

# Application for Enrollment

## Urban Scholars Program

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



## INFORMATION ABOUT URBAN SCHOLARS

### **1. What is the Urban Scholars Program at UMass Boston?**

The Urban Scholars Program is a year-round program comprised of after-school classes and academic support and an intensive 7-week summer institute at the University of Massachusetts Boston. The mission of Urban Scholars is to identify and to prepare Boston's gifted and talented urban youth, especially those who are low-income individuals and first-generation college bound students, to successfully enroll in and complete college. We provide students with the skills and attitudes necessary to achieve their full potential through a structured sequence of after-school and summer academic courses and activities designed to build a strong repertoire of basic and higher-level skills, task commitment, and self-motivation.

### **2. Who may apply?**

A student may apply if he or she:

- a) Is a U.S. citizen or permanent resident of the United States, and
- b) Is currently in the ninth, tenth, or eleventh grade at Jeremiah E. Burke High School, TechBoston Academy, Excel Academy, or Dearborn School or is a rising ninth grader planning to attend one of these high schools.

### **3. How much does it cost?**

All services and activities are provided FREE of cost to participants and their families. The program operates with funds from foundation and corporation grants, institutional contribution, and private donations.

### **4. What benefits does a student receive from participating in Urban Scholars?**

- A 7-week summer institute at UMass Boston. Students take courses in college-preparatory subjects and participate in college-ready workshops and activities.
- Courses and after-school tutoring services during the school year
- College and career exploration through college tours, fairs, and field trips
- College and financial aid application assistance for seniors
- Internships, university courses, and leadership opportunities
- Cultural activities

## SECTION 1: TO BE COMPLETED BY STUDENT

### PART 1: STUDENT 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: \_\_\_\_\_

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

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

Mailing Address (if different): \_\_\_\_\_ Apt: \_\_\_\_\_

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. It is reported in the aggregate (about Urban Scholars students as a whole, not individually).

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

2. Race (please check all that apply):

American Indian, Alaska Native

Native Hawaiian or other Pacific Islander

Asian

White

Black or African American

#### **LANGUAGE INFORMATION**

Please respond to each of the following three questions. This information is used to assess students' academic needs and to plan appropriate services and support.

Is English your first language?      Yes      No

Is English the primary language spoken at home?      Yes      No

If No, what language is mainly spoken at home? \_\_\_\_\_

## PART 2: CONTACT INFORMATION

### 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: \_\_\_\_\_

## PART 3: EDUCATIONAL AND EMPLOYMENT 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:

- |                  |                   |                                     |
|------------------|-------------------|-------------------------------------|
| GED              | High School       | Career or Vocational Degree Program |
| Two-year College | Four-year College | Master's Degree                     |
| Doctoral Degree  |                   |                                     |

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

### HONORS AND AWARDS

Please list any awards or honors (scholastic and other) that you have achieved during your middle and high school years.

Award	Date Received (Month/Year)

**EXTRACURRICULAR ACTIVITIES**

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

Activity	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	Hours/Week	Position Held

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

Admission Guaranteed Program (AGP)

Bottom Line

College Bound

Educational Opportunity Center (EOC)

GEAR UP

TRIO Talent Search/Project REACH

Other: \_\_\_\_\_

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

Chores and responsibilities at home

Church activities

Extracurricular activities such as sports, dance team, school clubs, etc.

Family vacations

Getting bored easily

Getting sick often

I don't foresee anything that would keep me from completing the program.

Missing my friends

Other (please indicate) \_\_\_\_\_

**EMPLOYMENT ACTIVITIES**

Do you have a job or internship?                      Yes                      No

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

Under 10 hours per week

Between 10 and 15 hours per week

Between 16-25 hours per week

Over 25 hours per week

## PART 4: STUDENT CONTRACT OF PARTICIPATION

**I will meet the following requirements as an Urban Scholars participant:**

1. I will work toward maintaining at least a 3.0 or B average in all of my high school classes.
2. I will participate in developing my social and academic skills for graduation from both high school and college.
3. I will attend the 7-week summer institute or complete a pre-approved alternative summer project.
4. I will participate in tutoring and special activities during the academic year. I understand that excessive absences will be reason for disciplinary action or termination.
5. I will ensure that I notify the program in the event of a cancellation for any trips/activities that I have signed up to be part of. In the event of a cancellation without prior notice, I understand that I will be responsible for the cost of my scheduled participation.
6. I will follow all rules of the Urban Scholars Program and UMass Boston.
7. I will follow the directives of Urban Scholars administrators, instructors, and tutors.
8. I will show respect for myself, the teachers, tutors, and my fellow Urban Scholars students.

