

Application for Enrollment

Urban Scholars Program Middle School Component

Telephone: 617.287.5830

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Office Location: McCormack 3rd Floor, Room 008

Department of Pre-Collegiate Programs
A Division of Academic Support Services



INSTRUCTIONS

We are pleased that you are interested in the Urban Scholars Program at UMass Boston! The following information will assist you in completing your application for enrollment. We want you to be successful in this process and welcome you to call the office if we may help you answer any questions. We can be reached by phone at (617) 287-5830. Please note that this application must be filled out COMPLETELY and returned to the Urban Scholars office. Only complete applications will be given consideration for admission.

Follow these 8 steps to complete your application. Please make sure that you do not leave any questions blank, as it will result in an incomplete application. If a question does not apply to you, please answer with **N/A** (not applicable). Also, please be sure to type or print neatly and provide accurate, up-to-date information.

1. Fill out your personal and educational/extra-curricular information in Parts I and II.
2. Respond to the six short answer questions in Part III.
3. Ask your parent(s)/guardian(s) to fill out your family information in Part IV.
4. Ask your parent(s)/guardian(s) to fill out and **sign** the Income and Citizenship Statements in Part V. You will also need to submit one of the following to document family income: *Income Verification—a copy of their recent income tax return Form 1040, 1040A, or 1040EZ, or a letter from the Department of Transitional Assistance and/or Social Security.*
5. Provide copies of both sides of your Social Security card. If you are a permanent resident, also provide copies of both sides of your alien registration card.
6. With the help of your parent(s)/guardian(s), please complete the Medical Release and History Form in Part VI and Part VII; the Media and Information Releases in Part VIII; and the Permission and Certification form in Part IX.
7. Ask your guidance counselor for a copy of your *middle school transcript* and copies of your most recent *MCAS* scores. If you are enrolled in *special education* course(s), a current copy of your *Individual Education Plan* must accompany the application.
8. Choose two teachers who know your work as a student and your commitment toward your education. Two blank recommendation forms are provided at the end of this application.

Thank you for your interest in the Urban Scholars Program. When your entire application is complete, you may drop it off with your guidance counselor or bring it to us at UMass Boston. We are located in the McCormack Building, 3rd floor, room 008. The final step in the application process is an interview. Once we have received your completed application, we will schedule an appointment with you.

PART I: STUDENT INFORMATION

PLEASE PRINT OR TYPE

Date: _____(mm/dd/yyyy)

First Name: _____ Last Name: _____ M.I.: _____

Age: _____ Date of Birth: _____ (mm/dd/yyyy)

Gender: Male Female Place of Birth: _____

Home Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

E-mail: _____

Mailing Address (if different): _____ Apt. No: _____

City: _____ State: _____ Zip Code: _____

Ethnic and Racial Background

Please respond to each of the following two questions. This information is used for the purpose of reporting to prospective funders.

1. Ethnicity: Are you Hispanic/Latino? Yes No

2. Race (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian, Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> White | |

Languages

Is English your first language? Yes No

Is English the primary language spoken at home? Yes No

If not, what language is spoken at home? _____

PART II: EDUCATIONAL AND EXTRA-CURRICULAR INFORMATION

Name of middle school: _____ Grade: _____

Name of middle school guidance counselor: _____

Student's BPS middle school I.D. number (6 digit number on your report card): _____

Are you currently on an Individualized Education Plan for a learning disability?
 Yes No

Do you currently qualify for free lunch at your school? Yes No

List schools attended, dates of attendance, and reason for leaving or transferring:

<u>Middle Schools</u>	<u>Dates Attended</u>	<u>Why Left</u>
_____	_____	_____
_____	_____	_____

<u>Elementary Schools</u>	<u>Dates Attended</u>	<u>Why Left</u>
_____	_____	_____
_____	_____	_____

Extracurricular Activities: please list your primary extracurricular activities in their order of importance to you. Please include leadership positions, volunteer activities undertaken, sports or musical instruments played, and any other significant accomplishments. Place a check in the appropriate box to indicate the year(s) of involvement. Please attach a separate sheet of paper if necessary.

Activity	6 th	7 th	8 th	Hours per week	Position held

Honors and Awards: Please list any honors or awards (scholastic and others) you have achieved during your middle school years. (Attach an additional page if necessary.)

Award: _____ Date (mm/yyyy) _____

Award: _____ Date (mm/yyyy) _____

Award: _____ Date (mm/yyyy) _____

What things do you think will interfere with your being able to complete the program? (Check all that apply).

