**For official Use Only:**

**FG:\_\_\_\_ LI:\_\_\_\_**

**Upward Bound APPLICATION**

*(Please print or type)*

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M.I.\_\_\_\_

**Indicate High school**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H.S. Guidance Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s High School I.D. number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street name) (APT. No.)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(City) (Zip Code)

**Contact Information:** Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age** \_\_\_\_\_\_\_\_ [ ] Male [ ] Female

D.O.B. (date of birth) \_\_\_\_\_\_\_\_\_\_\_\_\_ **Place of birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent(s)/Guardian(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Mother) (Father)**

Daytime phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please indicate how you learned about Upward Bound at Bristol Community College:*

|  |  |
| --- | --- |
| * Guidance Counselor | * Friend or Relative |
| * Upward Bound presentation at school | * Classroom Teacher |
| * Summer Staff | * Community Leader/Clergy |
| * Advertisement (Press or Internet) | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Please check the highest level of education that you, the Upward Bound candidate, expect to complete:*

|  |  |
| --- | --- |
| * High School | * Master’s Degree |
| * Career/Vocational Degree | * Law Degree |
| * Associate Degree | * Medical Degree |
| * Bachelor’s Degree | * Doctoral Degree (Arts or Sciences) |

**Upward Bound Candidate Personal Essay**

Please complete the following writing prompts:

“I would like to be selected to participate in Upward Bound because … (Highlight your present academic and extracurricular goals, your post-secondary plans, your career plans and your academic interests)

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“You should select me as a participant for Upward Bound because … (Highlight your special skills/talents, personal interests, special projects, community/church involvement, youth groups, etc … )

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**Bristol Community College Upward Bound**

**Student Contract of Participation**

1. I will maintain at least a 2.5 GPA or C+ average in all my high school classes.
2. I will respect teachers, tutors, coaches and my fellow students.
3. I will not disturb classes and will hand in all assignments.
4. I will attend the residential six-week summer program, and I will obey the rules of the summer program.
5. I will not tease, fight, harass or bully anyone in the program.
6. I will attend classes, tutoring and special activities during the academic year and the summer program. I understand that three (3) or more absences within a stipend period will be reason for disciplinary action or dismissal.
7. I will not be involved with drugs or alcohol. I understand the use of drugs or alcohol is not tolerated and will result in my immediate dismissal from the program.
8. I will ensure that I or my parents call the program in the event of a cancellation for any trips/activities for which I have signed up to participate in. In the event of a cancellation without prior notice, I understand that I will be responsible for the cost of my scheduled participation.
9. I will follow the rules and regulations of Upward Bound.
10. I will take advantage of all learning opportunities to grow as a student and individual as I pursue high school and post-secondary program completion.

If my commitment is not sufficient in any of these areas, I understand that it may result in disciplinary action or dismissal from the program.

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

***Student’s signature Date***

**TRiO Programs/Upward Bound**

774.357.3041   
[UB@bristolcc.edu](mailto:UB@bristolcc.edu)

**Parental Permission Form**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First M.I.

**Emergency Contact Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First M.I.

Daytime phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please indicated relationship to student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Parental Consent, Waiver & Release

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my consent of his/her participation in the Upward Bound Program being sponsored by Bristol Community College. I understand my child will be attending classes and tutoring sessions at the College as well as participating in field trips. I understand that the college has made no representation concerning the safety of the methods of travel to and from or the travel sites visited.

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 Upward Bond Program including travel, and I agree to release Bristol Community College from any and all liabilities and claims whatsoever arising in connection with my child’s attendance and participation, including travel, except insofar as such liability and claims arise of out of Bristol Community College’s gross negligence or willful misconduct.

The term Bristol Community College shall include the corporation name Trustees of Bristol Community College and its successors, trustees, officers, agents, representatives, contractors and all persons for whose conduct the College is or could be legally responsible.

I agree that the laws of the Commonwealth of Massachusetts shall govern this waiver & release. I affirm that I have read and understood this document:

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

*Date Signature of Parent/Guardian Print name*

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_

**Bristol Community College Upward Bound Program**

**Statement of Income**

The student’s parent or legal guardian must complete this statement. Please answer the questions below and sign the certification that follows. If you filled out a 2017 federal tax return, you will need to complete this section.

Parent name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your family receive transitional assistance benefits? [ ] Yes [ ] No

*Note: If you answer yes to question #1, please attach a letter from the Massachusetts Department of Transitional Assistance that verifies your receipt of benefits and skip to the certification below.*

1. Please enter the **total** number of people in your household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please enter your family’s 2017 annual taxable income. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: Taxable income can be found on line 6 of IRS Form 1040EZ or line 25 of IRS Form 1040A or on line 39 of IRS Form 1040. Please attach a photocopy of your 2017 federal tax return with supporting W-2s and complete the cortication below.*

**Certification:**

All the information provided by me or any other persons on this form is true and completed to the best of my knowledge. If asked by the Upward Bound director, I agree to give proof of the information that I have provided on this form. I realize this proof may include a copy of my U.S. federal tax return or a letter form the Massachusetts Department of Transitional Assistance. I also realize that if I Do not give proof when asked, the student may be denied admittance to or dismissed form Upward Bound at Bristol Community College.

