

Dear Student and Parent(s),

Thank you for your interest in the Upward Bound Project at Montclair State University. Upward Bound is a federally funded program designed to prepare eligible high school students for success in college.

Program services include but are not limited to, transportation to and from the program, academic instruction, cultural enrichment, career exploration, financial aid application assistance, college visits, and support services designed to assist students as they prepare for entry into college.

We hope that we will have the opportunity to assist you as you pursue your educational and career goals.

Once you have completed the application, please return it to Montclair State University Upward Bound Program, 1 Normal Avenue, College Hall (CO Room 142-3), Montclair, NJ 07043 or give it to your guidance counselor. To expedite the application review process, we ask that you work closely with your guidance counselor and return the completed and signed application as soon as possible.

For further information, please call (973) 655-4065.

The application MUST have a copy of the following documents attached:

- ☐ **Birth Certificate**
- ☐ **Social Security Card**
- ☐ **Permanent Resident Card (if applicable, front & back)**
- ☐ **Current School Report Card**
- ☐ **Official School Transcript**
- ☐ **Copy of Federal Income Tax Form for the most current tax year (1040 or 1040A not W2 Form)**
- ☐ **Most recent Benefits Letter from Social Security and/or Social Services (if applicable)**

For more information regarding the Upward Bound Project at Montclair State University, please visit us at <https://www.montclair.edu/csam/upward-bound/>

We look forward to reviewing your application.

Sincerely,

Donna Lorenzo, MS Ed
Director - Upward Bound Project

TRIO Upward Bound Project

Montclair State University • 1 Normal Avenue • Montclair, NJ 07043
College Hall (CO 142-3) • Office: (973) 655-6982 • Email: gonzalezlia@montclair.edu

Upward Bound Project Application**PART I****STUDENT PERSONAL INFORMATION** *(Please print clearly.)*

First Name: _____ Middle: _____ Last Name: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____ Gender: ☐ Female ☐ Male

Home Address: _____ City: _____ State/Zip Code: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Are you able to send and receive Text Messages . Yes ☐ No**Citizenship:** ☐ US Citizen ☐ Permanent Resident ☐ Other**Race:** ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White**Ethnicity:** ☐ Hispanic or Latino ☐ Non-Hispanic or LatinoAre you fluent in another language(s)? ☐ Yes ☐ No If Yes, please specify: _____**PARENT OR LEGAL GUARDIAN INFORMATION**

Primary Parent/Guardian Name: _____ Occupation: _____

Work Address: _____ Work Phone: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Has this person attained a bachelor's degree? ☐ Yes ☐ No If Yes, from what institution? _____

Secondary Parent/Guardian Name: _____ Occupation: _____

Work Address: _____ Work Phone: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Has this person attained a bachelor's degree? ☐ Yes ☐ No If Yes, from what institution? _____**Certification:**

- I certify that this information is true and correct to the best of my knowledge.
- I understand that this application is being made in connection with the receipt of federal funds and that organization officials may verify the information.
- I approve of my child applying for this program.
- I recognize that participation in the Upward Bound Program will require my child to attend various activities such as Saturday classes, College visits, Cultural Field Trips and Tutoring, when needed.
- I agree to support and encourage my child's participation in these activities.

Parent/Legal Guardian's Signature: _____ **Date:** _____**TRIO Upward Bound Project**Montclair State University • 1 Normal Avenue • Montclair, NJ 07043
College Hall (CO 142-3) • Office: (973) 655-6982 • Email: gonzalezlia@montclair.edu

CONFIDENTIAL FAMILY REPORT

You must attach the most recent Federal Income Tax Return (1040 or 1040A, Not a W2 Form) or the most recent Benefits Letter from the Department of Social Services and/or Social Security Administration.

If applicable, please check if the child is a ☐ Foster Child or a ☐ Ward of the Court

A Foster Child is considered a “family of one” (Line 5) and the Child’s support payment is considered that family’s income (Line 6)

1. Primary Parent/Guardian: _____ SSN#: _____ - _____ - _____

2. Secondary Parent/Guardian: _____ SSN#: _____ - _____ - _____

3. Children: (Include only if living with or supported by family)

Name	M/F	Age	Attending School or College Full Time?	
1. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Add an additional sheet, if needed.

