

# UMassAmherst | Upward Bound

Student Application

## Upward Bound at UMass Amherst

### INSTRUCTIONS FOR APPLICATION

Upward Bound is a federally funded TRIO program that provides academic support to low-income and/or potential first-generation college students. To qualify, students need to:

1. be U.S. citizens or green card holders
2. either meet federal low-income guidelines OR
3. be a potential first-generation college student, meaning the parent the student resides with has not obtained a bachelor's degree

Dear Student:

I am pleased that you are interested in Upward Bound. Please follow these steps in completing your application and use the check boxes as you complete each step:

- ☐ **Personal information sheet on page 3 and 4.** You and your parent or legal guardian should complete the form with as much information as possible.
- ☐ **Application essay as described on page 5.** Please be sure to complete the form and all requirements.
- ☐ **Medical information sheet on page 6.** Please be sure to complete the form and provide all information
- ☐ **Required expectations for student participation on page 7.** You and your parent or legal guardian should read and sign the form.
- ☐ **Parental consent, waiver and release located on page 8.** Please ask your parent or guardian to read and sign.
- ☐ **Emergency contact form on page 9.** Please be sure to complete the form.
- ☐ **Release of student information on page 10.** You and your parent should complete and sign.
- ☐ **Optional: Media release form on page 11.** You and your parent may choose to complete and sign.

You may return the completed application to the main office or the Upward Bound classroom. Please see Commerce staff for classroom information. **Once we receive your application, we will contact you.**

Please feel free to contact me 413-270-0037 or Anastasia Morton, Assistant Director, 413-270-6278 with any questions. We look forward to receiving your application.

Sincerely,  
Dr. Bridget Hynes, Director

Upward Bound at UMass Amherst

**STUDENT APPLICATION**

**I. PERSONAL INFORMATION** (Please print or type)

TODAYS DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT PHONE # \_\_\_\_\_

STUDENT PHONE # \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_

GENDER: ☐ Female ☐ Male ☐ Nonbinary

ETHNIC BACKGROUND: ☐ Native American ☐ Asian/Pacific Islander ☐ Black/African American  
☐ LatinX/ Hispanic ☐ White  
☐ Two or More Races: \_\_\_\_\_

SCHOOL COUNSELOR: \_\_\_\_\_

CURRENT GRADE IN SCHOOL: 9<sup>th</sup> ☐ 10<sup>th</sup> ☐ 11<sup>th</sup> ☐ 12<sup>th</sup> ☐

**II. ELIGIBILITY REQUIREMENTS**

U.S. citizen or green card holder and potential first-gen and/or low-income status required for participation.

U.S. CITIZEN?: ☐ Yes ☐ No

IF NO, GREEN CARD NUMBER: \_\_\_\_\_

Please indicate the highest education level COMPLETED by the parent/guardian(s) you LIVE WITH:

**Parent/Guardian 1**

Less than High School  
 High School  
 Some College  
 4-Year Degree or Beyond  
 Unknown

**Parent/Guardian 2**

Less than High School  
 High School  
 Some College  
 4-Year Degree or Beyond  
 Unknown

Parent/Guardian 1's Name: \_\_\_\_\_

Parent/Guardian 2's Name: \_\_\_\_\_

NUMBER IN FAMILY LIVING AT HOME (include yourself)

Adults: \_\_\_\_\_ Children: \_\_\_\_\_ TOTAL: \_\_\_\_\_

**FAMILY INCOME**

The family taxable income for last year was: \_\_\_\_\_

Is your family receiving public assistance YES NO

If YES, which ones (TAFDC, EAEDC, Supplemental Social Security, Disability, Free/Reduced Lunch, SNAP/Food Stamps, etc.): \_\_\_\_\_

With my signature, I certify that all information listed above is correct and that I am the parent/legal guardian for the student listed. Furthermore, in signing this statement, I give my permission for the release of information regarding educational records and required documentation for the above named applicant to participate in the Upward Bound Program and to track educational progress through the student's college education.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**III. FAMILY INFORMATION**

What is the primary language spoken at home? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (relationship)

\_\_\_\_\_  
Parent/Guardian Name (relationship)

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby grant permission to the personnel of child's school to provide copies of transcripts, test scores, and academic progress reports to the Upward Bound staff.

Upon admission of my child into the program\*, I agree to participate in all meetings, orientation sessions, or workshops organized by the program for the purpose of improving my child's chances of personal and educational success.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**This is a confidential record used solely to determine eligibility. It will NOT be released to anyone without prior written permission.**

**TO BE COMPLETED BY STUDENT APPLICANT:**

1. What activities/clubs/sports are you involved in?

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2. What are some ways the Upward Bound Program can support your preparation for college? In what ways do you think the program can help you be successful and improve?

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3. Do you currently have a part-time job? If yes, how many hours a week do you work?

