Dear Parent(s)/Guardian(s):

Your child has made a wonderful decision today by completing the attached application to Central Connecticut State University’s ConnCAP Program! CCSU’s ConnCAP Program will prepare your son or daughter for college and provide assistance and guidance along the way.

How can you help your child to achieve academically so that a college education will be in his or her future? One excellent way is to encourage your child to apply to the ConnCAP Program. ConnCAP is a state funded program for students who come from families who have a modest family income and in which neither parent has a four-year college degree.

How will ConnCAP help your child? Recruitment begins when the student is in 7th grade. Upon acceptance, ConnCAP 8th grade students are required to participate in after-school meetings. Students will learn about the college experience, study skills, and strategies to improve their grades. They also participate in exciting field trips to cultural and educational events including college campus visits.

Upon completion from 8th grade, ConnCAP middle school students automatically become active participants in the ConnCAP high school program. The high school program assists students by providing a wide array of support services such as: tutoring, 9th grade study skill strategies, support with college applications and understanding the financial aid process, as well as SAT fee waivers. Each summer, ConnCAP middle school and high school students must participate in a challenging and exciting six-week academic enrichment program. During the annual summer program, students attend classes at Central Connecticut State University taking a full course load, which helps prepare them for the coming school year. Academic instruction, transportation, meals, and admission to cultural and educational activities are provided during the summer program at no cost to the student!

Once a ConnCAP student reaches his/her senior year of high school, he/she is well prepared to gain admission to the college of his/her choice. ConnCAP is a highly successful college preparatory program; more than 90% of ConnCAP students graduate from high school and enroll in post-secondary institutions.

While it is difficult to put a price on all that a college education provides, one thing is certain, a college education is necessary in today’s world. We hope that ConnCAP will be a part of your child’s academic success in high school and beyond. If you have questions please feel free to call (860) 832-1907.

Sincerely,

Awilda Reasco  
Milagros Vélez  
Shirami Barceló  
Director, PAS  
NBHS ConnCAP Site-Coordinator  
ConnCAP Middle School Site-Coordinator  
(860)832-1905  
(860)225-6300 ext. 638  
(860)832-1909  
Reasco@ccsu.edu  
Milly.Velez@ccsu.edu  
BarceloS@ccsu.edu
SECTION 1: NECESSARY DOCUMENTS

Dear Student and Parent(s)/Guardian(s):

Thank you for beginning the ConnCAP application process. Please be sure that pages 1-9 of the application and copies of the following necessary documents have been forwarded to the ConnCAP Office. Use the checklist below to ensure that your ConnCAP Student Application is fully complete.

**CONNCAP STUDENT APPLICATION:**

APPLICATION FORMS TO BE FORWARDED TO THE CONNCAP PROGRAM:

- ___ PERSONAL INFORMATION FORM (pages 1-2)
- ___ FINANCIAL AND FAMILY INFORMATION FORM (page 3)
- ___ CONSENT FOR DISCLOSURE FORM (page 5)
- ___ PERSONAL ESSAY (page 6)

BRING TO A SCHOOL REPRESENTATIVE:

- ___ ACADEMIC RECOMMENDATION FORM (page 7)

PROVIDE COPIES OF THE FOLLOWING DOCUMENTS TO THE CONNCAP PROGRAM:

- ___ MASTER TEST SCORE (MOST RECENT NWEA SCORES)
- ___ REPORT CARD/GRADE REPORTS (CURRENT GRADE)
- ___ PROOF OF INCOME (W-2’s are not acceptable) (1040, 1040A, AFDC, SSI, Veteran’s Benefits)

ConnCAP staff members will only interview students with completed applications. Upon receiving your application, we will schedule an appointment for an interview through your child’s guidance counselor at his/her school. All applications and documents must be submitted to the ConnCAP Office by **February 1**.

You may forward your application and copies of documents to:

Central Connecticut State University  
Pre-Collegiate & Access Services Office  
ConnCAP Program  
112 Emma Hart Willard Hall  
1615 Stanley Street  
New Britain, CT 06050-4010

*Thank you for your interest in Central Connecticut State University’s Connecticut Collegiate Awareness and Preparation Program (ConnCAP)*
### Student Information

1. **Student’s Name** ________________________________  
2. **Date of Birth** ________________________________  
3. **Address** ______________________________________  
4. **City** _______________ **ST**__ **Zip** ____________  
5. **School** ________________________________________  
6. **Check one:**  
   ___ U.S. Citizen  
   ___ Permanent Resident  
   ___ Other  

