

Choice Thru Education Inc.

Upward Bound
P.O. Box 505599
140 Pearl Street

Chelsea, Massachusetts 02150

Tel. 617-884-4706

Email: ctecove@netscape.net

Fax: 617-884-1601

<input type="checkbox"/> First Generation
<input type="checkbox"/> Low income
<input type="checkbox"/> Both

Directions: Please answer all the questions completely and accurately
Parent or legal guardians signature is required on application, medical form and transcript release form before any application can be completed.

- Date Applied ___/___/___
- Last Name: _____, First Name: _____
- Address: _____ City: _____ Zip Code: _____
- Date of Birth _____ Place of Birth _____ U.S. Citizen: Yes ___ No ___
If not, do you have a green card # _____
Social Security # _____ Male _____ Female _____
- Ethnicity: (optional), Hispanic __, African American __, Cambodian __, Vietnamese __,
Caucasian __, Cape Verde __, Other __
- Home Phone _____ Work # _____ Cell # _____
Email _____
- Emergency Contact: Name _____
Address _____
Tel. # _____
Relationship _____
- School Information:
Name of School _____ City _____
Current Grade _____ Guidance Counselor _____
Expected year of graduation _____
Did you pass MCAS? Yes ___ No ___ ELA score _____ Math score _____

Courses taken this year

Are you behind in credits? Yes ___ No ___
In what subjects do you need help a _____ b _____
c _____ e _____ f _____
Do you need credit for high school? _____
Name of courses: 1 _____ 2 _____ 3 _____
4. _____ 5 _____ 6 _____

9. What language is spoken in your home? (Please check one) English _____,
Native Language __, English and Native Language __. Please specify what your
Native Language is _____
10. You live with: Parents __, Legal Guardian __, Foster Home __, on your own __,
In A Shelter __.
11. Marital Status of Parents: Together __, Single __, Separated __, Widow __
12. Fathers Name: _____ Phone _____
Fathers address: Street _____ City _____ Zip Code _____
Father's Occupation: _____ Work Phone _____
What grade did your father last complete? Elementary __ High School _____
College _____ Name of college _____
Mother's Name: _____ Phone _____
Mother's address: Street _____ City _____ Zip Code _____
Mother's Occupation: _____ Work Phone _____
What grade did you mother last complete? Elementary __ High School __
College _____ Name of college _____
13. Please list the names and ages of your brothers and sisters at home
- | | |
|------------|-----------|
| Name _____ | age _____ |
| Name _____ | age _____ |
| Name _____ | age _____ |
| Name _____ | age _____ |
| Name _____ | age _____ |
| Name _____ | age _____ |
- Total number of people that live in your household, including yourself _____
14. Who told you about Choice Thru Education Inc? (Referral source)

15. Please describe your academic and career goals. Explain how your participation in
this program will help you achieve those goals.

16. Family Income Source (Check any that apply to your family)
Employment __ AFDC __ GR __ Social Security __ Veterans Aid __ Other __ Please
Specify _____

Federal TRIO Programs

2003 Annual Low Income Levels

48 Contiguous States, D.C. and Outlying Jurisdictions

Family of	Alaska	Hawaii
1	13,470	16,815
2	18,180	22,710
3	22,890	28,605
4	27,600	34,500
5	32,310	40,395

6	37,020	46,290	42,570
7	41,730	52,185	47,985
8	46,440	58,080	53,400

Total Family Income (yearly) _____

If eligible for Food stamps, please provide your Food Stamp # _____

Applicant must meet the income guild lines and provide one of the following verifications:

- _____ 1040 IRS form for previous tax year
- _____ Recent Pay Stubs of the Parents
- _____ Documentation of income status from the department of Welfare or Social Security
- _____ Low-income level according to family

AGREEMENT OF STUDENTS: If accepted into the program, I agree to abide by the rules and regulations of Choice Thru Education Inc. and the summer program on a college campus. I understand that failure to do so will result in dismissal from the program.

I understand also that the program is composed of six-weeks residential summer component. If accepted, I agree to participate in the six weeks summer session on a college campus and to attend regularly during the after school program during the academic year.

Student Signature _____ Date _____

PARENTAL APPROVAL : I certify t6hat the information on this form is accurate and complete to the best of my knowledge. I hereby grant permission for my son/daughter to participate in the summer residential program on a college campus, and the academic year program in Chelsea. I understand furthermore, that my son/daughter is expected to abide by the rules and regulations of the program and college and that failure to comply will result in dismissal from the program. I also agree that Choice Thru Education Inc./ Upward Bound, will not be liable for any injury by the applicant during his/her participation in the program.

Parents Name Printed _____

Parents Signature _____ Date _____