4. Total Number Living at Home: _____ (Parents/Guardians, siblings, and other family members)

5. First Emergency Contact Information: (i.e., a person over the age of 21 that is not in the same residence)

Name: _____ Relationship: _____

Address: _____ Phone No.: _____

6. Second Emergency Contact Information: (i.e., a person over the age of 21 that is not in the same residence)

Name: _____ Relationship: _____

Address: _____ Phone No.: _____

7. Family Physician Information:

Name: _____

Address: _____ Phone No.: _____

AUTHORIZATION (Parent/Guardian’s consent is necessary)

I hereby authorize Montclair State University Health Services Department Medical Personnel and/or its designee to provide medical attention (including emergency surgical care) as needed for my child (or ward) while attending the Upward Bound Program at Montclair State University. I understand that I will be held responsible for any medical costs not covered by the University Insurance Policy.

Parent/Guardian Signature: _____ **Date:** _____

TRIO Upward Bound Project

Montclair State University • 1 Normal Avenue • Montclair, NJ 07043
College Hall (CO 142-3) • Office: (973) 655-6982 • Email: gonzalezlia@montclair.edu

MEDICAL INFORMATION SHEET
(To be completed by School Nurse or Family Doctor)

Student: _____

Date of Birth: _____

HS Attending: _____

MEDICAL HISTORY

List in chronological order any accidents or major illnesses (in hospital or at home), and comment below:

Approximate Date and Description of Illness

Remaining Disability

☐ Yes ☐ No

☐ Yes ☐ No

Has s/he ever had rheumatic fever or a significant heart murmur?

☐ Yes ☐ No

Has s/he ever had any convulsions on more than one occasion?

☐ Yes ☐ No

Does s/he have any allergies or sensitivity to drugs? (Please List)

☐ Yes ☐ No

Does s/he have any personality or physical traits that make it difficult for him/her to participate in?

Group activities? ☐ Yes ☐ No

Normal type diet? ☐ Yes ☐ No

Comments or Concerns: _____

IMMUNIZATIONS AND TESTS

	Completed	Date of Last Immunization:
Tetanus-Diphtheria Typhoid Booster in last ten years:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Smallpox	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Polio Type	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Diphtheria	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Tuberculosis Skin Test within the past year

Date: _____ Positive ☐ Negative ☐ (If positive, chest X-ray required)

Date of X-ray: _____ Report: _____

Chemoprophylaxis – Date initiated: _____

Doctor's/Nurse's Name (Print): _____

Doctor's/Nurse's Signature: _____ **Date:** _____

TRIO Upward Bound Project

Montclair State University • 1 Normal Avenue • Montclair, NJ 07043
College Hall (CO 142-3) • Office: (973) 655-6982 • Email: gonzalezlia@montclair.edu

PART II**EDUCATIONAL INFORMATION** *(Please print clearly.)*

Current High School or Academy: _____

Guidance Counselor: _____ Phone Number: _____

Guidance Counselor Email: _____

Current Grade Level: ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Current GPA: _____ Anticipated Graduation Date: _____ / _____ (Month/Year)

Do you aspire to attend college? ☐ Yes ☐ No ☐ UndecidedAre you **currently** a participant in an Upward Bound Project? ☐ Yes ☐ No

If yes, please list the name of the Upward Bound Project: _____

Have you **ever** participated in an Upward Bound Project? ☐ Yes ☐ No

If yes, please list the name of the Upward Bound Project: _____

Courses Currently Enrolled / Completed in High School**Math:** ☐ Algebra I ☐ Geometry ☐ Algebra II ☐ Pre-Calculus ☐ Calculus**Science:** ☐ General Science ☐ Biology ☐ Chemistry ☐ Physics ☐ Forensics☐ Anatomy and Physiology ☐ Other: _____ (Please Specify)**REQUEST FOR OFFICIAL TRANSCRIPT AND RELEASE OF SCHOOL RECORDS**

Authorization to release records of _____

I, _____, (Parent/Primary Caretaker): authorize the release of any school records of my child's file that may be requested by the Montclair State University Upward Bound Project. They will use these records to provide academic advising for my child. I also understand that access to these records will only be granted to the Project staff and representatives from the Federal and State Department of Education.

The authorization is limited to official school transcripts, student report cards, test results (current state standardized test score, PSAT, SAT, ACT, other), basic skills test results, college placement information, financial aid information, information on student's status and performance, and information regarding disciplinary concerns.

