

Dear Student and Family,

Thank you for your interest in the TRIO Upward Bound Project at Montclair State University. Funded by the U.S. Department of Education, Montclair's TRIO Upward Bound (UB) program serves eligible high school students from Paterson, New Jersey, providing the opportunities, resources, and guidance needed to succeed in school and prepare for college.

To help you reach your goals, our program services include, but are not limited to, transportation to and from the program, academic instruction, cultural enrichment, career exploration, financial aid and college application assistance, college visits, and additional support services designed to guide you toward higher education.

To qualify, you **must** meet the following eligibility criteria:

- Be a high school student (ages 13-18), residing in Paterson, NJ, and/or attending a Paterson Public School District high school.
- Be a potential first-generation college student (*no parent/guardian holds a bachelor's degree*).
- Meet the low-income requirements as defined by the U.S. Department of Education.
- Be a U.S. citizen **or** permanent resident.
- Show academic need for Upward Bound services.
- Demonstrate motivation, commitment to studies, and potential for academic success and personal growth.

**How much does the program cost?**

All Upward Bound Services are provided **free of charge**.

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

- Copy of Student's U.S. Birth Certificate OR copy of valid U.S. Passport**
- Permanent Resident Card (*if applicable, front & back*)**
- Current School Report Card**
- Current 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 about the Montclair TRIO Upward Bound Project, visit:

<https://www.montclair.edu/upward-bound/>

Sincerely,

*Mr. Liandy Gonzalez, M.A.*

Director, TRIO Upward Bound Project

**TRIO Upward Bound Project**

**PART I**

**STUDENT PERSONAL INFORMATION** *(Please print clearly.)*

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Gender:  Female  Male

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ 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**

**CONFIDENTIAL FAMILY REPORT**

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

- Both Parents     
  Mother     
  Father     
  Legal Guardian(s)     
  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) - **DO NOT LIST THE APPLICANT BELOW**

	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: \_\_\_\_\_ (Applicant, Parents/Guardians, siblings, and other family members)

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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:** \_\_\_\_\_

**PART II**

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

Current High School or Academy: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Guidance Counselor Email: \_\_\_\_\_

Current Grade Level:     8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

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.**

<u>TEST</u>	<u>DATE ADMINISTERED</u>	<u>SCORE RESULTS</u>			
		<u>MATH</u>	<u>READING</u>	<u>WRITING</u>	
<b>Preliminary SAT (PSAT)</b>					
<b>Scholastic Assessment Test (SAT)</b>		<u>MATH</u>	<u>EVIDENCE-BASED READING &amp; WRITING</u>		
<b>New Jersey Student Learning Assessment (NJSLA)</b>		<u>MATH</u>	<u>ENGLISH</u>	<u>SCIENCE</u>	

**TRIO Upward Bound Project**

**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 scores, PSAT, SAT, ACT, other), basic skills test results, college placement information, financial aid information, information on the 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: \_\_\_\_\_

**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

	<b>High</b>	<b>Average</b>	<b>Low</b>	<b>N/A</b>
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):**

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**Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TRIO Upward Bound Project**

**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

	<b>High</b>	<b>Average</b>	<b>Low</b>	<b>N/A</b>
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):**

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**Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TRIO Upward Bound Project**

**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

	<b>High</b>	<b>Average</b>	<b>Low</b>	<b>N/A</b>
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):**

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**Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**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

	<b>High</b>	<b>Average</b>	<b>Low</b>	<b>N/A</b>
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):**

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**Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TRIO Upward Bound Project**

**PART III: NEEDS ASSESSMENT**

To help the Upward Bound staff understand your needs and create a plan of services for you, please complete the section below. For each item, mark whether you feel you have a “**high need**,” “**some need**,” or “**no need**” for help or improvement in that area.

**Academic Support Needs:**

	<b>High Need</b>	<b>Some Need</b>	<b>No Need</b>
Learn how to complete and submit homework on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve test-taking skills and reduce anxiety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengthen study habits and organizational skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate better with teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earn better grades in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand how high school courses relate to college/career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand the college application and admissions process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand and apply for financial aid and scholarships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive help preparing for SAT/ACT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to a counselor about academic/career planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Personal & Social Development:**

	<b>High Need</b>	<b>Some Need</b>	<b>No Need</b>
Understand and accept myself better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve relationships with peers, family, and others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn how to deal with conflict in a positive way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build self-confidence and self-esteem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accept greater responsibility for actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work through personal or family problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand how self-esteem affects behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART III: NEEDS ASSESSMENT - *continued***

<b>Career &amp; College Readiness:</b>	<b>High Need</b>	<b>Some Need</b>	<b>No Need</b>
Explore different career options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn how to complete job applications, resumes, and interviews.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn about the costs of college and how to pay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit colleges and learn about college life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involve my family in college and career planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Information:**

1. What grades do you usually earn? (*check all that apply*)

- A's                       B's                       C's   
 D's                       F's

2. What is your favorite class or subject? \_\_\_\_\_

3. What subject do you find most challenging? \_\_\_\_\_

4. Do you participate in any extracurricular activities?    YES     NO

If yes, please list activities:

\_\_\_\_\_

\_\_\_\_\_

5. Have you ever thought about dropping out of school?    YES     NO

If yes, what changed your mind?

\_\_\_\_\_

\_\_\_\_\_

6. What three (3) colleges or universities would you like to attend? (*If you do not know, move on to the next question*)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

7. Have you decided on a career/major?    YES     NO

If yes, what career/major? \_\_\_\_\_

**TRIO Upward Bound Project**

**PART III: NEEDS ASSESSMENT - *continued***

**Academic Subject Assistance - Please check the subjects you need tutoring or support in:**

- Math (Algebra, Geometry, Calculus, etc.)
- Science (Biology, Chemistry, etc.)
- English (Reading, Writing, Grammar)
- Foreign Language
- Other: \_\_\_\_\_

Are there other academic or personal areas with which you would like assistance or counseling? If yes, please explain:

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