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4. List below specific areas with which you feel the Upward Bound Program can assist you. (Ex: improving grade in Math, study skills, MCAS preparation, college exam entrance exam prep, identifying college choices, identifying costs of college, etc)

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5. On a separate sheet of paper, submit a **TYPED, double spaced, essay** of at least four paragraphs in length describing the following:

- Introduce and talk a bit about yourself. (family, challenges, interests, etc)
- Discuss why you feel it is important for you to go to college.
- Include why we should consider you for acceptance into the Upward Bound program at UMass Amherst.
- Describe your educational and career goals and how you plan to achieve those goals.

*If selected as a member of the Upward Bound Program at UMass Amherst, I agree to participate in the entire program and conduct myself in a way to bring credit to myself, my family, my community, my school, and the Upward Bound Program. I will not use alcohol or other drugs, and will abide by the rules and regulations set forth in the Upward Bound Program policy for the entire length of time that I am a participant in this Upward Bound Program. I agree to attend planned events during the academic year, the summer program, scheduled field trips and complete assignments. I understand that the goal of the Upward Bound Program is for me to successfully graduate from high school and continue my education by attending college or technical school and will do my best to accomplish this goal.*

\_\_\_\_\_  
Signature of Student Applicant

\_\_\_\_\_  
Date

**\*\*\*Final acceptance into and continuation with the program will be under the discretion of the Program Director.\*\*\***

FOR OFFICE USE ONLY LI/FG \_\_\_\_\_

Received: \_\_\_\_\_

LI only \_\_\_\_\_

Acknowledged: \_\_\_\_\_

FG only \_\_\_\_\_

Interview Date: \_\_\_\_\_

Comments: \_\_\_\_\_

# Upward Bound at UMass Amherst

## MEDICAL INFORMATION SHEET

**NOTE: This is a confidential record. Information contained within this record will only used by the Program and WILL NOT be released to anyone without prior written permission.**

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Student's Doctor's Name: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of hospital student receives services from: \_\_\_\_\_

Hospital Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Does the student have any food or environmental allergies? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Date(s) of Latest Physical and/or immunizations: \_\_\_\_\_

COVID-19 vaccination status: \_\_\_\_\_

**\*Proof of vaccination and booster shot is required for summer program.**

Does the student have any medical, physical, or mental health conditions: ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

Are there any current accommodations that we should be aware of?

☐ Yes ☐ No If Yes, please describe:

\_\_\_\_\_  
 \_\_\_\_\_

Is the student allergic to any medication(s)? ☐ Yes ☐ No

If yes, please list the name(s) of the medication(s): \_\_\_\_\_

\_\_\_\_\_

Is the student taking any medication(s)? ☐ Yes ☐ No

If yes, please list the name(s) of medication(s) the student is taking:

\_\_\_\_\_  
 \_\_\_\_\_

Please provide any instructions for the dispensation of the medication, as directed by their medical professional(s):

\_\_\_\_\_  
 \_\_\_\_\_

## Upward Bound at UMass Amherst

### EXPECTATIONS FOR STUDENT PARTICIPATION

As specified in the Upward Bound application, all Upward Bound (UB) scholars are expected to follow the rules and regulations of their high school, UB and UMass Amherst.

#### Behavioral Expectations

**Upward Bound Scholars are expected to:**

- Be on time and prepared for all sessions, programs, classes and activities.
- Show respect for themselves and to others at all times. This includes the use of appropriate language.
- Refrain from bullying of any kind (physical, emotional, mental, cyber).
- Follow reasonable Upward Bound staff directives.
- Maintain high attendance to school and individual classes during the school year.
- Work hard to maintain strong grades (2.5 GPA minimum).
- Keep an open line of communication with the Upward Bound staff regarding how they are doing in your classes and everyday life.

**Scholars may be dismissed for any of the following infractions within the school, community and/or other program activities:**

- Possession or use of weapons or illegal drugs, & alcohol,
- Physical violence or the threat of physical violence,
- Intentional destruction of property, or taking of someone else's property without their permission.

#### Academic Expectations

- Scholars are expected to maintain a **grade point average (GPA) above a 2.5** each marking period.
- If a scholar earns a GPA **at or below 2.5 overall**, Upward Bound will place them on academic probation. Scholars on academic probation would be required to:
  - a. Develop and implement a **Performance Improvement Plan (PIP)** with UB Staff.
  - b. Attend UB Tutoring program **two (2) times** per week.
  - c. Meet with their teacher(s) in courses where **≤C** has been earned **at least once (1) per week after school in addition to** Upward Bound tutoring and counseling or as determined in PIP.

