

TRIO Upward Bound at USM Application

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The following questions	s will help TRIO Upv	ward Bound at USM lear	n more about you and you	r interest in the program.	
Student Informatio	n				
Name:First				Gender:	
First	. M.	Last			
Address.					
Address:Street/P0	Э Вох	City/Town	S	tate Zip	
School: ☐ Biddeford	High School	☐ Massabesic High S	School 🗆 Sacopee	Valley High School	
☐ Sanford High Scho	_		chool		
0	0.4	anta da Maria			
Current Grade:	School Couns	selor's Name:			
Home Phone: ()_	Cell P	hone: ()	Student Email:		
Student alternate ema	ail:		Date of Birt	h:/	
Pronouns: ☐ He/Him	/His □ She/Her/He	ers □ They/Them/Thei	rs 🗆 Other:		
Student's Citizensl	hip/Residency				
Status: U.S. Citize	on or Naturalized Ci	tizen □ Permanent R	Posidont		
Status: U.S. Chilze	en or Naturalized Cr	uzen 🗆 Permanent K			
Student's Ethnic &	Racial Identifica	ation			
Does the student ider	ntify as Hispanic/La	atino/a/x? □ Yes	□ No		
With which race(s) do	es the student mo	est closely identify?			
□ America Indi	ian/Alaskan Native	☐ Asian	□ Black	k or African American	
□ White	all/Alaskall Native		waiian or Other Pacific Isla		
ESOL					
Is the student currently enrolled in an English for Speakers of Other Languages program? ☐ Yes ☐ No					
NOTE TO APPLICAN	ITS				
Unward Round approa	iates completed an	nlications by the due dat	te. We understand that ga	thering all the information	
				cations regardless of their	
			s available each year, not		
students will be selecte	d to be interviewed	or to participate.			
If you have question	ns about how to	complete this form	or your unique situation	on including language	
			formation, please contact		
4876 ext. 5203.	·		-		
		Office Use Only			
☐ Citizenship	☐ Parent Edu.	☐ Financial Doc.		/Guardian	
☐ School Report Release ☐ FG	☐ Report Card ☐ LI	☐ Transcript ☐ HR	☐ PSAT/SAT ☐ APR #22:	☐ Guard. Doc. ☐ App. in Database	
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Upward Bound at USM Student Application



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Program Eligibility

Students who participate in Upward Bound at USM are required to meet **at least one** of the following federal eligibility criteria. These criteria are:

- FIRST GENERATION = The biological/adoptive parent(s) with whom the student lives have not completed a bachelor's degree (4 yr. college) AND/OR
- 2. FINANCIAL = <u>Last year's taxable income</u> is under the limit set for the size of their family unit
- 3. ACADEMIC READINESS = Readiness as determined by previous courses, grades, and test scores.

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Student Information				
Are you a ward of the state?	□ Yes	□ No		
Are you an emancipated minor?	□ Yes	□ No		
Parent/Guardian Information (fo	r parent/guardia	an(s) with whom the s	tudent lives)	
Parent/Guardian #1 Name:			Phone: ()	
Email:		Occupation:		
Relationship to student (check one)				
☐ Biological parent	□ Step-parent	☐ Adoptive Pa	arent	
☐ Foster Parent	□ Other:			
Highest level completed in school (c	heck one):			
☐ Grade K-8	☐ High school (graduate □ Asse	ociate's degree (2 yr. college degree)	
□ Bachelor's degree (4 yr. coll	ege degree)	□ Othe	er:	
Parent/Guardian #2 Name:			Phone: ()	
Email:		Occupation:		
Relationship to student (check one)	:			
☐ Biological parent	☐ Step-parent	☐ Adoptive Pa	arent ☐ Legal Guardian	
☐ Foster Parent	□ Other:			
Highest level completed in school (check one):				
☐ Grade K-8	☐ High school (graduate □ Asse	ociate's degree (2 yr. college degree)	
☐ Bachelor's degree (4 yr. coll	ege degree)	□ Othe	er:	
Additional Information				
Is either parent/guardian a veteran of Does the student have a parent who If yes, please tell us about you	resides outsid	de of the home?	? □ Yes □ No □ Yes □ No	



Family Size & Taxable Income

Please provide the information below so we can determine if you meet the income eligibility guidelines set by the U.S. Department of Education. If you are a ward of the state or an independent student (emancipated minor) please contact our office.