- Chores and responsibilities at home
- I will miss my friends.
- Activities like sports, dance team, school committee, etc.
- Church activities
- I get bored easily.
- I get sick often.
- Family vacations
- Other (Please write in your response _____)
- I don't see any problems that would keep me from completing the program.

PART III: SHORT ANSWER QUESTIONS

PLEASE ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED.

1. Give a brief description of yourself. For instance, what are your interests/hobbies?

2. What school subjects do you find to be the most interesting?

3. Discuss any responsibilities you have at home, school, church, or in the community. Do you belong to any clubs or organizations?

4. Why would you like to become an Urban Scholar?

5. If you could have any career, what would it be?

6. What did you do last summer?

PART IV: FAMILY INFORMATION

TO BE COMPLETED BY PARENT/GUARDIAN

Mother's (or Guardian's) First Name: _____ Last Name: _____

Address (if different): _____ Apt. No: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: () _____ Evening phone number: () _____

Father's (or Guardian's) First Name: _____ Last Name: _____

Address (if different): _____ Apt. No: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: () _____ Evening phone number: () _____

Emergency Contact First Name: _____ Last Name: _____

Daytime phone number: () _____ Evening phone number: () _____

Relationship to student: _____

PARENTS' EDUCATIONAL ATTAINMENT

With whom does the student live?

- Both parents/adoptive parents Father/adoptive father only Other _____
 Mother/adoptive mother only Guardian(s) (please specify)

Please check the highest education level completed:

	Elementary School	GED/High School	2 Year College	4 Year College (Received Bachelor's Degree)
Mother/adoptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father/adoptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the either parent(s) graduated from a four-year college, what country was the degree completed in and what degree was received?

Mother Country: _____

Degree: _____

Father Country: _____

Degree: _____

Parent Signature

Date

PART V: INCOME & U.S. CITIZENSHIP VERIFICATION

TO BE COMPLETED BY PARENT/GUARDIAN

INCOME VERIFICATION

I, _____, parent or guardian of _____ do hereby state that my family's *taxable income* for the previous calendar year was \$_____ and that my family size last year was _____ people.

- Parent(s)/guardian(s) **must** attach INCOME VERIFICATION: a copy of their income tax return (Form: 1040, 1040A, or 1040EZ) or a letter from the Department of Transitional Assistance and/or Social Security Office documenting family income.
- If the family receives Temporary Assistance for Needy Families (TANF) or Department of Transitional Assistance (DTA) or Supplemental Security Income (SSI) benefits, please check here .

VERIFICATION OF U. S. CITIZENSHIP/ RESIDENCY

Child's Social Security Number: _____

Is your child a United States citizen? Yes No

If not, what is your child's country of citizenship: _____

If your child is not a U.S. citizen, please provide his/her Permanent Resident Card (Green Card) Number: _____

Note: Please provide a copy of your child's Social Security Card and, if applicable, a copy (both sides) of his/her Permanent Resident/Green Card. Your child's application will be considered incomplete if you do not provide copies of these documents.

PART VI: MEDICAL RELEASE

Please fill out the form below with your parent(s)/guardian(s). This form is valid for as long as you are a member of the Program.

I, _____, as the parent or legal guardian
(Parent/Guardian)
of _____ and I, _____,
(Child) (Child)
hereby on behalf of myself and my heirs, assignees, etc., release any and all claims against and hold harmless the University of Massachusetts Boston for any and all personal injury, property damage or any other claims of whatever nature and however incurred arising from the transportation to and from any participation by us in the activities of the UMass Boston Urban Scholars Program.

I, _____, as parent or legal guardian further give my
(Parent/Guardian)
permission and consent for the UMass Boston Urban Scholars Program Director or any appropriately designated staff person, as determined in his/her judgment to obtain for my child, _____, any medical or dental
(Child)
or other emergency treatment or services as appropriate.

Parent/Guardian Signature

Date

PART VII: STUDENT'S MEDICAL HISTORY

PLEASE FILL OUT THE FORM BELOW WITH YOUR PARENT(S)/GUARDIAN(S).