### Ethnicity:

- ___ African American  
- ___ Asian American  
- ___ Hispanic/Latino  
- ___ Native American  
- ___ White  
- ___ Other  

12. Will the student be the first in the immediate family to earn a 4-year college degree?  
   ___ Yes  
   ___ No  

13. Please check the school the applicant is planning to attend:  
   ___ NBHS  
   ___ E.C. Goodwin Tech.  
   ___ Other  

   *(Please note: Only those students that will attend New Britain High School are eligible for the ConnCAP Program)*

### Mother’s/Stepmother’s/Guardian’s Information

14. **Name** ________________________________________  
15. **Home Telephone #** ______________________________  
16. **Parent available for contact?**  
   ___ Yes  
   ___ No  
17. **Cellular Telephone #** ____________________________  
18. **Address**  
   City ___________________ **ST**__ **Zip** ____________  
19. **Email Address** __________________________________  
20. Check the highest grade level of education completed:  
   ___ 1-8  
   ___ 9  
   ___ 10  
   ___ 11  
   ___ 12  
   ___ Assoc. Degree  
   ___ BA/BS  
   ___ MA/MS  

21. **Employer:** ____________________________________  
22. **Occupation Title:** ______________________________  
23. **Check one:**  
   ___ Part-Time  
   ___ Full-Time  
24. **Number of Years Employed:** ____________  
25. **Work Telephone #** ______________________________  
26. **Best time to contact:** ____________________________
**FATHER’S/STEPFATHER’S/GUARDIAN’S INFORMATION**

27. Name ________________________________

28. Home Telephone # ______________________

29. Parent available for contact?  __ Yes __ No

30. Cellular Telephone # ____________________

31. Address ________________________________
   City ________________ ST __ Zip __________

32. Email Address ____________________________

33. Check the highest grade level of education completed:
   ___ 1-8  ___ 9  ___ 10  ___ 11  ___ 12  ___ Assoc. Degree  ___ BA/BS  ___ MA/MS

34. Employer: ______________________________

35. Occupation Title: ________________________

36. Check one: ___ Part-Time  ___ Full-Time

37. Number of Years Employed: _________

38. Work Telephone # ________________________

39. Best time to contact: ____________________

**GENERAL INFORMATION**

40. With whom is the student living with?  ____ Both Parents  ____ Mother Only  ____ Father Only
   ____ Guardians  ____ Other, please state relationship to applicant ______________________________

41. Is there a family member who is or has been in ConnCAP?  __ Yes __ No
   Name(s) __________________________________

**AUTHORIZATION**

TO THE BEST OF MY KNOWLEDGE, I BELIEVE THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

__________________________________________  ____________
Parent’s/Guardian’s Signature                  Date

**FOR OFFICE USE ONLY**

ELIGIBILITY ___ Yes ___ No  LI/FG___  LI ___ OI ___  FG___ NFG___

CLASS OF__________  Family Size: ______  Date Admitted into Program:_____________

Taxable Income or Other Income: $__________  Documentation _______________________

Academic Need:  ____ Low Grades  ____ Low Student Progress Assessment  ____ Low Aspirations
   ____ Lack of Confidence  ____ Low Self Esteem/Social Skills  ____ School Recommendation(s)

CCSU IS AN EQUAL OPPORTUNITY EMPLOYER
SECTION 3: FINANCIAL & FAMILY FORM

Parent’s/Guardian’s Name ____________________________ Date ________________

Address ____________________________ City ________________ ST _________ ZIP __________

Home Telephone Number ________________ Cellular Telephone # ________________ E-mail address ______________________

TAXABLE INCOME OF PARENTS/GUARDIANS PREVIOUS YEAR $__________

(This line must be completed)

You can find the taxable income amount on line #42 or # 43 of your tax form, if there is a “0,” write “0” in the space provided above. (This must be provided to determine financial eligibility for the ConnCAP Program)

Please attach a copy of your Income Tax Return (Form 1040, 1040A, or 1040EZ) or a copy of your case worker’s letter indicating any assistance/benefits you receive (more information can be found on the next page).

Does the family receive any of the following governmental benefits?

