

## Upward Bound Application for Enrollment

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_  
(Last) Please Print (First) (Middle Initial)

Address \_\_\_\_\_ Bridgeport, CT \_\_\_\_\_  
(Street) Zip Code

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female Birth Place \_\_\_\_\_  
(Country of Origin)

Are you a U.S. Citizen?  Yes - Social Security Number \_\_\_\_\_  
 No - Green Card No. \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) E-mail Address \_\_\_\_\_

Ethnicity:  Hispanic/Latino  African American  
 Native American/Native Alaskan  Caucasian  
 Asian American  Native Hawaiian or Other Pacific Islander  
 Other (Specify) \_\_\_\_\_

Middle School: \_\_\_\_\_

Present High School:  *Bassick*  *Central*  *Harding*  *Fairchild Wheeler*

Present Grade :  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup> Homeroom \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Are you presently enrolled in another UPWARD BOUND or TALENT SEARCH program?  Yes  No

If answer is yes, please indicate program and location \_\_\_\_\_

Did either of your parents graduate from a four-year college?  Yes  No  
If answer is yes, which parent? \_\_\_\_\_ College \_\_\_\_\_

With whom do you currently reside?  Both Parents  Mother Only  Father Only  Legal Guardian  
 Foster Parents  Other (specify) \_\_\_\_\_

Do you have a disability? \_\_\_\_\_ If the answer is yes, please explain \_\_\_\_\_

In case of emergency, please list a family member or friend who does not live with you:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

We authorize Fairfield University's Upward Bound Program to obtain confidential information about the student listed below from his/her school and teachers. We understand that this information will be used for educational and programmatic planning. We also authorize the Upward Bound Program to secure necessary records, report cards, test scores, and other student information from the student's school as well as Power School, the district data management system, and to obtain information concerning postsecondary placement for tracking purposes.

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

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

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Application Reviewed by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Upward Bound

### Authorization for Release of Information

I \_\_\_\_\_  
Full Name of Parent/Guardian

hereby give permission for \_\_\_\_\_  
Name of High School

to release my child's \_\_\_\_\_  
(Last Name) (First Name)

academic records including but not limited to official High School transcript, as well as information obtained from Power School, the Bridgeport Board of Education (SIS) Student Information System. This information is needed to provide the best possible service to your child and to be in compliance with the U.S. Department of Education's performance reporting requirements.

**Important:** I understand this release form remains valid even if my child has left the program. Due to federal regulations, the Upward Bound Program must provide information to the U.S. Department of Education on participants for a period of five years following the date of their enrollment in the program.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



**Upward Bound**

**Current High School Schedule**

Student's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last Name) (First Name)  
High School \_\_\_\_\_ Grade \_\_\_\_\_

Please indicate the specific classes you are currently taking in school:

**English**                     Composition    Literature

**Mathematics**             Algebra    Geometry    Pre-Calculus    Adv. Math    Other

**History/Soc. Studies**    Civics    Am. History    World History    Geography

**Science**                     Biology    Chemistry    Physics    Adv. Science    Other

**Foreign Language**     French    Spanish    Japanese    Other

**Other Courses**             Computer    Electives

Please list any after school activities:

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## Upward Bound

### Student Self-Assessment – Part I

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First)

**Student Applicant:** Please indicate, using the scale below, the areas in which you feel you need or would like assistance. Return this form with your application for admission to the Upward Bound Program.

**Scale**  
 1--Do not need help    2—Needs a little help    3—Usually needs help    4—Needs a lot of help

#### Academics

Reading.....	1	2	3	4
Writing.....	1	2	3	4
Mathematics .....	1	2	3	4
Social Studies.....	1	2	3	4
Science .....	1	2	3	4
English as a Second Language (ESL).....	1	2	3	4

#### Careers

Career awareness .....	1	2	3	4
Knowledge of professions/jobs .....	1	2	3	4
Knowledge of career opportunities .....	1	2	3	4
Information on job training/internships .....	1	2	3	4

#### Postsecondary Education

Visits/trips to college campuses.....	1	2	3	4
Postsecondary opportunities .....	1	2	3	4
College admissions process.....	1	2	3	4
Information on financial aid options.....	1	2	3	4

#### Personal

Study skills.....	1	2	3	4
Self-esteem .....	1	2	3	4
Time management skills.....	1	2	3	4
Goal setting.....	1	2	3	4
Help with personal issues .....	1	2	3	4

## Upward Bound

### Student Self-Assessment – Part II

- Out of the areas listed on Page 5, what do you feel you need the most help with? \_\_\_\_\_  
\_\_\_\_\_
- Are there other areas or issues not mentioned that you feel you need help with? Please explain  
\_\_\_\_\_
- Please describe your goals. (What would you like to do with your life?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Does your future include a college education? \_\_\_\_\_
- Are you involved in any extra-curricular activities (sports, clubs)? \_\_\_\_\_  
\_\_\_\_\_
- Describe some of your special interests \_\_\_\_\_  
\_\_\_\_\_
- Write a brief paragraph explaining why you should be chosen as part of this program and what makes you different from other applicants \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you feel that you can handle the academic challenges the Upward Bound program offers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Upward Bound**

**Teacher Recommendation Form**

Student's Name \_\_\_\_\_  
(Last) (First)

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

Subject Area(s) \_\_\_\_\_ Grade Level \_\_\_\_\_

**To the Teacher:** This student is applying to the Fairfield University Upward Bound Program. We would appreciate your evaluation of his/her overall academic and motivational skills. When you have completed this form please return it to the student or to the above address. Thank you for your assistance.

**A. Please rate the applicant in the following categories (check one):**

	Poor				Excellent
<b>Academic Potential</b>	1	2	3	4	5
<b>Initiative</b>	1	2	3	4	5
<b>Self-Discipline</b>	1	2	3	4	5
<b>Interpersonal Skills</b>	1	2	3	4	5
<b>Communication Skills</b>	1	2	3	4	5

**B. What areas do you feel this student needs the most help in or could benefit from? (Do not limit yourself to the list above.)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Please feel free to provide any additional information about this applicant** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Teacher's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Upward Bound

### Guidance Counselor Recommendation Form

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

(Last) (First)

School \_\_\_\_\_

Guidance Counselor \_\_\_\_\_

**To the Guidance Counselor:** This student is applying to the Fairfield University Upward Bound Program. We would appreciate your evaluation of his/her overall academic and motivational skills. When you have completed this form please return it to the student or to the above address. Thank you for your assistance.

**A. Please rate the applicant in the following categories (check one):**

	Poor				Excellent
Academic Potential	1	2	3	4	5
Initiative	1	2	3	4	5
Self-Discipline	1	2	3	4	5
Interpersonal Skills	1	2	3	4	5
Communication Skills	1	2	3	4	5

**B. What areas do you feel this student needs the most help in or could benefit from? (Do not limit yourself to the list above.)** \_\_\_\_\_

\_\_\_\_\_

**C. Please feel free to provide any additional information about this applicant** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Guidance Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

- **Counselor:** Please attach a copy of this student's transcript or last report card. Thank you for your assistance.