



Upward Bound CLASSIC

TRIO

Interested in going to college?

Want to receive academic, college, and career guidance?

Want to belong to a national network of high-schoolers in TRiO Programs?

01

ADVISING

To help you excel academically while in high school and put together a worthwhile college portfolio

02

EVENTS & TRIPS

Students will visit local colleges and participate in our out-of-state college tours; attend community events and conferences

03

SUMMER PROGRAM

Students will participate in a six-week summer enrichment program at the University of Rochester, where students will gain first-hand college experience

APPLY NOW

Applications available in:
Room 402 at Monroe HS
Room F116 at East HS



UNIVERSITY of ROCHESTER

2018 Upward Bound Application Checklist

Here's what you will need to apply:

___ Part I (Online) goo.gl/ysyUPU

___ Part II (Paper)

___ Copy of your recent Report Card

___ Copy of your Transcript (if you are in grades 10-11)

___ Copy of Social Security Card

___ Copy of Green Card OR I-94 (if you are not a U.S. Citizen)

___ Income Verification (See the list of acceptable documents below; ONLY submit one form)

- 2017 federal income tax return—1040 or 1040A form (NO W-2's or pay stubs)
- A benefits verification letter from a social service agency
- Social security benefit statement, welfare benefit statement, veteran administrative benefit, unemployment benefit/award statement
- Notarized letter describing all sources of income from employer(s)
- Free/reduced lunch eligibility form

Applications and all supporting materials must be received by: **Friday, May 11, 2018**

Return Applications to:

East High School: Brady Fergusson in Room F116—(585) 729-4181

Monroe High School: Jordan Landfair in Room 402—(585) 851-2924

Vanguard Collegiate High School: Sergio Allen in Room 255—(585) 451-7638

Wilson High School: Gina Ignatti Room 021—(585) 451-4255

If you have any questions, please contact the Assistant Director, Ms. Kyvaughn Henry, at (585) 520-0678 or by email at Kyvaughn.henry@rochester.edu



UPWARD BOUND CLASSIC APPLICATION



PLEASE NOTE:

This is ONLY PART II of the Application; Part I must be completed online

STUDENT PERSONAL INFORMATION SECTION

STUDENT FULL NAME: _____

MOTHER/FEMALE GUARDIAN FULL NAME: _____

FATHER/MALE GUARDIAN FULL NAME: _____

PHONE #: () _____ STUDENT ID#: _____

SCHOOL COUNSELOR: _____

FAMILY INCOME INFORMATION SECTION

All federally funded programs must comply with federal regulations; we must collect family income information to verify student eligibility

TAXABLE INCOME FOR 2017: _____

*This figure can be found on your IRS Tax Return
1040 Form (Line 43), 1040EZ (Line 6), or 1040A (Line 27)*

TOTAL NUMBER OF PEOPLE IN HOUSEHOLD: _____

ONLY Include individuals living in the household

DO YOU RECEIVE FREE LUNCH? (Check One) YES NO REDUCED LUNCH

ACKNOWLEDGEMENT CONSENT

I certify that the information listed above is accurate and true to the best of my knowledge.

Student's Signature

Parent/Guardian's Signature

Date

Date

CERTIFICATION SECTION

RELEASE OF SCHOOL RECORDS

I grant permission to the University of Rochester to access and/or receive copies of my child's cumulative folder, academic transcript(s), report card(s), Regents scores, Parent Connect account information and/or access to any other digital or print medium that relates to information requested by the University of Rochester from my current school or school district for the entire duration of my child's participation in the program.

Student's Signature

Parent/Guardian's Signature

SOCIAL/DIGITAL/TELECOMUNICATION MEDIA RELEASE

I grant permission to the University of Rochester to contact my child through direct personal and/or group electronic communications (including but not limited to cell phones, texting, email and social media) in conjunction with the operation of the program and my child's participation in the program.

Student's Signature

Parent/Guardian's Signature

TRANSPORTATION RELEASE

I hereby grant permission to the **University of Rochester** to provide transportation for my child to participate in field trips and program events and/or to transport my child in the event of a weather or medical emergency. This includes transporting my child using the personal vehicles of university staff. I also grant permission for my child to miss or be dismissed early from school if necessary to attend such trips and/or program events.

Student's Signature

Parent/Guardian's Signature

PHOTO RELEASE

On behalf of myself and my child I hereby give the **University of Rochester** permission to take photographs and videos of my child participating in University of Rochester activities, including tutoring sessions, field trips, workshops, classes and other events. I specifically agree that the University may use the photographs and videos in whole or in part, in color or black and white, and may publish them in any form, printed or electronic.