Y/N Amount Per Month

___ Aid to Families of Dependent Children (AFDC) $______________
Caseworker’s Name ____________________________
Office Telephone ____________________________

___ Social Security Benefits $______________
Telephone of Administering Office ____________________________

___ Veteran’s Benefits $______________
Telephone of Administering Office ____________________________

___ Title XIX Medical Benefits $______________

___ Unemployment $______________

___ Other: ____________________________ $______________

Names of Individuals Living at Home Age Relationship (to applicant)
_______________________________________ ______ ____________________________
_______________________________________ ______ ____________________________
_______________________________________ ______ ____________________________
_______________________________________ ______ ____________________________
_______________________________________ ______ ____________________________
_______________________________________ ______ ____________________________
_______________________________________ ______ ____________________________
_______________________________________ ______ ____________________________
_______________________________________ ______ ____________________________
_______________________________________ ______ ____________________________
_______________________________________ ______ ____________________________

Total Number of Individuals Living at Home ______
PROOF OF INCOME

To comply with the Federal Regulations that set income eligibility guidelines for ConnCAP students, we ask that you comply with the following request:

Please provide ConnCAP with one of the following forms as proof of income:

- **1040, 1040A, 1040EZ** *(your most current income taxes)*
- **AFDC** *(Aid to Families with Dependent Children, “Welfare,” “TANF” – Temporary Assistance for Needy Families)*
- **SSI** *(Social Security Income)*
- **Veteran’s Benefits** *(Military Income)*

If you receive AFDC, Social Security, and/or Veteran’s Benefits, please provide ConnCAP with a letter indicating the amount of benefits received on letterhead from your caseworkers.

This information will be kept confidential and used only to determine a student’s eligibility for the ConnCAP program.

Please *do not send your original tax return form*. If you cannot make a copy, you may bring the original to our office and we will make a copy for you.

We appreciate your cooperation in providing this information.

**W-2’s are not acceptable as proof of income**

**IMPORTANT NOTE:** It is illegal for us to consider a student’s eligibility for ConnCAP without this documentation, as it is a requirement by our grant through the Connecticut Department of Education. We must receive this documentation by the date requested. If you have any questions with this, call us immediately at (860) 832-1909. We will be glad to help you in any way we can.
SECTION 4: CONSENT FOR DISCLOSURE OF EDUCATION RECORDS AND PHOTO RELEASE

I, ________________________________, authorize Central Connecticut State University (parent’s or legal guardian’s name, if child is under 18)

to release ____________________________ academic records for the next five (5) years (child’s name)

related to ConnCAP including: transcripts, grades, photos, and medical records to: all participants in the ConnCAP Program, all school administrators, and CCSU personnel. (Disclosure is authorized to share information concerning students’ participation in the ConnCAP Program, for use in the newsletter, and for public relations purposes.)

________________________  __________________
Signature of Parent/Guardian, if child is under 18 Date

________________________  ________________
Child’s Name (print)
SECTION 5: STUDENT’S PERSONAL ESSAYS

We would like to learn more about you than what is found in your academic records. This is also an opportunity to share your thoughts in writing. Remember, it is important that you write a complete essay with proper grammar and spelling. Please use the spaces below to respond to the following questions or you may submit a typed essay on a separate sheet.

Why is a college education important to you?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What specific goals do you intend to pursue in college and professionally?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

IF ADMITTED TO THE ConnCAP PROGRAM, I UNDERSTAND THAT I WILL BE EXPECTED TO ATTEND A SIX-WEEK SUMMER PROGRAM ON THE CCSU CAMPUS EACH SUMMER LEADING UP TO MY SENIOR YEAR OF HIGH SCHOOL.

________________________________________
Student’s Signature

________________________________________
Date
SECTION 6: STUDENT RECOMMENDATION FORM

ACADEMIC RECOMMENDATION FORM

This form is to be completed by a school representative who is familiar with the applicant. Please forward to the school Guidance Counselor upon completion. Thank you!

DEADLINE: February 1

Student’s Name: _________________________________________________

School: ___________________________ Grade Level: ___

Recommender’s Name: ___________________________ Title: ______________

1. Is this student judged to be an academic underachiever? □ No

Select all that apply:

□ Needs additional academic support

□ Works below potential □ Does not seek academic support/guidance

□ Low aspirations/goals □ Struggles to complete assignments

□ Low NWEA Scores (recent) □ Lacks opportunity for college preparation courses

□ Low GPA/Grades □ Lack of career goals/needs accurate information

□ Other: __________________________________________________________

2. How many unexcused absences has this student had this academic year? _____

3. Describe the applicant’s academic performance, behavior, self-esteem/social skills:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

4. Share briefly why you think this student has the potential to be successful in a higher education setting with further guidance, encouragement, and preparation.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Recommender’s Signature ___________________________ Date ___________