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**
Awilda Reasco  
Director, PAS  
(860)832-1905  
Reasco@ccsu.edu

**Milagros Vélez**
Milagros Vélez  
NBHS ConnCAP Site-Coordinator  
(860)225-6300 ext. 638  
Milly.Velez@ccsu.edu

**Shirami Barceló**
Shirami Barceló  
ConnCAP Middle School Site-Coordinator  
(860)832-1909  
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.

**CONN CAP 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 YOUR CHILD’S TEACHERS AND GUIDANCE COUNSELOR:**

- ___ TWO TEACHER RECOMMENDATIONS (page 7-8)
- ___ GUIDANCE COUNSELOR RECOMMENDATION (page 9)

**PROVIDE COPIES OF THE FOLLOWING DOCUMENTS TO THE CONNCAP PROGRAM:**

- ___ MASTER TEST SCORE (MOST RECENT CMT 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 **Friday, February 21, 2014**.

You may forward your application and copies of documents to:

Central Connecticut State University
Pre-Collegiate & Access Services Office
ConnCAP Program
205 Copernicus 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)
Parents/Guardians: The parent/guardian with whom the student resides should complete this application. All fields must be complete for your child to be considered a ConnCAP applicant.

SECTION 2: PERSONAL INFORMATION

STUDENT INFORMATION
1. Student’s Name ____________________________
2. Address___________________________________
3. Date of Birth ______________________
4. City ___________________ ST____ Zip ______
5. Sex: ___ Male     ___Female
6. Home Telephone # __________________________
7. Student’s E-mail Address _______________
8. School ____________________________________
9. Current Grade Level_______
10. Check one:   ___ U.S. Citizen  ___ Permanent Resident   ___ Other
11. 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 Mastery Test Scores ___ 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 spaced 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?

<table>
<thead>
<tr>
<th>Y/N</th>
<th>Governmental Benefit</th>
<th>Amount Per Month</th>
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<tbody>
<tr>
<td></td>
<td>Aid to Families of Dependent Children (AFDC)</td>
<td>$_______________</td>
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<td>Caseworker’s Name _____________________________</td>
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<td></td>
<td>Office Telephone ________________________________</td>
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<td></td>
<td>Social Security Benefits</td>
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<td>Telephone of Administering Office________________</td>
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<td></td>
<td>Veteran’s Benefits</td>
<td>$_______________</td>
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<td></td>
<td>Telephone of Administering Office________________</td>
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<tr>
<td></td>
<td>Title XIX Medical Benefits</td>
<td>$_______________</td>
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<tr>
<td></td>
<td>Unemployment</td>
<td>$_______________</td>
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<tr>
<td></td>
<td>Other: _________________________________________</td>
<td>$_______________</td>
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Names of Individuals Living at Home  Age  Relationship (to applicant)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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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 related to ConnCAP (child’s name)

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 FORMS

Teachers: Forward to Guidance Counselor upon completion

DEADLINE: 2/21/14

TEACHER RECOMMENDATION FORM (Language Arts)

Student’s Name: ____________________________
Name of School: ____________________________
Teacher’s Name: ____________________________
Current Grade Level: ________

1. Is this student judged to be an academic underachiever?  □ No
   Select all that apply:
   □ Works below potential  □ Does not seek academic support/guidance
   □ Low GPA/Grades       □ Struggles to complete assignments
   □ Needs additional support □ Other: ________________________________

2. How would you describe this student’s academic and classroom behavior?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Share why you think this student has the potential to be successful in obtaining a college education with further guidance, encouragement, and preparation.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

___________________________________   __________
Teacher’s Signature Date
TEACHER RECOMMENDATION FORM (Mathematics)

Student’s Name: ________________________________________________
Name of School: ________________________________________________
Teacher’s Name: ____________________ Current Grade Level: ________

1. Is this student judged to be an academic underachiever? □ No
   Select all that apply:
   □ Works below potential □ Does not seek academic support/guidance
   □ Low GPA/Grades □ Struggles to complete assignments
   □ Needs additional support □ Other: ________________________________

2. Describe this student’s academic performance and classroom behavior.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

3. Share why you think this student has the potential to be successful in obtaining a
   college education with further guidance, encouragement, and preparation.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

_________________________________   ________
Teacher’s Signature Date
GUIDANCE COUNSELOR RECOMMENDATION FORM

Student’s Name: ________________________________
Name of School: ________________________________
Counselors’ Name: ________________________________
Current Grade Level: ____________

1. Is this student judged to be an academic underachiever?  □ No
Select all that apply:
□ Reading is below grade level  □ Does not seek academic support/guidance
□ Low GPA/Grades  □ Low CMT Scores
□ Other: _____________________________________________

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

3. How would you describe this student’s self-esteem and social skills?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. What information, if any, has this student inquired about college preparation courses, college, or career planning?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

__________________________________________  _________
Counselor’s Signature              Date