I waive any right I may have to inspect or approve the photographs or the publications in which they are included, and I agree to release the University of Rochester, its officers, trustees, employees, volunteers and agents from any liability by virtue of the use of the photographs, regardless of any blurring, distortion, optical illusion or alteration which may occur when the photographs are taken, processed, printed or otherwise displayed. I hereby waive any right to compensation for the University's use of photographs and videos of my child.

Student's Signature

Parent/Guardian's Signature

STUDENT NAME (PLEASE PRINT): _____ **DATE:** _____

PARENT/GUARDIAN NAME (PLEASE PRINT): _____ **DATE:** _____

Updated: 3/19/2014 **Reviewed by:** Richard Crummins, UR Legal Counsel

**ROCHESTER CITY SCHOOL DISTRICT
UNIVERSITY OF ROCHESTER PRE-COLLEGE PROGRAMS
(UPWARD BOUND / TALENT SEARCH / COLLEGE PREP CENTER)
AUTHORIZATION FOR DISCLOSURE OF EDUCATIONAL INFORMATION
PARENTAL CONSENT FORM**

Student: _____ Birthday: _____ Rochester City School District ID: _____
Telephone: _____ School: _____ Grade: _____

Relationship to Student: Parent Legal Guardian _____

I am the person legally responsible for the above named individual and I authorize the following:

To obtain only the information from the Rochester City School District as noted below:

<u>STUDENT DATA INFORMATION</u>	
Please identify the type of data that the District will provide to the University:	
Please check all the data that you want provided:	
<input checked="" type="checkbox"/> Assignments	<input checked="" type="checkbox"/> Report Card Information
<input checked="" type="checkbox"/> Attendance Data	<input checked="" type="checkbox"/> Formative Data
<input checked="" type="checkbox"/> Grade Point Average	<input checked="" type="checkbox"/> Student Schedule
<input checked="" type="checkbox"/> Grades	<input checked="" type="checkbox"/> Student Test Scores
<input checked="" type="checkbox"/> Interim Results	<input checked="" type="checkbox"/> Suspension Data
<input checked="" type="checkbox"/> Local Exams	<input checked="" type="checkbox"/> Transcript

By signing below I am stating that:

I hereby authorize the disclosure of educational information between organization(s) or name of person(s) listed above and the Rochester City School District (District), in accordance with the Family Educational Rights and Privacy Act (FERPA). The purpose of this disclosure is to advance the education of my student.

I understand that the information disclosed will be provided to the organization(s) or name of person(s) listed above.

I understand that I have the right to revoke and/or restrict this authorization at any time without penalty, provided that I submit a request in writing to the District's General Counsel. Any revocation shall not apply to the extent the District has already taken action in reliance on this authorization.

I authorize the periodic, on-going disclosure of the above information. This authorization expires on August 31, 2020.

Please be sure to date this form in order for the District to process.

Student/Parent/Guardian Signature: _____

Date: _____

Student/Parent/Guardian Printed Name: _____

Date: _____

Witness: _____

Date: _____

TEACHER/COUNSELOR RECOMMENDATION FORM

APPLICANT'S NAME: _____
(FIRST) (MIDDLE) (LAST)

HIGH SCHOOL: _____

PRESENT GRADE: 8 9 10 11

EXPECTED GRADUATION DATE: ___/___/___

Unsatisfactory - 1 Below Average - 2 Average - 3 Above Average - 4 Outstanding - 5 No Observation - N/O

CHARACTERISTICS	Circle One	CHARACTERISTICS	Circle One
Academic Motivation	1 2 3 4 5 N/O	Maturity	1 2 3 4 5 N/O
Ability to Effectively Handle/Accept Challenges	1 2 3 4 5 N/O	Works well with others	1 2 3 4 5 N/O

Please comment briefly on the following points relating to the applicant's qualifications

Character: Overall assessment of personality, poise, and distinguishing traits.

Leadership: Assessment of the applicant's capability to take on responsibility and command situations when needed.

Initiative: Assessment of applicant's ability to be a self-starter, develop ideas, and begin projects.

Post-Graduation: What interests and future goals has this applicant discussed with you? Is he/she interested in going to college after high school? What career area does he/she intend to pursue?

How long and in what capacity have you known the applicant? _____

REFERENCE INFORMATION

TEACHER/COUNSELOR NAME (Print): _____

TEACHER/ COUNSELOR SIGNATURE: _____ DATE: _____