Dear Student and Parent(s),

Thank you for your interest in the TRIO Upward Bound Project at Montclair State University. Upward Bound is a Federally Funded TRIO 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 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, Susan A. Cole Hall (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) 655-6982.

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

- Birth Certificate
- Permanent Resident Card (if applicable, front & back)
- Current School Report Card
- Copy of your class schedule
- Official School Transcript
- Copy of Test Scores: State NJSLA, PSAT scores, and/or SAT scores
- 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/upward-bound/

We look forward to reviewing your application.

Sincerely,

Mr. Liandy Gonzalez, M.A.
Assistant Director, Upward Bound Project
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: ____________________________ T-Shirt Size: __________ Are you able to send/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 Latino

Are 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
Susan A. Cole Hall (RM 142-3) • Office: (973) 655-6982 • Email: gonzalezlia@montclair.edu
CONFIDENTIAL FAMILY REPORT

With whom does the student live? Please check only one:

☐ Both Parents  ☐ Mother  ☐ Father  ☐ Legal Guardian  ☐ Foster Care

☐ Other (please specify) ________________________________

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

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: ____________________________
MEDICAL INFORMATION SHEET
(To be completed by your 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>
<tr>
<td>Has s/he ever had rheumatic fever or a significant heart murmur?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Has s/he ever had any convulsions on more than one occasion?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Does s/he have any allergies or sensitivity to drugs? (Please List)</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

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

Tuberculosis Skin Test within the past year

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

Date of X-ray: ___________________________ Report: ________________________________

Chemophrophylaxis – Date initiated: _______________________________________________

Doctor’s Name (Print): ____________________________________________________________

Doctor’s Signature: ___________________________ Date: _____________________________
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

Math: □ Algebra I □ Geometry □ Algebra II □ Pre-Calculus □ Calculus

Science: □ General Science □ Biology □ Chemistry □ Physics □ Forensics
□ Anatomy and Physiology □ Other: ______________________________ (Please Specify)

Test Information:
In the chart below, enter your scores on the appropriate line. You must consult with your counselor to retrieve a copy of the test results and attach them to your application. If you have not taken the test, leave it blank.

<table>
<thead>
<tr>
<th>TEST</th>
<th>DATE ADMINISTERED</th>
<th>SCORE RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary SAT (PSAT)</td>
<td></td>
<td>MATH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>READING</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WRITING</td>
</tr>
<tr>
<td>Scholastic Assessment Test (SAT)</td>
<td></td>
<td>MATH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EVIDENCE-BASED READING &amp; WRITING</td>
</tr>
<tr>
<td>New Jersey Student Learning Assessment (NJSLA)</td>
<td></td>
<td>MATH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENGLISH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCIENCE</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: ______________

Name of School: __________________________________________________________________________

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: ______________________________________ Phone: ____________________________

Guidance Counselor Email: ________________________________________________________________

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>
</tbody>
</table>

<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>
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<tr>
<td>Grasp of Course Work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Vocal Expression</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Written Expression</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Initiative</td>
<td>☐</td>
<td>☐</td>
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<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 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
Susan A. Cole Hall (RM 142-3) • Office: (973) 655-6982 • Email: gonzalezlia@montclair.edu
Teacher Name: ____________________________________________  Phone: __________________________

Teacher Email: ____________________________________________

Student Name: ____________________________________________

**Academic Work Habits:**
- Good performance
- Capable of Better Work
- Needs Increased Preparation

<table>
<thead>
<tr>
<th></th>
<th>High</th>
<th>Average</th>
<th>Low</th>
<th>N/A</th>
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</thead>
<tbody>
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<td>Grasp of Course Work</td>
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<tr>
<td>Classroom Attendance</td>
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</table>

**Attitude and Behavior:**
- Displays interest
- More effort needed
- Disruptive in class
- Inattentive in class

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: ________________________________
LANGUAGE ARTS / ENGLISH TEACHER RECOMMENDATION

Teacher Name: ___________________________________________________________ Phone: __________________________

Teacher Email: __________________________________________________________

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

Completely 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 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: ____________________________
SCIENCE TEACHER RECOMMENDATION

Teacher Name: ____________________________________________________________ Phone: ________________________________

Teacher Email: __________________________________________________________

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  Intellectual Ability  Creativity/Ingenuity  Grasp of Course Work  Vocal Expression  Written Expression  Initiative  Cooperation  Classroom Attendance

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

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: ________________________________
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?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
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