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?

APPLY NOW

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

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

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)

  o 2017 federal income tax return—1040 or 1040A form (NO W-2’s or pay stubs)
  o A benefits verification letter from a social service agency
  o Social security benefit statement, welfare benefit statement, veteran administrative benefit, unemployment benefit/award statement
  o Notarized letter describing all sources of income from employer(s)
  o 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
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
SHORT ANSWER QUESTIONS
Answer the questions carefully. Please be as detailed as possible.

1. What subjects do you love? Why?

2. What subjects do you dislike? Why?

3. What is your dream job and/or career? Why?

4. What are some obstacles that may prevent you from achieving your goals?

5. How can the Upward Bound Program help you achieve your goals?
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 herby 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 herby 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:

STUDENT DATA INFORMATION

Please identify the type of data that the District will provide to the University:

Please check all the data that you want provided:

❖ Assignments       ❖ Report Card Information
❖ Attendance Data   ❖ Formative Data
❖ Grade Point Average ❖ Student Schedule
❖ Grades           ❖ Student Test Scores
❖ Interim Results   ❖ Suspension Data
❖ Local Exams       ❖ 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

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>Circle One</th>
<th>CHARACTERISTICS</th>
<th>Circle One</th>
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<td>Academic Motivation</td>
<td>1  2  3  4  5  N/O</td>
<td>Maturity</td>
<td>1  2  3  4  5  N/O</td>
</tr>
<tr>
<td>Ability to Effectively Handle/Accept Challenges</td>
<td>1  2  3  4  5  N/O</td>
<td>Works well with others</td>
<td>1  2  3  4  5  N/O</td>
</tr>
</tbody>
</table>

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:  ________________________