



Upward Bound at Brandeis University is a federally funded college access program for students in grades 9 through 12 at Waltham High School, who also identify as first-generation and/or low-income.

Students who identify as first-generation will be the first person in their family to graduate from a 4-year college or university in the US. Eligibility based on family income status will follow the federal guidelines:

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

Program services include: Strengths-Based Advising, Academic Tutoring, Saturday Academy and a Summer Day Program on-campus at Brandeis University

Application Instructions

All completed applications should be returned in person to Upward Bound Staff

- ☐ **PART 1:** Student Demographics – This section should be completed by the student.
- ☐ **PART 2:** Parent/Guardian Contact Information – This section should be completed by the parent/guardian.
- ☐ **PART 3:** Eligibility Verification – This section should be completed by the parent/guardian and requires income documentation. Acceptable documentation includes: Federal 1040 Income Tax Form; Any Income Documentations from TANF, SSI, or DTA; Signed Statement from Parent/Guardian
- ☐ **PART 4:** Releases, Waivers, and Consent – This section requires signatures from both the student and parent/guardian. Please make sure you complete all required signatures.

If you have any questions or concerns, please feel free to reach out to via email:

upwardboundbrandeis-group@brandeis.edu or phone **781-990-9563**

Part One: STUDENT DEMOGRAPHIC INFORMATION

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

Age: _____ Date of Birth: ____/____/____ Place of Birth: _____

Preferred Name: _____ Preferred Pronouns: _____

Can we use this name/pronouns when we speak to your adults at home? _____

Cell Phone #: (____) _____ - _____ Email Address: _____ Grade: _____

HOME ADDRESS:

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

MAILING ADDRESS: (If Applicable)

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

ETHNIC & RACIAL BACKGROUND: *(Select the options that best represent your identity)*

Ethnicity: Are you Hispanic/Latino Yes No

Race: (please check one or more)

- ☐ Black or African American ☐ Asian/Asian American ☐ White
☐ American Indian, Alaska Native ☐ Native Hawaiian or Pacific Islander

LANGUAGE INFORMATION: *(Please circle your answers below)*

Is English your first language? Yes No

Is English the primary language spoken at home? Yes No

If not, what language is mainly spoken at home? _____

Part Two: PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian #1

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

Relationship to Student: _____ Preferred Communication Language: _____

Cell Phone #: (____) _____ - _____ Email Address: _____

HOME ADDRESS *(If different from student)*

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian #2

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

Relationship to Student: _____ Preferred Communication Language: _____

Cell Phone #: (____) _____ - _____ Email Address: _____

HOME ADDRESS *(If different from student)*

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT

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

Relationship to Student: _____ Preferred Communication Language: _____

Cell Phone #: (____) _____ - _____ Email Address: _____

HOME ADDRESS *(If different from student)*

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Part Three: ELIGIBILITY VERIFICATION

INCOME VERIFICATION - (Please provide a copy of your federal 1040 income **TAX YEAR: 2023** form in order to complete the application)

Filing Status: _____ Family Size: _____ Taxable Income: \$ _____

☐

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

U.S CITIZENSHIP/ RESIDENCY VERIFICATION

Student's Social Security Number: _____

Is your student a United States citizen? (Circle One) Yes No

If not, what is your student's country of citizenship? _____

FIRST GENERATION VERIFICATION

With whom does the student live? (Circle One)

Both parents/Guardians Parent/Guardian 1 Parent/Guardian 2 Other

What was the highest education level completed by the student's parent/guardians?

Elementary/Middle School GED/High School 2- Year College 4-Year College

Parent/Guardian 1 ☐ ☐ ☐ ☐

Parent/Guardian 2 ☐ ☐ ☐ ☐

If either parent graduated from a 4-year college, please provide the following information:

	Country Where Degree Was Awarded	Degree Received
Parent/Guardian 1		
Parent/Guardian 2		

By signing below, I certify that all of the information provided on this page is true and complete to the best of my knowledge.

Parent/Guardian Signature

Date (mm/dd/yyyy)

Part Four: RELEASES, WAIVERS, AND CONSENT

A. ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

I, the undersigned, am aware that participation in the Upward Bound Program at Brandeis University, including any and all related events, activities, programs, field trips, and transportation (hereafter referred to as Upward Bound), may include activities that may cause injury and be dangerous. **With full knowledge of the facts and circumstances surrounding Upward Bound, I voluntarily participate in Upward Bound and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury to others and to myself.** I agree to comply with all of the rules and conditions of participating in Upward Bound. I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in Upward Bound, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in Upward Bound.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with Upward Bound or around Upward Bound, regardless if occurring before, during or after the period of Upward Bound. I will conduct myself in a manner that is considerate of other participants and in accordance with Upward Bound rules, policies, and directives and with any state, city and applicable laws or rules where Upward Bound is occurring. In addition, I understand that if I travel to an Upward Bound event with a group and/or advisor (such as a field trip), I will return with the group unless prior arrangements have been made with the Upward Bound staff who is supervising the travel/trip. **I agree not to use or possess alcohol or drugs at any time while traveling, lodging, or participating in Upward Bound.**

I am aware that I am responsible for my own transportation to/from the Upward Bound site, and Brandeis University is not responsible for any damage or injury caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of Upward Bound, regardless if occurring before, during or after the period of Upward Bound.

