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, Center for Computing and Information Science (CCIS 138), 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 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
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

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 Latino

Are you fluent in another language(s)? ☐ Yes  ☐ No  If Yes, please specify:___________________

Parent or Legal Guardian Information

Primary Parent/Guardian Name: _________________________________________ Occupation: _____________________________

Email: ______________________________  Home Phone: ___________________________  Cell Phone: ___________________________

Has this person attained a bachelor's degree? ☐ Yes  ☐ No

Secondary Parent/Guardian Name: _______________________________________ Occupation: _____________________________

Email: ______________________________  Home Phone: _________________________  Cell Phone: ___________________________

Has this person attained a bachelor’s degree? ☐ Yes  ☐ No

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 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: ____________________________
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)

<table>
<thead>
<tr>
<th>Name</th>
<th>M/F</th>
<th>Age</th>
<th>Attending School or College Full Time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ______________________</td>
<td></td>
<td></td>
<td>❑ Yes ❑ No</td>
</tr>
<tr>
<td>2. ______________________</td>
<td></td>
<td></td>
<td>❑ Yes ❑ No</td>
</tr>
<tr>
<td>3. ______________________</td>
<td></td>
<td></td>
<td>❑ Yes ❑ No</td>
</tr>
</tbody>
</table>

Add additional sheet, if needed.

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

5. First Emergency Contact Information: (i.e., 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., 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:** ____________________
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: ❑ Yes   ❑ No
Smallpox                      ❑ Yes   ❑ No
Polio Type                    ❑ Yes   ❑ No
Diphtheria                    ❑ Yes   ❑ No
Measles                       ❑ Yes   ❑ No
Rubella                       ❑ Yes   ❑ No
Mumps                         ❑ Yes   ❑ No

Tuberculosis Skin Test within the past year

Date: _______________ Positive ❑   Negative ❑   (If positive, chest X-ray required)

Date of X-ray: ___________________________       Report: ___________________________

Chemo Prophylaxis – Date initiated: _________________________________________________

Doctor’s/Nurse’s Name (Print): _______________________________________________________

Doctor’s/Nurse’s Signature: __________________________________________________________
Date: ____________________________
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 □ Undecided

Are 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

<table>
<thead>
<tr>
<th>Math:</th>
<th>Algebra I</th>
<th>Geometry</th>
<th>Algebra II</th>
<th>Pre-Calculus</th>
<th>Calculus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science:</td>
<td>General Science</td>
<td>Biology</td>
<td>Chemistry</td>
<td>Physics</td>
<td>Forensics</td>
</tr>
<tr>
<td></td>
<td>Anatomy and Physiology</td>
<td>Other: ______________________________</td>
<td>(Please Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Upward Bound Project
Montclair State University • 1 Normal Avenue • Montclair, NJ 07043
Center for Computing and Information Science (CCIS 138) • Office: (973) 655-4065 • Email: lorenzod@montclair.edu
Guidance Counselor Recommendation

**Guidance Counselor Name:**

**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

<table>
<thead>
<tr>
<th>Competence</th>
<th>High</th>
<th>Average</th>
<th>Low</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completes Assignments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creativity/Ingenuity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grasp of Course Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocal Expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom Attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Considering all of the aspects of the applicant’s qualification, 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:** ____________________________

---

**Upward Bound Project**

Montclair State University • 1 Normal Avenue • Montclair, NJ 07043
Center for Computing and Information Science (CCIS 138) • Office: (973) 655-4065 • Email: lorenzod@montclair.edu
# Mathematics Teacher Recommendation

**Teacher Name:**

**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

<table>
<thead>
<tr>
<th></th>
<th>High</th>
<th>Average</th>
<th>Low</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completes Assignments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creativity/Ingenuity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grasp of Course Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocal Expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom Attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Considering all of the aspects of the applicant’s qualification, 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:** __________________

---

**Upward Bound Project**

Montclair State University • 1 Normal Avenue • Montclair, NJ 07043
Center for Computing and Information Science (CCIS 138) • Office: (973) 655-4065 • Email: lorenzod@montclair.edu
Language Arts/English Teacher Recommendation

Teacher Name: __________________________________________

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

Completes Assignments: High □ Average □ Low □ N/A □
Intellectual Ability: □ □ □ □
Creativity/Ingenuity: □ □ □ □
Grasp of Course Work: □ □ □ □
Vocal Expression: □ □ □ □
Written Expression: □ □ □ □
Initiative: □ □ □ □
Cooperation: □ □ □ □
Classroom Attendance: □ □ □ □

Considering all of the aspects of the applicant’s qualification, 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: _________________

Upward Bound Project
Montclair State University • 1 Normal Avenue • Montclair, NJ 07043
Center for Computing and Information Science (CCIS 138) • Office: (973) 655-4065 • Email: lorenzod@montclair.edu
Teacher Name: ____________________________________________

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

Compltes Assignments 

<table>
<thead>
<tr>
<th>High</th>
<th>Average</th>
<th>Low</th>
<th>N/A</th>
</tr>
</thead>
</table>

Intellectual Ability 

<table>
<thead>
<tr>
<th>High</th>
<th>Average</th>
<th>Low</th>
<th>N/A</th>
</tr>
</thead>
</table>

Creativity/Ingenuity 

<table>
<thead>
<tr>
<th>High</th>
<th>Average</th>
<th>Low</th>
<th>N/A</th>
</tr>
</thead>
</table>

Grasp of Course Work 

<table>
<thead>
<tr>
<th>High</th>
<th>Average</th>
<th>Low</th>
<th>N/A</th>
</tr>
</thead>
</table>

Vocal Expression 

<table>
<thead>
<tr>
<th>High</th>
<th>Average</th>
<th>Low</th>
<th>N/A</th>
</tr>
</thead>
</table>

Written Expression 

<table>
<thead>
<tr>
<th>High</th>
<th>Average</th>
<th>Low</th>
<th>N/A</th>
</tr>
</thead>
</table>

Initiative 

<table>
<thead>
<tr>
<th>High</th>
<th>Average</th>
<th>Low</th>
<th>N/A</th>
</tr>
</thead>
</table>

Cooperation 

<table>
<thead>
<tr>
<th>High</th>
<th>Average</th>
<th>Low</th>
<th>N/A</th>
</tr>
</thead>
</table>

Classroom Attendance 

<table>
<thead>
<tr>
<th>High</th>
<th>Average</th>
<th>Low</th>
<th>N/A</th>
</tr>
</thead>
</table>

Considering all of the aspects of the applicant’s qualification, 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: _______________________________
Part III: Personal Statement (Please print clearly.)

Personal Statement (Please Print / Use Ink)

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?*

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________