

UPWARD BOUND PROGRAMS

(Classic & Math and Science)

Due Date: Feb. 28th

The program serves low-income/first-generation students who reside in Milwaukee's central city as defined by zip codes 53204, -05, -06, -08, -09, -10, -12, -15, -16, -18 and 53233.

Information about the Student

Name: _____ Do you intend to go to college? Yes No Unsure
 Current School: _____ Current Grade: _____ Expected Year of Graduation: _____
 Mailing Address: _____
 Home Phone Number: _____ Student Cell Phone Number: _____
 Student Email Address: _____ Male Female
 Birth Date: _____ Social Security Number: _____ - _____ - _____ US Citizen: Yes No
 Are you Hispanic or Latino? Yes No
 Race (please check all that apply): American Indian/Alaskan Native Asian White Other: _____
 Black/African American Native Hawaiian or Other Pacific Islander

With whom does the student live? Please check only one: Both parents Mother Father Legal Guardian Foster Care
 Other (please specify) _____

Parents/Guardians marital status: Married, living together Married, living separately Single Divorced

Mother/Legal Guardian Information

Name: _____
 Work Phone Number: _____
 Cell Phone Number: _____
 Best Time to Contact: _____
 Living Deceased
 Has Mother/Legal Guardian Earned a 4 Year College Degree?
 Yes No

Father/Legal Guardian Information

Name: _____
 Work Phone Number: _____
 Cell Phone Number: _____
 Best Time to Contact: _____
 Living Deceased
 Has Father/Legal Guardian Earned a 4 Year College Degree?
 Yes No

Which Upward Bound Program is the student applying to? (Classic) Upward Bound Upward Bound Math & Science
 (Must currently be a 9th or 10th grader)

Financial Information

Staff Initials: _____

Did the parent(s) file an Income Tax Return for Tax Year 2018? No Yes (if yes, please include a copy of **all pages** of the FEDERAL return)
 What was your **Taxable Income** for Tax Year 2018: \$ _____
 For **form 1040** this is line 43; for **Form 1040A** this is line 27; for **Form 1040EZ** this is line 6. If you were not required to file a Federal Return, your Taxable income is \$0.

Total number of members in household: _____

TRIO Income Guidelines:			
Family Size 1 - \$18,210	4 - \$37,650	7 - \$57,090	
(Taxable Income as of January 31, 2018)	2 - \$24,690	5 - \$44,130	8 - \$63,570
	3 - \$31,170	6 - \$50,610	

The information contained in this application is for the use of the Upward Bound Programs at Marquette University only and will be held in the strictest confidence. All records are kept in secure locked storage.

By signing below, you certify that all information contained in this application is correct, complete and accurate (this includes the educational attainment level of both parents, financial information, size of household, etc.) to the best of your knowledge.

Parent/Guardian Signature _____ Name (please print) _____ Date _____
 Student Signature _____ Name (please print) _____ Date _____

Application Form (continued)

Please ensure that all parts of the application are completed and signed.
This form must be completed using blue or black ink.

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS & ADDITIONAL RELEASES

Please read the following information before signing. All information will be kept confidential.

I hereby grant authorization for my educational records (grades, transcripts and test scores) to be released by the middle school, high school, district, and/or college to the Upward Bound Programs at Marquette University (MUUB). I understand that the Upward Bound Programs will request grades at the conclusion of each grading period and transcripts/test scores at least annually. I furthermore agree that Marquette University's Educational Opportunity Program's (EOP) Pre-College Division will also maintain records of performance in program classes and activities. EOP Pre-College Division may share academic information regarding participation in the Upward Bound Programs (grades, test scores, etc.) with my parents and/or high school.

I also authorize Marquette University's Educational Opportunity Program's (EOP) Pre-College Division to use photographs and/or videotape with my image in Upward Bound publications and/or news releases.

Permission is granted for the student to participate in all activities sponsored or attended by MUUB. Permission is granted for Upward Bound staff members to transport the above-named student to and from these activities.

Permission is granted to provide counseling services to the above-named student as necessary by the appropriate University and/or community resources (i.e. University Counseling Service).

We understand that the Upward Bound Programs are for students who are able to handle the responsibility of being away from home for the residential summer component.

We recognize that Upward Bound Programs are a major investment by the United States Department of Education and we understand that if the student is accepted and wishes to attend, he or she will be expected to fully participate in the program (both during the academic year and summer) and student not taking vacation or trips during the 6-weeks of the UB summer programming.

We understand that if MUUB accepts the applicant, he or she will have to adhere to the program's rules and regulations concerning student responsibility and behavior in the academic and residential life programs. We understand that the Upward Bound Director will have the right to dismiss any student whose behavior is incompatible with the goals and standards of MUUB.

We agree that the student, if accepted into MUUB, may participate in answering questionnaires and other appropriate and approved research projects done as a part of the program's evaluation.

If you are a **current 8th grade student**, what is your prospective high school? _____

Student's Career goals? _____

Is student in any other pre-college program, if yes which program(s)? _____

Please list the name of a teacher (only list teacher of these subjects: English, math, social studies, or science) and the student's school counselor who will be providing the recommendation for this student:

Teacher: _____ Subject: _____

Counselor: _____

By signing below, you are agreeing to all statements on this page, as well as providing permission for the Upward Bound Programs at Marquette University to acquire recommendation forms from a teacher and your school counselor.

Parent/Guardian Signature _____ Name (please print) _____ Date _____

Student Signature _____ Name (please print) _____ Date _____