



## Program Application

Please complete all 5 sections of this application and include a copy of your most recent report card and a copy of your 1040, 1040A or 1040EZ (only the first two pages).

### Section 1: Student Information

**Please Print All Information in Blue or Black Ink Only!**

Name of Student: \_\_\_\_\_  
Last Name First Name Middle Initial

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender:  Male  Female

Home Address: \_\_\_\_\_  
Number Street Apt. # City State Zip

Race:  Black  Hispanic/Latino  Asian  Other: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No (If no, do you have a green card?  Yes, what's the #: \_\_\_\_\_)

Parent Email Address: \_\_\_\_\_ Parent Cell Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Email Address: \_\_\_\_\_ Student Cell Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your current grade level:  8  9  10  11  12

School District:  Newark

Please check (✓) which school do you attend:

- Barringer Arts & Humanities  Barringer STEAM Academy  
 East Side High School

Guidance Counselor's Name: \_\_\_\_\_ Guidance Counselor's Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you participate in the subsidized lunch program at your school?  Yes  No

If yes, please indicate your eligibility:  Free  Reduced

### **Unofficial Standardized Test Scores**

*Note: Official copy of scores must be submitted at a later date.*

|                |                           |                        |  |
|----------------|---------------------------|------------------------|--|
| <b>NJASK 8</b> | Date Taken ____/____/____ | Mathematics Score ____ | Language Arts Score ____                       |
| <b>HSPA</b>    | Date Taken ____/____/____ | Mathematics Score ____ | Language Arts Score ____                       |
| <b>PSAT</b>    | Date Taken ____/____/____ | Mathematics Score ____ | Writing Score ____ Critical Reading Score ____ |
| <b>SAT/ACT</b> | Date Taken ____/____/____ | Mathematics Score ____ | Writing Score ____ Critical Reading Score ____ |

## Section 2: Waiver of Liability/Photo Media Release

In consideration of being permitted to participate in any way in the Upward Bound for English Language Learners (UBELLS) program, hereinafter called "Activity", I, for myself, my heirs, personal representative or assigns, do hereby waive liability, release and forever discharge NJIT, its officers, agents, trustees, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with the Activity. Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Injuries could range from range from scratches, bruises, cuts, eye injury or loss of sight, joint or bodily injuries, catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I acknowledge, know, understand and appreciate these and other risks that are inherent in any Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

In addition, I hereby freely and irrevocably grant to NJIT and its authorized employees and agents, the absolute right and permission to copy, exhibit, copyright, use, take, distribute and/or publish my photographic likeness, name, voice, and/or image made in relation to my participation in the Activity in photographs, video and in any and all other media forms.

Print Student's Name: \_\_\_\_\_ Print Parent's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

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## Section 3: Household Information

Do you live with:  Both Parents  Mother Only  Father Only  Guardian

If you live with a guardian, please state relationship & name (i.e., Aunt Jane Doe, etc.): \_\_\_\_\_

Parent Marital Status:  Single  Married  Separated  Divorced  Widowed

Level of education of Mother:  Elementary School  High School  College  Grad School

Level of education of Father:  Elementary School  High School  College  Grad School

Number of people in household: \_\_\_\_ Family Yearly Income Average: \_\_\_\_\_ (Proof of Income Required)

I agree that the above information is correct to the best of my knowledge.

Print Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

## Section 4: Upward Bound for English Language Learners (UBELLs) Contract and Standardized Test Scores Request



### Parent and Student Contract of Participation

I would like to be a participant in the Upward Bound for English Language Learners (UBELLs) program because it will provide me with the encouragement and preparation I need to pursue higher education. I realize that participation in the program will ensure that I have access to tutoring services in academic subjects, and preparation for the HSPA, PSAT, and SAT/ACT tests. I will also have the opportunity to visit colleges, businesses and other educational industries. In the summer, I will have the opportunity to participate in a summer enrollment program including staying on a college campus.

I will, as well as my parent(s)/guardian(s), make a commitment to become involved in tutoring, mentoring, and college and career workshops on topics such as the admission process, financial aid, and choosing the right college. I will also commit to reviewing with my child and signing a Personal Education Plan (PEP) when requested by UBELLs personnel. In addition to these activities, I will also have the opportunity to interact with other TRiO students across the state.

### Standardized Test Scores

As a requirement of participation in the UBELLs program, we must receive a record of your final grades and standardized test scores as needed. This includes a copy of my report card/transcript (*transcripts may be unofficial*) for every marking period and test results when they become available.

I hereby grant permission for my school to release my transcript/report card and SAT and other test scores to the Upward Bound for English Language Learners at the New Jersey Institute of Technology for the purposes of program evaluation.

Print Student's Name: \_\_\_\_\_ Print Parent's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School ID #: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Academic Year: \_\_\_\_\_  
(i.e., 2010-2011, or 2011-2012, etc)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 5: Medical & Emergency Information

Physician Name: \_\_\_\_\_

Physician Telephone No.: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

History of health conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Relationship of Emergency Contact to Student: \_\_\_\_\_

I hereby give permission for her/him to participate in all activities organized by the Consortium for Pre College Education in Greater Newark / Upward Bound for English Language Learners.

In case of an injury, I grant permission for her/him to receive medical attention deemed necessary, by qualified medical personnel, during the entire time that he/she (listed within) is participating in the Consortium for Pre-College Education in Greater Newark / Upward Bound for English Language Learners.

**PARENT:** Every reasonable precaution will be taken to provide for the safety and care of your son or daughter. Every effort will be made to notify you in the event of an accident or injury, which may require emergency care. If you cannot be contacted, permission is granted to the staff of the Consortium to seek medical attention. All financial responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by the parent or guardian.

\_\_\_\_\_  
Signature of Student or Parent/Guardian (*If Student Is A Minor*)

\_\_\_\_\_  
Date

*Mail and return completed enrollment package with the two required attachments  
to office address below:*

Consortium for Pre-College Education in Greater Newark /  
Upward Bound for English Language Learners  
Center for Pre-College Programs  
New Jersey Institute of Technology  
Campbell Hall Building, 4<sup>th</sup> and 5<sup>th</sup> Floors  
110 Summit Street  
Newark, New Jersey 07102-1982

If you have any questions, please call (973) 642-4197