Student Signature: _____ **Date:** _____**Parent/Guardian Signature:** _____ **Date:** _____

Note: A copy of this record release form should be accepted as an original and the date indicated has no bearing on when the information is requested by the Montclair State University Upward Bound Project.

TRIO Upward Bound Project

Montclair State University • 1 Normal Avenue • Montclair, NJ 07043
College Hall (CO 142-3) • Office: (973) 655-6982 • Email: gonzalezlia@montclair.edu

GUIDANCE COUNSELOR RECOMMENDATION

Guidance Counselor Name: _____ Phone: _____

Guidance Counselor Email: _____

Student Name: _____

Academic Work Habits:

- ☐ Good performance
- ☐ Capable of Better Work
- ☐ Needs Increased Preparation

Attitude and Behavior:

- ☐ Displays interest
- ☐ More effort needed
- ☐ Disruptive in class
- ☐ Inattentive in class

	High	Average	Low	N/A
Completes Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/Ingenuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasp of Course Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocal Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Considering all of the aspects of the applicant's qualifications, I would determine his/her probable success in the Upward Bound Project as follows:

- ☐ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor

Additional Comments (if needed):

Counselor Signature: _____ Date: _____

TRIO Upward Bound Project

Montclair State University • 1 Normal Avenue • Montclair, NJ 07043
College Hall (CO 142-3) • Office: (973) 655-6982 • Email: gonzalezlia@montclair.edu

MATHEMATICS TEACHER RECOMMENDATION

Teacher Name: _____ Phone: _____

Teacher Email: _____

Student Name: _____

Academic Work Habits:

- ☐ Good performance
- ☐ Capable of Better Work
- ☐ Needs Increased Preparation

Attitude and Behavior:

- ☐ Displays interest
- ☐ More effort needed
- ☐ Disruptive in class
- ☐ Inattentive in class

	High	Average	Low	N/A
Completes Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/Ingenuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasp of Course Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocal Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Considering all of the aspects of the applicant's qualifications, I would determine his/her probable success in the Upward Bound Project as follows:

- ☐ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor

Additional Comments (if needed):

Teacher Signature: _____

Date: _____

TRIO Upward Bound Project

Montclair State University • 1 Normal Avenue • Montclair, NJ 07043
College Hall (CO 142-3) • Office: (973) 655-6982 • Email: gonzalezlia@montclair.edu

LANGUAGE ARTS / ENGLISH TEACHER RECOMMENDATION

Teacher Name: _____ Phone: _____

Teacher Email: _____

Student Name: _____

Academic Work Habits:

- ☐ Good performance
- ☐ Capable of Better Work
- ☐ Needs Increased Preparation

Attitude and Behavior:

- ☐ Displays interest
- ☐ More effort needed
- ☐ Disruptive in class
- ☐ Inattentive in class

	High	Average	Low	N/A
Completes Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/Ingenuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasp of Course Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocal Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Considering all of the aspects of the applicant's qualifications, I would determine his/her probable success in the Upward Bound Project as follows:

- ☐ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor

Additional Comments (if needed):

Teacher Signature: _____

Date: _____

TRIO Upward Bound Project

Montclair State University • 1 Normal Avenue • Montclair, NJ 07043
College Hall (CO 142-3) • Office: (973) 655-6982 • Email: gonzalezlia@montclair.edu

SCIENCE TEACHER RECOMMENDATION

Teacher Name: _____ Phone: _____

Teacher Email: _____

Student Name: _____

Academic Work Habits:

- ☐ Good performance
- ☐ Capable of Better Work
- ☐ Needs Increased Preparation

Attitude and Behavior:

- ☐ Displays interest
- ☐ More effort needed
- ☐ Disruptive in class
- ☐ Inattentive in class

	High	Average	Low	N/A
Completes Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/Ingenuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasp of Course Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocal Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Considering all of the aspects of the applicant's qualifications, I would determine his/her probable success in the Upward Bound Project as follows:

- ☐ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor

Additional Comments (if needed):

Teacher Signature: _____

Date: _____

TRIO Upward Bound Project

Montclair State University • 1 Normal Avenue • Montclair, NJ 07043
College Hall (CO 142-3) • Office: (973) 655-6982 • Email: gonzalezlia@montclair.edu

PART III: PERSONAL STATEMENT *(Please print clearly.)*

In an essay format (must be at least two paragraphs) please answer the following question:

What are your future goals/career aspirations and how will Upward Bound help you to meet those objectives?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.