

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.

I 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 Project, 1 Normal Avenue, Susan A. Cole Hall (Room 144), 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/>

I look forward to reviewing your application.

Sincerely,

Mr. Liandy Gonzalez, M.A.  
Director, TRIO Upward Bound Project

**TRIO Upward Bound Project**

Montclair State University • 1 Normal Avenue • Montclair, NJ 07043  
Susan A. Cole Hall (RM 144) • Office: (973) 655-6982 • Email: [gonzalezlia@montclair.edu](mailto:gonzalezlia@montclair.edu)

**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**

**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)

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

**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:

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

Chemoprophylaxis – Date initiated: \_\_\_\_\_

Doctor's Name (Print): \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TRIO Upward Bound Project**

**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>	
Preliminary SAT (PSAT)					
Scholastic Assessment Test (SAT)		<u>MATH</u>	<u>EVIDENCE-BASED READING &amp; WRITING</u>		
New Jersey Student Learning Assessment (NJSLA)		<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 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: \_\_\_\_\_

**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**

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



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

**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**