By signing below, I indicate my intention to follow the requirements listed above. I understand that if my commitment is found to be lacking in any of these areas, it will result in disciplinary action, up to and including dismissal from the program.

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

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

## **PART 5: ESSAY QUESTION**

Please write an essay that answers the following questions. Attach additional pages if needed.

1. What are your college and professional goals?
2. Why are you interested in the Urban Scholars Program, and how will enrolling in the program contribute to your academic and professional goals?

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

Part 1: Eligibility Information, below, must be completed by the student's parent/guardian. The program collects this data and reports it anonymously to prospective funders.

Part 2: Parent/Guardian Contract of Participation: By signing, the Parent/Guardian agrees to fulfill the requirements of the program and support the student's participation.

Part 3: Releases of Information and Part 4: Statement of Certification of Information must be completed and signed by the Parent/Guardian and the Student.

### **PART 1: DEMOGRAPHIC AND ELIGIBILITY INFORMATION**

#### **INCOME VERIFICATION**

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_ do hereby state that my family's TAXABLE INCOME (Line 43 of Form 1040) for the previous calendar year was \$\_\_\_\_\_ (e.g. 10,000.00) and that my family size last year was \_\_\_\_\_ people (include self).

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

#### **Please include the following mandatory documents:**

- A copy of income tax form (1040 or 1040EZ) *or*
- A copy of a letter from the Department of Transitional Assistance and/or Social Security Office

**PLEASE NOTE: Your child's application will be considered incomplete if you do not provide copies of these documents.**





## PART 2: PARENT CONTRACT OF PARTICIPATION

I will meet the following requirements as an Urban Scholars participant's parent/guardian:

1. I will work with my child toward maintaining at least a 3.0 grade point average, or B average, in all of his/her high school classes.
2. I will ensure that my child follows the rules of the program.
3. I will ensure that my child attends and completes the Summer Institute or completes a pre-approved alternative summer project.
4. I will encourage my child to participate in tutoring and special activities during the academic year.
5. I will not allow my child to be involved with drugs or alcohol. I understand that the use or possession of drugs or alcohol is not tolerated and will result in my child's immediate dismissal from the program.
6. I will participate in program activities when a parent/guardian's presence is required.
7. I will respond to inquiries from the program staff regarding my child.
8. I understand that if my child does not fulfill his/her commitment to the program, he/she may be dismissed.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ do hereby agree to the terms and rules of the Urban Scholars Program. By signing below, I agree to support the program's mission and my child's commitment to the program.

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

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

### **PART 3: RELEASES OF INFORMATION**

#### **PARENT PERMISSION TO RELEASE INFORMATION TO URBAN SCHOLARS**

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 Urban Scholars at UMass Boston. In addition, I 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 will attend 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 (mm/dd/yyyy)**

#### **PARENT PERMISSION TO RELEASE INFORMATION TO EXTERNAL PARTNERS**

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_ (student) do hereby permit Urban Scholars at UMass Boston to release the academic records of my child and his/her participation in Urban Scholars to the Boston Public Schools, the Massachusetts Department of Elementary and Secondary Education for legitimate educational interests and to release the following information about my child to Boston After School and Beyond (<http://www.bostonbeyond.org>) for a data integration project: name, date of birth, race/ethnicity, high school, student ID number, and home zip code.

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

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

#### **STUDENT PERMISSION TO RELEASE INFORMATION TO URBAN SCHOLARS**

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 Urban Scholars at UMass Boston. In addition, I hereby authorize post-secondary institutions to release to Urban Scholars 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 remedial courses taken, degree(s) earned, and financial aid awarded.

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

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

## PART 4: 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)**

## APPLICATION CHECKLIST

Please use the application checklist below to ensure that your application is complete.

Completed application—with all necessary signatures

Copy of student's Permanent Resident/Green Card, if applicable

Copy of student's Social Security Card

Grade transcript and MCAS/PARCC scores

Income Documentation: copy of federal income tax form 1040 or 1040 EZ or a letter from the Department of Transitional Assistance and/or Social Security Office documenting the family's taxable income

After we receive your completed application, we will schedule an interview with the student. If the applicant is determined to be eligible for the program and if he/she is accepted for participation, he/she will receive a letter of acceptance to the program with information about an orientation session. Before the student can begin in the program, the parent/guardian must complete **UMass Boston's Youth Program Application**, a copy of which will be provided to the student. The Youth Program Application includes a health history and immunization forms, medical release sections, and a media release. **We look forward to receiving your application!**