To the extent permitted by law, and in consideration for being allowed to participate in Upward Bound, I hereby save, hold harmless, indemnify, defend, discharge and release Brandeis University, its trustees, officers, employees, and agents (the "UNIVERSITY") from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to Upward Bound, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise.

It is my expressed intent that this Acknowledgement of Risk and Waiver of Liability shall bind the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in Upward Bound.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to Upward Bound, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in Upward Bound.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

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Part Four: RELEASES, WAIVERS, AND CONSENT

A. ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with Upward Bound.

In signing the Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this Acknowledgement of Risk and Waiver of Liability in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability and its terms are contractual and not a mere recital.

Student Signature

Date (mm/dd/yyyy)

PARENT OR GUARDIAN'S ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY, AUTHORIZATION FOR MEDICAL CARE, AND CONSENT TO PARTICIPATE

I certify that I am the parent or legal guardian of the above-named participant in Upward Bound. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above Acknowledgement of Risk and Waiver of Liability, I understand its contents, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my child and I have agreed to the terms and conditions of my child's participation in Upward Bound, and I hereby give my consent to participation by my child in all Upward Bound activities, including field trips in the youth programs, transportation to and from Brandeis University, and all program-related activities from the date of their acceptance throughout their involvement with the program, and to receive medical treatment determined to be necessary. To the extent permitted by law, and in consideration for my child being allowed to participate in Upward Bound, I, on behalf of myself and my child, hereby save, hold harmless, indemnify, defend, discharge and release the UNIVERSITY from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my child's participation in any activities related to Upward Bound, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise.

Parent/Guardian Signature

Date (mm/dd/yyyy)

Part Four: RELEASES, WAIVERS, AND CONSENT

B. MEDIA RELEASE - OPTIONAL

Beginning as of the date of execution of this release, I agree that photographs, whether still or action, videos, film and/or motion pictures (hereinafter "Pictures") and/or audio recordings ("Recordings") may be taken of me

my child, _____ (student),

individually or with others, by or on behalf of Brandeis University in connection with Upward Bound, and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to Brandeis University and that such rights are freely assignable by Brandeis University. 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 Brandeis University directly or indirectly for any purpose, including but not limited to advertising and/or promotional purposes, in any manner, and at any time that Brandeis University desires. For good and valuable consideration, receipt of which is hereby acknowledged, I hereby agree to release and discharge Brandeis University, 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.

Parent/Guardian Signature

Date (mm/dd/yyyy)

Student Signature

Date (mm/dd/yyyy)

**PARENT/GUARDIAN RELEASE OF INFORMATION TO UPWARD BOUND PROGRAM AT
BRANDEIS UNIVERSITY**

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 score, and proof of graduation to the Upward Bound Program at Brandeis University for the purpose of assessing student needs, monitoring student progress, documenting eligibility for the program, and for compiling and reporting data to the United States Department of Education, Office of Postsecondary Education. I understand that the United States Department of Education requires Upward Bound at Brandeis University to report on my child's academic progress through either their graduation from college or for at least four years after my child's high school graduation.

Parent/Guardian Signature

Date (mm/dd/yyyy)

**PARENT/GUARDIAN'S PERMISSION FOR UPWARD BOUND AT BRANDEIS UNIVERSITY TO
RELEASE STUDENT INFORMATION TO EXTERNAL PARTNERS**

I, _____, the parent/legal guardian of _____ (**student**) do hereby permit the Upward Bound Program at Brandeis University to release the academic records about my child and their participation in Upward Bound to the Waltham Public Schools, the Massachusetts Office of Elementary and Secondary Education, and to the U.S. Department of Education for legitimate educational interests.

Parent/Guardian Signature

Date (mm/dd/yyyy)

STUDENT RELEASE OF INFORMATION TO UPWARD BOUND PROGRAM AT BRANDEIS UNIVERSITY

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 Upward Bound Program at Brandeis University for the purpose of assessing student needs, monitoring student progress, documenting eligibility for the program, and for compiling and reporting data to the United States Department of Education, Office of Postsecondary Education. I understand that the United States Department of Education requires Upward Bound at Brandeis University to report on my academic progress through either my graduation from college or for at least four years after my high school graduation.

Student Signature

Date (mm/dd/yyyy)

STUDENT'S PERMISSION FOR UPWARD BOUND AT BRANDEIS UNIVERSITY TO RELEASE STUDENT INFORMATION TO EXTERNAL PARTIES

I, _____ (**student**), do hereby permit Upward Bound at Boston University to release the academic records about me and my participation in Upward Bound to the Boston Public Schools, the Massachusetts Office of Elementary and Secondary Education, and to the U.S. Department of Education for legitimate educational interests.

Student Signature

Date (mm/dd/yyyy)

STATEMENT OF CERTIFICATION

By signing below, I certify that all of the information provided by me or any other person on or in conjunction with this application is true and complete to the best of my knowledge. Furthermore, I agree to adhere to all of the administrative rules of the program and to cooperate with the staff to our fullest extent.

Parent/Guardian Signature

Date (mm/dd/yyyy)

Student Signature

Date (mm/dd/yyyy)