE SEE BACK PAGE!
14. What is the highest degree you plan to earn? (Please check one answer)
   □ Associate of Science (AS)  □ Baccalaureate of Arts (BA)  □ Baccalaureate of Science (BS)
   □ Masters of Arts (MA)     □ Masters of Science (MS)  □ Doctor of Jurisprudence (JD)
   □ Doctor of Medicine (MD) □ Doctorate (PhD)          □ I do not understand these terms

15. Do you know what AP courses are?  □ Yes Please explain: ______________________________
   □ No  □ Not sure

16. Do you plan on taking AP courses in high school?  □ Yes  □ No  □ Not sure

17. Have any of your teachers and/or a Guidance Counselor recommended you to take Honor and/or Advanced level courses?  □ Yes  □ No

18. Have you set a goal to achieve a certain high school GPA? If so, what is your goal?
   □ Yes  □ No  GPA: __________________________

19. Please identify the reasons you think you need this program. If you select more than one need, please rank each need in the parenthesis provided starting with the highest need.
   □ To increase your grades (     )
   □ To increase your standardized test scores (SAT) (     )
   □ To increase your educational aspirations/goals (     )
   □ To receive guidance, support and/or encourage to take challenging college preparation courses (     )
   □ To clarify career goals and/or gain more accurate information on careers (     )
   □ To improve proficiency in speaking and writing English (     )
   □ To increase confidence, self-esteem, and/or social skills (     )

20. Please answer the questions below by checking the appropriate number:

   KEY:  1 – Strongly Disagree  2 – Disagree  3 – Neutral  4 – Agree  5 – Strongly Agree

1. I need to get better grades in school ................................................................. □ 1 □ 2 □ 3 □ 4 □ 5
2. I need to learn how to take better notes .............................................................. □ 1 □ 2 □ 3 □ 4 □ 5
3. I need to learn test-taking strategies and techniques .......................................... □ 1 □ 2 □ 3 □ 4 □ 5
4. I need to learn more about SAT testing .............................................................. □ 1 □ 2 □ 3 □ 4 □ 5
5. I need to develop strong study skills and habits ................................................. □ 1 □ 2 □ 3 □ 4 □ 5
6. I need to develop or improve my time management skills and habits ................. □ 1 □ 2 □ 3 □ 4 □ 5
7. I need to know how to prepare for a career in math or science ....................... □ 1 □ 2 □ 3 □ 4 □ 5
8. I need to more information on careers that may interest me .......................... □ 1 □ 2 □ 3 □ 4 □ 5
9. I need help visiting college campuses ............................................................... □ 1 □ 2 □ 3 □ 4 □ 5
10. I need to experience more cultural activities ..................................................... □ 1 □ 2 □ 3 □ 4 □ 5
11. I need to learn which high school courses are necessary for college .............. □ 1 □ 2 □ 3 □ 4 □ 5
12. I need information on college prep courses and dual enrollment ................. □ 1 □ 2 □ 3 □ 4 □ 5
13. I need to learn about college programs and degrees in math and science ....... □ 1 □ 2 □ 3 □ 4 □ 5
14. I need help applying to colleges and understanding the application process .... □ 1 □ 2 □ 3 □ 4 □ 5
15. I need to learn more about college financial aid ............................................. □ 1 □ 2 □ 3 □ 4 □ 5
16. I need support to increase my confidence, self-esteem, and/or social skills  .. □ 1 □ 2 □ 3 □ 4 □ 5

Applicant’s Signature: __________________________ Date: __________________________