

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:

- Copy of Student's Social Security Card**
- 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

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:** _____

TRIO Upward Bound Project

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
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has s/he ever had rheumatic fever or a significant heart murmur?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has s/he ever had any convulsions on more than one occasion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does s/he have any allergies or sensitivity to drugs? (Please List)	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Smallpox	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Polio Type	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Diphtheria	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> 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:** _____

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

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>EVIDENCE-BASED READING & WRITING</u>		
New Jersey Student Learning Assessment (NJSLA)			<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:** _____

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: _____

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?
