Dear Student and Parent(s),

Thank you for your interest in the Upward Bound Program 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 goals.

Each item listed below is necessary for consideration for the Upward Bound Program. Once you have completed the enclosed information, please return it to Montclair State University Upward Bound Program, 1 Normal Avenue, Schmitt Hall 322, Montclair, NJ 07043. To expedite the application review process, we ask that you 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 Program 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, M.S.Ed.
Director - Upward Bound Project
# Upward Bound Project Application

## PART I

### STUDENT PERSONAL INFORMATION

*(Please print clearly.)*

<table>
<thead>
<tr>
<th>First Name:</th>
<th>_______________________________</th>
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</thead>
<tbody>
<tr>
<td>Middle:</td>
<td>___________________________</td>
</tr>
<tr>
<td>Last Name:</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Citizenship:</th>
<th>☐ US Citizen ☐ Permanent Resident ☐ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity:</td>
<td>☐ Hispanic/Latino ☐ White/Caucasian ☐ African American ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ Other</td>
</tr>
</tbody>
</table>

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 #: (_____)_____________________

Educational Level (Please check the box):

☐ No College ☐ 2-Year Degree ☐ 4-Year Degree

Secondary Parent/Guardian Name: ________________________________________

Occupation: _____________________________

Email: ____________________________

Home Phone: (_____)_____________________

Cell #: (_____)_____________________

Educational Level (Please check the box):

☐ No College ☐ 2-Year Degree ☐ 4-Year Degree

**Certification:**

- I certify that this information is true and correct to the best of my knowledge.
- I understand that this application is 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: ____________________________

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Upward Bound Project

Montclair State University • 1 Normal Avenue • Montclair, NJ 07043

Schmitt Hall 322 • Office: (973) 655-4065 • Email: lorenzod@montclair.edu
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: ________________________________ SS#: _______ - ______ - _______

2. Secondary Parent/Guardian: ________________________________ SS#: _______ - ______ - _______

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></td>
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<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
<td></td>
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</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Approximate Date and Description of Illness</th>
<th>Remaining Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Completed</th>
<th>Date of Last Immunization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus-Diphtheria Typhoid Booster in last ten years:</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Smallpox</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Polio Type</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Measles</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Rubella</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Mumps</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

**Tuberculosis Skin Test within last 1 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: _____________________________

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Upward Bound Project
Montclair State University • 1 Normal Avenue • Montclair, NJ 07043
Schmitt Hall 322 • Office: (973) 655-4065 • Email: lorenzod@montclair.edu
PART II

EDUCATIONAL INFORMATION *(Please print clearly.)*

Current High School or Academy: __________________________________________

Guidance Counselor: __________________________ Telephone Number: (   ) _________

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

Current GPA: ________ Anticipated Graduation Date: ______/__________ (Month/Year)

Do you aspire to attend college?    ☐ Yes ☐ No ☐ Undecided

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: ______________________________________________________________________

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 (HSPA, 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.
Guidance Counselor Recommendation

Guidance Counselor Name: ____________________________________________________________

Student Name: ________________________________________________________________

<table>
<thead>
<tr>
<th>Academic Work Habits:</th>
<th>Attitude and Behavior:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Good performance</td>
<td>□ Displays interest</td>
</tr>
<tr>
<td>□ Capable of Better Work</td>
<td>□ More effort needed</td>
</tr>
<tr>
<td>□ Needs Increased Preparation</td>
<td>□ Disruptive in class</td>
</tr>
<tr>
<td>□ Needs Increased Preparation</td>
<td>□ Inattentive in class</td>
</tr>
</tbody>
</table>

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

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: _________________
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

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<th>High</th>
<th>Average</th>
<th>Low</th>
<th>N/A</th>
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<tbody>
<tr>
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<td>☐</td>
<td>☐</td>
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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):**
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
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____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

**Teacher Signature:** ____________________________________________  Date: _____________________________
**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

<table>
<thead>
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<td>Creativity/Ingenuity</td>
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<tr>
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<td></td>
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</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: ____________________________
Science Teacher Recommendation

Teacher Name: ____________________________________________

Student Name: ____________________________________________

Academic Work Habits:                                        Attitude and Behavior:

☐ Good performance                                           ☐ Displays interest
☐ Capable of Better Work                                     ☐ More effort needed
☐ Needs Increased Preparation                                ☐ Disruptive in class
                                                        ☐ Inattentive in class

Completes Assignments                                        Complies with Class expectations:

High           Average           Low           N/A        

Intellectual Ability                                        ☐ Excellent

Creativity/Ingenuity                                        ☐ Above Average

Grasp of Course Work                                         ☐ Average

Vocal Expression                                             ☐ Below Average

Written Expression                                           ☐ Poor

Initiative                                                  ☐ Excellent

Cooperation                                                 ☐ Above Average

Classroom Attendance                                         ☐ Average

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 one of the following three questions:

1. What personal attributes and characteristics will make you likely to succeed in the Montclair State University Upward Bound Project?
2. What are your future goals/career aspirations and how will Upward Bound help you to meet those goals?
3. What do you see as an obstacle in gaining higher education and how will you overcome this?

__________________________________________________________________________________________________
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