Students are financially eligible if your family's taxable income is not more than the amount listed in the chart.

To determine this, please tell us the size of your family unit.

SIZE OF FAMILY UNIT is defined as the total number of persons in your family who are related to you by blood, marriage, or adoption and are dependent on the head of the household for support.

A step-parent or step-child is considered related by marriage.

What is your FAMI		
What was your TA federal tax return(s		eported on <u>last year's</u>
IRS FORM 1040	LINE 11b	\$
☐ <u>I was NOT requi</u> therefore, have \$0		<u>ll tax return last year</u> and,

TRIO Programs Income Levels		
Size of family unit	Last year's taxable income	
1	\$19,320	
2	\$26,130	
3	\$32,940	
4	\$39,750	
5	\$46,560	
6	\$53,370	
7	\$60,180	
8	\$66,990	

Additional information on income eligibility quidelines: www2.ed.gov/about/offices/list/ope/trio/incomelevels.html

STATEMENT OF CONSENT

I/We the undersigned, am/are the parent/legal guardian(s) of the student who is applying to participate in the Upward Bound at USM Program. I/We have read and understand the information provided concerning the program and have discussed the purpose of the program with my/our child. I/We are willing to let them apply for enrollment and agree to their participation in all activities (academic and recreational) deemed suitable by the staff.

I/We attest that all the information reported on Upward Bound at USM's application, including CITIZENSHIP/RESIDENCY, FIRST GENERATION, and FINANCIAL ELIGIBILITY, is to the best of my/our knowledge and belief, true, correct and complete.

Release of School Information:

I/We the undersigned, the parent(s) or legal guardians of the student applicant, grant permission to Upward Bound at USM to access to all school records including academic transcripts, standardized test scores, special education records, health information, eligibility for free and reduced price school meals, and electronic databases such as Infinite Campus and Naviance. In addition, I/We grant permission for the school, appropriate community agencies, and Upward Bound to share information which will contribute to my/our child's success.

Parent/Guardian(s)					
Printed Name:	Signature:	Date:			
Printed Name:	Signature:	Date:			
I hereby attest to the fact that <u>all</u> of the information in this application is true and accurate.					
Student Signature:		Date:			

Upward Bound at USM Student Application



The following questions are optional. Please feel free to write as much or as little as you would like. Any answers you provide will help us get to know you and your family better."

 What are your goals for continuing your education after high school? Please select all that apply. Technical College Two Year College or University Graduate School Undecided Other:	
☐ Certificate Program ☐ Four Year College or University ☐ Graduate School ☐ Undecided ☐ Other: 2. Why should you be chosen to participate in the Upward Bound program at USM?	
3. What areas of academic study and/or careers would you like to learn more about?	
Parent/Guardian Questionnaire	
1. Upward Bound helps students graduate from high school and prepare for success in college. What support, including academic, personal, and/or social, do you think your student would benefit f most?	
2. How do you feel about your student's participation in Upward Bound?	
3. After sophomore year your student will be away from home during the five-week summer academy (to students return home for weekends). How will your student and other family members handle this exabsence from home? Please explain:	
4. If there are any special personal or family circumstances of which we should be aware, please expl	ain:
The University of Southern Maine is an EEO/AA employer, and does not discriminate on the grounds of race, color, religion, sex, sexual oriental transgender status, gender expression, national origin, citizenship status, age, disability, genetic information or veteran's status in employment, and all other programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Direct	

Opportunity, 101 North Stevens Hall, University of Maine, Orono, ME 04469-5754, 207.581.1226, TTY 711 (Maine Relay System).