

# SECTION 1: TO BE COMPLETED BY THE STUDENT

## PART 1: STUDENT DEMOGRAPHIC INFORMATION

Date: \_\_\_\_\_ (mm/dd/yyyy)

### **DEMOGRAPHIC INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Place of Birth: \_\_\_\_\_

Gender:  Male  Female

Home Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Apt. No: \_\_\_\_\_

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

### **FAMILY CONTACT INFORMATION**

Parent/Guardian 1: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Parent/Guardian 2: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

### **EMERGENCY CONTACT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

### **Ethnic and Racial Background**

*Please respond to both questions. This information is used for the purpose of reporting to the United States Department of Education.*

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/Asian American      | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> White                     |  |

## **LANGUAGE INFORMATION**

Please respond to each of the following three questions. This information is used to assess students' academic needs.

1. Is English your first language?      Yes      No
2. Is English the primary language spoken at home?      Yes      No
3. If not, what language is mainly spoken at home? \_\_\_\_\_

## **PART 2: SCHOOL, ACTIVITY, AND JOB INFORMATION**

Name of high school: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of high school guidance counselor: \_\_\_\_\_

BPS high school I.D. Number (6 digit number on your report card): \_\_\_\_\_

Please choose the highest level of education that you (the student) aspire to complete:

<input type="checkbox"/> GED	<input type="checkbox"/> Four-year College
<input type="checkbox"/> High School	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Career or Vocational Certificate Program	<input type="checkbox"/> Doctoral Degree (for example, Ph.D.)
<input type="checkbox"/> Two-year College	<input type="checkbox"/> Other _____

## **EXTRACURRICULAR ACTIVITIES**

Please list any extracurricular activities (athletics, clubs, etc.) that you currently participate in, in their order of importance to you.

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## **PARTICIPATION IN OTHER PROGRAMS**

Do you currently participate in any other educational opportunity or enrichment programs?  
(Please check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> TRIO Talent Search/Project REACH     | <input type="checkbox"/> Bottom Line                        |
| <input type="checkbox"/> GEAR UP                              | <input type="checkbox"/> College Bound                      |
| <input type="checkbox"/> Educational Opportunity Center (EOC) | <input type="checkbox"/> Admission Guaranteed Program (AGP) |
| <input type="checkbox"/> Scholar Athletes                     | <input type="checkbox"/> Other: _____                       |

## **EMPLOYMENT ACTIVITIES**

Do you have a job or internship?      Yes      No

If so, how many hours per week do you usually work?

- |   |   |
|---|---|
| <input type="checkbox"/> Under 10 hours per week          | <input type="checkbox"/> Between 16-25 hours per week |
| <input type="checkbox"/> Between 10 and 15 hours per week | <input type="checkbox"/> Over 25 hours per week       |

## SECTION 2: TO BE COMPLETED BY THE PARENT/GUARDIAN

### PART 1: ELIGIBILITY INFORMATION

#### **INCOME VERIFICATION**

My family's TAXABLE INCOME for the previous calendar year was \$\_\_\_\_\_ and my family size last year was \_\_\_\_\_ people.

- Please check here if the family receives Temporary Assistance for Needy Families (TANF), Department of Transitional Assistance (DTA) or Supplemental Security Income (SSI) benefits.

**To have a complete application, please provide a copy of the following, as applicable:**

- **Income tax form (1040 or 1040EZ) or**
- **Letter from the Department of Transitional Assistance and/or Social Security Office**

#### **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 not, please provide a **copy of both sides of the Permanent Resident card or Alien Registration Receipt card** and enter the Alien Registration number and the date issued in the spaces provided:

Alien Registration Number: A-\_\_\_\_\_ Date issued: \_\_\_\_\_(mm/dd/yyyy)

**To have a complete application, please provide a copy of the student's Social Security card and, if applicable, the student's Permanent Resident/Alien Registration Receipt card.**

#### **FIRST GENERATION VERIFICATION**

1. With whom does the student live?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Both parents | <input type="checkbox"/> Guardian(s)  |
| <input type="checkbox"/> Mother only  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Father only  |                                       |

2. What was the highest education level that the applicant's mother and father completed?

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

3. If either parent graduated from a four-year college, please provide the following information.

	Country in which the Degree was Completed	Degree Received
<b>Mother</b>		
<b>Father</b>		

## PART 2: RELEASES

### GENERAL RELEASE

I, \_\_\_\_\_, (print parent's name) as parent or legal guardian of \_\_\_\_\_ (print participant's name), in consideration of my child being allowed to participate in a UMass Boston Pre-collegiate Program, on behalf of my child, myself, my family, my heirs, representatives, assigns, executors or administrators, I hereby release and agree to hold UMass Boston, its trustees, directors, officers, employees, servants, representatives, agent licensees, successors and assigns, harmless from and against any and all claims, losses, damages, expenses (including attorneys' fees, and all court and litigation costs) and liability (including statutory liability), resulting from injury and/or death of any person or damage to or loss of any property arising out of or in any way from UMass Boston Pre-collegiate Programs and my child's participation therein.

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**Signature of Parent/Guardian**

**Date**

### RELEASE TO PARTICIPATE IN PROGRAM ACTIVITIES

I hereby give permission for my son/daughter to participate in all activities, including field trips in the youth programs including transportation to and from UMass Boston including program related activities 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 program and to cooperate with the staff to our fullest extent.

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**Signature of Parent/Guardian**

**Date**

### MEDIA RELEASE

Beginning as of the date of execution of this release, that photographs, whether still or action, videos, film and/or motion pictures (hereinafter "Pictures") and/or audio recordings ("Recordings") may be taken of my child, individually or with others, by or on behalf of UMass Boston in connection with this youth program, and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to UMass Boston and that such rights are freely assignable by UMass Boston. I further agree that, without any compensation or notification to or approval by me, the Pictures or Recordings, and website postings may be used, reproduced or otherwise disseminated or published by or on behalf of UMass Boston directly or indirectly for any purpose, including but not limited to advertising and/or promotional purposes, in any manner, and at any time that UMass Boston desires. For good and valuable consideration, receipt of which is hereby acknowledged, I hereby agree to release and discharge UMass Boston, its trustees, directors, officers, employees, servants, representatives, agents, licensees, successors and assigns from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right arising out of or relating to any utilization of the Pictures or Recordings.

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**Signature of Parent/Guardian**

**Date**

**PARENT RELEASE OF INFORMATION TO UMB PRE-COLLEGIATE PROGRAMS**

I \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ (student) do hereby permit the release of my child’s academic records including but not limited to grades, individual education plans, standardized test scores, and proof of graduation to the Department of Pre-collegiate Programs at UMass Boston.

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 Department of Pre-collegiate Programs on the condition that written consent of a parent(s)/guardian(s) (or applicant, if over 18) is first obtained.

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

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

**STUDENT RELEASE OF INFORMATION TO UMB PRE-COLLEGIATE PROGRAMS**

I, \_\_\_\_\_ (student), do hereby permit the release of my academic records including but not limited to grades, individual education plans, standardized test scores, and proof of graduation to the Department of Pre-collegiate Programs at UMass Boston. In addition, I hereby authorize post-secondary institutions to release to the Department of Pre-collegiate Programs copies of academic, enrollment, and student aid award information from the college/university I will attend after high school graduation. Specifically, I authorize the release of my college transcript and/or degree audit showing grades earned, any developmental or remedial courses taken, degree(s) earned, and financial aid awarded.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

**PART 3: STATEMENT OF CERTIFICATION**

By signing below, I certify 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.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

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

\_\_\_\_\_  
**Date (mm/dd/yyyy)**