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

***Signature of Parent or Guardian Date***

**Bristol Community College Upward Bound Program**

**Parent Contract of Participation**

*I will meet the following requirements as an Upward Bound participant’s parent:*

1. I will ensure that my child will maintain a 2.5 or minimum C+ average in all his/her school classes.
2. I will ensure that my child follows the rules and regulations of the program.
3. I will enforce the rules and regulations of the program.
4. I will ensure that my child attends the six-week summer program.
5. I will ensure my child attends classes, tutoring and special activities during the academic year and summer program.
6. I will ensure that my child meets 80% attendance requirement of the program and I understand he/she may experience consequences/dismissal for more than 3 absences in on stipend period.
7. I will not allow my child to be involved with drugs and alcohol. I understand that the use of drugs or alcohol is not tolerated and will result in my child’s immediate dismissal from the program.
8. I will commit to at least one meeting during the academic year and summer program with staff while my child is enrolled in the program.
9. I will call the program in the event of a cancellation for any trips/activities for which my child is scheduled to participate in.
10. I will answer all inquiries regarding my child from the program.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby agree to the terms and rules of the Upward Bound program.

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

Parent’s signature Date

**Upward Bound/TRIO Programs**

774.357.3041

[UB@bristolcc.edu](mailto:UB@bristolcc.edu)

**Secondary School Release Form**

**STUDENT’S HIGH SCHOOL I.D. NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby permit the release of my son/daughter’s high school records including but not limited to grades, individual education plans (IEPs), and standardized test scores to the Bristol Community College Upward Bound program, Fall River, MA 02720, for the purposes of compiling and reporting data to the U.S. Department of Education, Office of Post-Secondary Education.

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

***Parent’s Signature Date***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby permit the release of my high school records including but not limited to grades, individual education plans (IEPs), and standardized test scores to the Bristol Community College Upward Bound program, Fall River, MA 02720, for the purposes of compiling and reporting data to the U.S. Department of Education, Office of Post-Secondary Education.

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

***Student’s Signature Date***

**IMPORTANT** – Please attach a copy of your complete high school transcript **AND** copies of your most recent ***MCAS*** scores with your Upward Bound application.

**Upward Bound/TRIO Programs**

**774.357.3041**

[**UB@bristolcc.edu**](mailto:UB@bristolcc.edu)

**DATA SHEET**

1. Applicant’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you wish to be identified with a particular racial or ethnic group, please check the following: (Please note this information is used solely for reporting purposes to the United States Department of Education)*

|  |  |
| --- | --- |
| * African American/Black | * American Indian/Native/Alaskan Native |
| * Asian | * Native Hawaiian/Pacific Islander |
| * Hispanic/Latinx | * Multi-racial |
| * White |  |

1. Is English your first language? Yes No
2. Is English the primary language spoken at home? Yes No
3. If no, what language(s) is spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Verification of United States citizenship or residency. Please attach a copy of one of the following documents:

* Alien Registration Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* U.S Birth Certificate Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Naturalization Paper Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Education level of Parent or Guardian with whom you live. Please fill out the applicable information in the chart below:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mother** | **Father** | **Guardian** |
| Below grade 8 |  |  |  |
| Completed grade 8 |  |  |  |
| Number of year of High School |  |  |  |
| Graduated from High School |  |  |  |
| Number of years in college |  |  |  |
| Graduated from four-year college |  |  |  |
| Currently enrolled in college |  |  |  |

***If parent graduated from a four-year college, in which country was the degree completed and what was the degree of attainment:***

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Parent’s Signature Date***

**Upward Bound/TRIO Programs**

**774.357.3041**

[**UB@bristolcc.edu**](mailto:UB@bristolcc.edu)

**Media Release Form**

I hereby give permission to Bristol Community College and the Upward Bound Program 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, sounds recordings and /or other statements in Bristol Community College and Upward Bound Program educational and promotional/advertising material and for other purposes specified below. I understand that my child may be identified in any photographs, digital images, news stories, publications, or social media posts that Bristol Community College or Upward Bound considers appropriate for release to magazines, newspapers, the Bristol Community College website, social media sites, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings, digital images, social media posts, and/or written works are the property of Bristol Community College and Upward Bound that neither my child nor I am entitled to any compensation for rights in these materials.

I release Bristol Community College and Upward Bound from all liability with respect to the matters covered by this release.

Parent/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Steve Chasse**

**Acting Director, TRiO Programs**

**774.357.3041**

[**UB@bristolcc.edu**](mailto:UB@bristolcc.edu)

Letter of Recommendation Instructions

To the Student: Please submit this sheet to a teacher or counselor to request a letter of recommendation for the Upward Bound program.

**To the Educator or Guidance Counselor**:

Upward Bound is a higher education opportunity program offered by Bristol Community College. During the academic year, the students come to Bristol Community College for afternoon classes and tutoring. During the summer, the students live on a college campus and have a full-time schedule of academic classes for five weeks.

Please assess the student’s potential to be a successful participant in the program. We would appreciate your comments on the student’s ability in any of the following areas: initiative, sense of responsibility, intellectual curiosity and imagination, writing and oral expression, working with and relating to others, common sense and good judgement, and persistence to carry through on projects and tasks. Please indicate how long you have known the student and name the course in which you have him/her.

You may either return this recommendation to the student in a sealed envelope or mail it directly to:

**Upward Bound Program**

**Bristol Community College**

777 Elsbree Street

Fall River, MA 02720

Thank you for your time and support of this student.