

UPWARD BOUND
UPWARD BOUND MATH & SCIENCE
FITCHBURG STATE UNIVERSITY
160 Pearl Street
Fitchburg, MA 01420

TRIO

Application for Admission



FITCHBURG STATE UNIVERSITY

UPWARD BOUND/UPWARD BOUND MATH & SCIENCE

Funded by grants from the
U.S. Department of Education

Telephone: 978-665-3439
Fax: 978-665-4086
Website: <http://www.fitchburgstate.edu/upwardbound>
Office: T105, Thompson Hall, Fitchburg State University



A Division of Student Affairs

*Fitchburg State University does not discriminate on the basis of race, color,
national origin, sex, disability, or age in its programs and activities.*

APPLICATION INSTRUCTIONS

Thank you for your interest in the Upward Bound/Upward Bound Math & Science programs at Fitchburg State University! UB/UBMS are year round, college preparatory programs (TRIO) funded by the Department of Education and sponsored by Fitchburg State University since 1989 and 2017, respectively. Both programs stress academic development, serving high school students from Fitchburg and Leominster for the duration of their high school career and beyond.

ELIGIBLE STUDENTS MUST MEET AT LEAST ONE OF THE FOLLOWING CRITERIA:

- **TRIO low income guidelines**
(<http://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html>)
- **Potential first-generation college**
(neither parent has obtained a Bachelor's degree)
- **Facing educational barriers as defined by Federal Department of Education**
(GPA below 2.5 or not completed Algebra I by beginning of 10th grade or does not meet proficient on state assessments)

PLEASE USE THE FOLLOWING CHECKLIST WHEN COMPLETING THE ATTACHED APPLICATION FORMS:

- Student Information
- Academic Information
- Parent/Guardian Information
- Guardian Consent/Consent for Accessing Student Records
- Applicant Essay
- Teacher/Guidance Recommendation (YELLOW INSERT)

IN ADDITION, PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTATION WITH YOUR UB/UBMS APPLICATION:

- Income Verification**
A copy of parent/guardian tax forms-including taxable income-is required* to complete application
(*parent/guardian must apply in person at UB/UBMS to waive this requirement)
- Birth Certificate
- Social Security Card
- Health Insurance Card
- Current Transcript – Academic Record
- Standardized Test Scores
- Individualized Education Plan/504 Plan (if applicable)*

PLEASE CONTACT UB/UBMS (978-665-3439) WITH ANY QUESTIONS OR CONCERNS

STUDENT INFORMATION

Student Name:			
	(FIRST)	(MIDDLE)	(LAST)

Address:		
	(STREET)	(CITY)

Contact:			
	(HOME PHONE)	(STUDENT CELL PHONE)	(STUDENT EMAIL)

Date of Birth:	/ /	Place of Birth:	
	(MONTH/DAY/YEAR)		(CITY/STATE OR COUNTRY IF OUTSIDE OF US)

Social Security Number:		Please attach a copy of birth certificate and social security card to completed application.
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The following questions are used solely for the purpose of reporting Participants' Demographic Information to the United States Department of Education during required Annual Performance Reporting periods. This information is not used to determine eligibility for UB/UBMS and will be kept strictly confidential.

Gender:

Male:	
Female:	

Language:

Is English your native language?	YES	NO
What language is spoken at home?		

Race and Ethnicity: (please check all that apply)

Hispanic/Latino:		Black or African American:		Hawaiian/Pacific Islander:	
Asian:		White:		American Indian:	

Disconnected Youth:

Are you currently homeless?	YES	NO	Are you involved in the Juvenile Justice System?	YES	NO
Have you ever been in Foster care?	YES	NO	Have you dropped out of high school?	YES	NO

STUDENT ACADEMIC INFORMATION

High School:		Year of Graduation:	
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Guidance Counselor:		SASID Number: <small>(10 DIGIT STATE ID NUMBER - AVAILABLE FROM GUIDANCE)</small>	
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Current GPA:		Please attach a current transcript to completed application
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Please check all of the levels of education that you (the student) expect to complete:

High School Diploma:		Two Year College (Associate Degree)		Graduate School (Master's Degree)	
Career/Vocational Certificate:		Four Year College (Bachelor's Degree)		Doctoral Program (Ph.D)	

Please indicate if you are interested in a degree in a STEM related field:

Biology		Chemistry		Engineering	
Mathematics		Health Sciences		Computer Technology	

Please list any Extracurricular Activities you (the student) participate in (athletics, clubs, employment, etc.) in their order of importance to you:

Activity	Grades participated (or plan to participate)	Hours/days per week spent on this activity	Office or position held
	9 10 11 12		
	9 10 11 12		