**I have read the above expectations and understand my responsibilities as a scholar to remain in the program. My signature below represents that I agree to work hard to achieve and adhere to these program expectations. I understand that not following these expectations could lead to suspension or termination from the program. I also understand that if I feel as though Upward Bound is not an appropriate fit for me that I have the right to withdraw from the program following a meeting with UB administrative staff, myself, and my parent/guardian.**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

## Upward Bound at UMass Amherst

### **PARENTAL CONSENT, WAIVER & RELEASE ("Release")**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, give my consent of her/his participation in the Upward Bound Program being sponsored by the University of Massachusetts Amherst ("UMass Amherst") and the Springfield Public Schools. I understand my child may be attending classes, advising and tutoring sessions at their high school during the school year and attending a six-week summer program at UMass Amherst, including a potential residential component ("Activity"). I understand that the University has made no representation concerning the safety of the methods of travel to and from or the travel sites visited.

I understand that the University does not require my child to participate in this Activity, but I want him/her to do so, despite the possible dangers and risks and despite this Release. As such, I hereby agree, on behalf of myself and my child, to assume all of the risks in connection with my child's attendance at and participation in the Activity, including travel, and I agree to RELEASE UMass Amherst (and its Board of Trustees, officers, employees, agents and volunteers) from any and all liability, claims and actions that may arise from injury or harm to my child, from death or from damage to my or my child's property in connection with my child's participation in this Activity, including travel. I understand that this RELEASE covers liability, claims and actions caused entirely or in part by any acts or failures to act of the University (or its Trustees, employees, agents and volunteers), including but not limited to negligence, mistake, or failure to supervise by the UMass Amherst.

I recognize that this RELEASE means my child and I are giving up, among other things, rights to sue the UMass Amherst, its Trustees, employees, agents and volunteers for injuries, damages, or losses that may incur. I also understand that this Release binds our heirs, executors, administrators, and assigns, as well as myself and my child.

Furthermore, I consent to and authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child's attendance at or participation in the Activity, including transportation to nearest medical facility. I give my consent and authorization to the Upward Bound Director or his/her designee to use his/her judgment in seeking medical care for my child. I understand that an attempt will be made to contact me in the event that emergency medical care is needed.

I have read this entire Release, I fully understand it and I agree to be legally bound by it and that the laws of the Commonwealth of Massachusetts shall govern this Release.

### **THIS IS A RELEASE OF YOUR RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING.**

\_\_\_\_\_  
Signature of Parent or Guardian and Date

\_\_\_\_\_  
Printed Name



## Upward Bound at UMass Amherst

### EMERGENCY CONTACTS FORM (AUTHORIZED FOR PICKUP)

Name of student: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First M.I.

1. Name of person to contact in the event of an emergency:

\_\_\_\_\_, \_\_\_\_\_  
First Last

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

2. Name of person to contact in the event of an emergency:

\_\_\_\_\_, \_\_\_\_\_  
First Last

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

## Upward Bound at UMass Amherst

### RELEASES OF STUDENT INFORMATION – REQUIRED

#### Permission to Release Student Information to Upward Bound

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ do hereby permit the release of my son/daughter's academic and behavior records including but not limited to grades, individual education plans (IEP), standardized test scores, discipline records and proof of graduation to Upward Bound at UMass Amherst for legitimate Upward Bound program purposes and the purpose of compiling and reporting data to the United States Department of Education, Office of Post-Secondary Education. I understand that the United States Department of Education requires Upward Bound at UMass Amherst to report on my child's academic progress through either his or her graduation from college or for at least four years after my child's high school graduation.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, do hereby permit the release of my academic and behavior records including but not limited to grades, individual education plans (IEP), standardized test scores, discipline records and proof of graduation to Upward Bound at UMass Amherst for legitimate Upward Bound program purposes and the purpose of compiling and reporting data to the United States Department of Education, Office of Post-Secondary Education. I understand that the United States Department of Education requires Upward Bound at UMass Amherst to report on my academic progress through either my graduation from college or for at least four years after my high school graduation.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

#### Permission for Upward Bound to Release Student Information to External Partners

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ do hereby permit Upward Bound at UMass Amherst to release the academic records about my son/daughter and his/her participation in Upward Bound to the Springfield Public Schools, the Massachusetts Office of Elementary and Secondary Education, and to the U.S. Department of Education for legitimate educational interests.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, do hereby permit Upward Bound at UMass Amherst to release the academic records about me and my participation in Upward Bound to the Springfield Public Schools, the Massachusetts Office of Elementary and Secondary Education, and to the U.S. Department of Education for legitimate educational interests.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## Upward Bound at UMass Amherst

### MEDIA RELEASE - OPTIONAL

I hereby give my permission to UMass Amherst to photograph, film, videotape and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements in UMass Amherst educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs, news stories or publications that UMass Amherst considers appropriate for release to magazines, newspapers, UMass Amherst's website, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of UMass Amherst and that neither my child nor I am entitled to any compensation for or rights in these materials.

Student's Name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

