



# Upward Bound

## Math/Science

# TRIO

Love Math & Science?

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 021 at Wilson HS  
Room 255 at Vanguard Collegiate 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](http://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](mailto:Kyvaughn.henry@rochester.edu)**



# UPWARD BOUND MATH/SCIENCE 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:**

<b><u>STUDENT DATA INFORMATION</u></b>	
<b>Please identify the type of data that the District will provide to the University:</b>	
<b>Please check all the data that you want provided:</b>	
<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: \_\_\_\_\_