Do you have an Individualized Education Plan?	YES	NO	Please attach a copy of the IEP to completed application (if applicable)
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Please identify any other federally funded college access programs you participate in:	Talent Search	EOC	Other:	Other:
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PARENT/GUARDIAN INFORMATION

This form should be filled out by the parent/guardian with the student. The information on this form is necessary to determine a student's eligibility to participate in Fitchburg State University UB/UBMS. This information is protected by the Privacy Act of 1974/FERPA and will remain confidential. [Fed Reg (34 CFR 645)]

DOES THE STUDENT LIVE WITH THIS PARENT/GUARDIAN 50% OR MORE OF THE TIME?										YES	NO					
Guardian:																
	(RELATIONSHIP TO STUDENT)		(FIRST)					(LAST)								
Address:																
	(STREET)						(CITY, STATE, ZIP)									
Contact:																
	(GUARDIAN HOME/CELL PHONE)			(GUARDIAN EMAIL)			(GUARDIAN PLACE OF EMPLOYMENT)									
Highest Grade Completed By This Parent/Guardian: (please circle)																
1	2	3	4	5	6	7	8	9	10	11	12	College	1	2	3	4
Has this person completed a two year college degree? (Associate Degree)				YES	NO	From what College/University?										
Has this person completed a four year college degree? (Bachelor's Degree)				YES	NO	From what College/University?										

DOES THE STUDENT LIVE WITH THIS PARENT/GUARDIAN 50% OR MORE OF THE TIME?										YES	NO					
Guardian:																
	(RELATIONSHIP TO STUDENT)		(FIRST)					(LAST)								
Address:																
	(STREET)						(CITY, STATE, ZIP)									
Contact:																
	(GUARDIAN HOME/CELL PHONE)			(GUARDIAN EMAIL)			(GUARDIAN PLACE OF EMPLOYMENT)									
Highest Grade Completed By This Parent/Guardian: (please circle)																
1	2	3	4	5	6	7	8	9	10	11	12	College	1	2	3	4
Has this person completed a two year college degree? (Associate Degree)				YES	NO	From what College/University?										
Has this person completed a four year college degree? (Bachelor's Degree)				YES	NO	From what College/University?										

PARENT/GUARDIAN INFORMATION (cont.)

1. How will your student benefit from UB/UBMS:

2. Please identify three (3) words that best describe your student:

1. _____

2. _____

3. _____

3. Please read with your student and initial each of the following expectations.

I understand the following expectations are required of students choosing to participate in the Fitchburg State University UB/UBMS Program:	Parent/Guardian Initials	Student Initials
Student will attend in full the 6 week summer program each year while in high school		
Student will attend required weekly scheduled tutoring sessions during the school year		
Student/guardian will return calls or requests for information from program staff as promptly as possible		
Student/guardian will attend all mandatory meetings relating to summer and school year program (2/year)		

A COPY OF THE PARENT/GUARDIAN'S MOST RECENT TAX RETURN – INCLUDING TAXABLE INCOME – IS REQUIRED* TO COMPLETED APPLICATION.

***Parent/guardian must apply in person at UB/UBMS to waive this requirement.**

Size of Family/Household:

How many people are living at the address listed on this application?

I certify that the information provided on this application is, to my knowledge, true and accurate. I understand that information will be kept confidential and that records will be used for assessing student needs, monitoring student progress, documenting eligibility for the program, and for reporting purposes.

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PARENT/GUARDIAN SIGNATURE

DATE

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STUDENT SIGNATURE

DATE

GUARDIAN CONSENT FOR PARTICIPATION

I hereby grant (student's name) _____ full permission to participate in all UB/UBMS program activities.

I further agree not to hold the Fitchburg State University or UB/UBMS 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 further certify that the information provided on this application is, to my knowledge, true and accurate.

Insurance Carrier:	
Policy Number:	
Name of Doctor:	
Phone Number of Doctor:	
**Please include a copy of student's health insurance card with this application.	

CONSENT FOR ACCESSING STUDENT RECORDS

I give permission for the UB/UBMS programs at Fitchburg State University to obtain any academic records/information for my son/daughter/ward while in enrolled in secondary education and for six years following graduation/separation. In keeping with federal regulations, any student who participates with the UB/UBMS programs for ten days during Summer programming, or sixty days during school year programming, must be tracked annually throughout secondary - **and post-secondary education** - until completion, or six years after high school graduation/separation. [Federal regulation (34 CFR 645)].

Parent Signature:		Date:	
Student Signature:		Date:	
Social Security Number:		Year of Grad:	

APPLICANT ESSAYS

In your own words, please complete in pen:

Describe what you hope to gain from participating in the UB/UBMS program:

Describe your plans for education/career following graduation from high school:

Your application is not complete without a recommendation from a teacher or guidance counselor – **See YELLOW INSERT**
Additional application materials – including recommendation form – can be found at www.fitchburgstate.edu/upwardbound