First Name: _____ Last Name: _____

Date of Birth: _____ (mm/dd/yyyy)

Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Parent(s) phone numbers: Home: () _____ Work: () _____

Emergency Contact: if the parent(s) are not available, call:

First Name: _____ Last Name: _____ Relationship _____

Phone number: () _____

Medical Insurance Company: _____

Policy Number: _____

Student's Doctor's Name: _____

Phone number: () _____

Name of hospital student receives services from: _____

Phone Number: () _____

Allergies: _____

Diseases/Special Conditions:

Is student allergic to any medication? Yes No

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

Is student taking any medication? 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:

PART VIII: MEDIA AND INFORMATION RELEASES

MEDIA RELEASE

I hereby give my permission to UMass Boston 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 Boston 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 Boston considers appropriate for release to magazines, newspapers, UMass Boston's World Wide Web site, including the Urban Scholars web site, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of UMass Boston and that neither my child nor I am entitled to any compensation for or rights in these materials. I release UMass Boston from all liability with respect to the matters covered by this release.

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____

RELEASE OF INFORMATION

With my signature, I, _____ the parent/guardian of _____(child) do hereby grant permission to the staff of UMass Boston, and specifically the Urban Scholars program, to access my child's school records, including the following: **grades, test scores (MCAS), and free/reduced lunch eligibility information.**

In addition, I (parent/guardian) hereby authorize post-secondary institutions to release to Urban Scholars copies of **academic, enrollment, and student aid award** information from the college/university my child (I) will be attending after high school graduation.

I understand that *all 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. The information shall only be transferred to a third party outside UMass Boston and the Urban Scholars Program on the condition that written consent of a parent(s)/guardian(s) (or applicant, if over 18) is first obtained.

Parent/Guardian Signature

Date

Student Signature

Date

PART IX: PERMISSION AND CERTIFICATION

I, the undersigned, hereby give my permission for my son/daughter to participate in all the activities of the Urban Scholars Program at UMass Boston from the date of his/her acceptance throughout his/her involvement with the program, and I hereby certify that the statements on this form are true to the best of my knowledge and belief. We further agree to support the administrative rules of the Urban Scholars Program and to cooperate with the staff to our fullest extent.

Further, by signing below, I attest to the fact that all of the information provided by me or any other person on this application is true and complete to the best of my knowledge.

Parent/Guardian Signature

Date

Student Signature

Date

Recommendation Form

To the Recommender:

The student listed below has expressed an interest in joining the Urban Scholars Program. Urban Scholars is a higher educational opportunity program offered by UMass Boston for students who are interested in obtaining post-secondary education after graduating from high school. Students participate in academic and enrichment courses after school and during a seven-week summer institute. In addition, students participate in cultural enrichment and individualized academic, college, and career advising activities.

Urban Scholars requires a commitment from the students and cooperation from their parents. To help in the decision-making process, we require recommendation letters from two teachers. Please assist us by providing an informative evaluation.

To the Student:

Fill in the information below and give this form to a teacher you feel will provide an objective and informative opinion about you.

First Name: _____ Last Name: _____ MI: _____

Grade: _____ Name of School: _____

Please Print or Type:

Name: _____

Position: _____

Address: _____

Name of School: _____

How long have you know this student? _____

What are the first three words that come to mind when describing this student?

1. _____

2. _____

3. _____

Recommendation Form, page 2

Please use the space below to assess the student's potential to be a successful participant in the Urban Scholars 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 judgment, motivation and persistence in completing tasks. If you need more space, please attach additional pages.

In comparison with other students of this age whom you have taught, how would you rank the applicant in terms of academic ability (**not in terms of grades**)?

In the top 10% Top third Middle third Bottom third

How do you recommend this student to the Urban Scholars Program?

- With Reservation
- Somewhat
- Strongly
- Enthusiastically

Signature

Date

You may either return this recommendation to the student or send by mail or fax to:

*UMass Boston
Urban Scholars Program
100 Morrissey Blvd.
Boston, MA 02125
Fax#: 617-287-5818*

Please keep in mind that we will not review the student's application without this recommendation form. Thank you for your time and support of this student.

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STUDENT APPLICATION CHECKLIST

The Urban Scholars application contains many things to remember. Review this list to make sure you have completed the tasks necessary to keep the application process moving.

- Completed Application—with all appropriate signatures
- Completed Short Answer Questions
- Income Documentation
- Recommendation #1
- Recommendation #2
- Transcript
- Copy of Social Security Card
- Copy of Permanent Resident Card, if needed
- Interview

FOR OFFICE USE ONLY	
Date of Recruitment: _____	Fall Accept: _____
School I.D.: _____	Winter Accept: _____
YOG: _____	Spring Accept: _____
Initial Rating: _____	Summer Accept: _____
Final Rating: _____	Deny: _____
Writing Sample: _____	Waitlist: _____
Current GPA: _____	Date of Entry: _____
GPA at Entry: _____	