Application for Admission

TRIO College Access Services - Upward Bound
University of Maine at Presque Isle
Suite 16, Preble Hall, 181 Main Street,
Telephone: 207-768-9456; 1-800-734-3636; FAX 207-768-9464
Presque Isle, Maine 04769
Student Information

First name_____________________ MI___ Last Name________________________

School: ___________________________    Current Grade  8  9  10  11  12

Social Security Number______-____-______ Date of Birth______ Gender: □M □F
(Required of all applicants)

Mailing Address _______________________________________________________

City_______________________________________ State ME     Zip _____________

Home Telephone________________________ Cell: __________________________

Student Email address: _________________________________________________

Race: Do you identify yourself as Hispanic or Latino  □YES □NO
Check all that apply: □American Indian or Alaska Native   □Asian   □Black or African American
□Native Hawaiian or Other Pacific Islander □White

With whom do you live? □Both Parents  □Mother □Father □Grandparent(s) □Legal
Guardian □Self

Student Questionnaire

Are you a participant in a TRIO Educational Talent Search program? □YES □NO

Do you plan to attend college immediately after graduating from high school? ___ Yes ___ No

Why would you like to be a part of TRIO Upward Bound

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Household Information

Mother’s/Legal Guardian’s First Name: __________________ Last Name: ________________

Mailing address (if different): ____________________________________________________________

Daytime phone: ___________________ Evening phone: ___________________________
Email address: _______________________________________________________________

Please indicate the highest education level completed by each of the student’s biological or adoptive parents with whom student’s live. Please do not indicate educational levels for stepparents, grandparents or legal guardians.

Mother
☒ Elementary school
☒ Some high school
☒ High school diploma or GED
☒ Some college (did not complete a degree)
☒ 2-year college (completed an Associate Degree, Diploma or Certificate)
☒ 4-year college (completed a Bachelor Degree or higher)

Father’s/Legal Guardian’s First Name: ________________ Last Name: ________________

Mailing address (if different): ____________________________________________________________

Daytime phone: ___________________ Evening phone: ___________________________
Email address: _______________________________________________________________

Father
☒ Elementary school
☒ Some high school
☒ High school diploma or GED
☒ Some college (did not complete a degree)
☒ 2-year college (completed an Associate Degree, Diploma or Certificate)
☒ 4-year college (completed a Bachelor Degree or higher)

Emergency Contact First Name: __________________ Last Name: ________________

Daytime phone: ___________________ Evening phone: ___________________________

Relationship to student: ____________________________________________________________

If the applicant is a ward of the State, please give the name, office address and phone numbers of social worker: ____________________________________________________________
____________________________________________________________________________
List all persons living in the household:

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<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School/Grade level</th>
<th>Occupation (if out of school)</th>
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(Use additional page if necessary)

If applicant’s parents are unmarried, separated or divorced, please describe any custody and/or visitation restrictions: _____________________________________________________

____________________________________________________________________________

Income & US Citizenship Verification

Upward Bound is required to verify that our participants meet federal criteria based on educational background and household income level. This information is required of all applicants. TRiO College Access Services-UB and the University of Maine at Presque Isle insure that all information provided will be held in confidence.

Taxable income range

Please indicate your taxable income range below. Do NOT use gross income, but after all deductions. See line 43 of your 1040 federal income tax form. If you did not file taxes, please indicate income.

I, _________________________________ certify that my taxable income for last year was $______________.

Parent/Guardian Signature ________________________________ Date ___________

Is the student a U.S. citizen? □ YES □ NO

If NO, do you have Permanent Resident status? □ YES □ NO

I certify that my student is a US Citizen or Permanent Resident:

Parent/Guardian Signature ________________________________ Date ___________
Certification and Signatures

Student Name _________________________

By my signature below, I attest to all the conditions set forth:

I agree to the exchange of information and records between the Upward Bound program and the school system or postsecondary institution in which the applicant is enrolled. Information can include but is not limited to: complete transcript, PowerSchool access information, grades, PSAT results (if taken), any pertinent health information from the school nurse, most recent PET minutes, (if applicable), IEP’s (if applicable), and profiles or scores for any other tests which will help us assess the student’s educational and vocational status. I understand that permission for access to the student’s records will continue until he/she graduates from college or for 6 years after he/she graduates from high school, according to the terms of the federal grant, even if he/she stops participating in the Upward Bound program.

I authorize TRiO College Access Services the use of my image in UB publications and media releases.

I am aware that a photocopy of this authorization shall be considered as valid as the original and that this authorization is in effect from the date indicated below until the time that the applicant is no longer considered a participant.

I understand that if I need accommodations for a disability to participate in UB, or any of its scheduled activities, I must contact the Director of College Access Services, UMPI at (207) 768-9456 at least 30 working days prior to the activity.

I certify that all the information provided within this application is, to best of my knowledge and belief, true, correct, and complete.

Student Signature _______________________________________ Date__________________

Parent/Guardian Signature________________________________________ Date _________________

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In complying with letter and spirit of applicable laws and pursuing its own goals of diversity, the University of Maine shall not discriminate on the grounds of race, color, religion, sex, sexual orientation, including transgender status or gender expression, national origin, citizenship status, age, disability, or veteran’s status in employment, education, and all other areas of the University. The University System provides reasonable accommodations to qualified individuals with disabilities upon request. Questions and complaints about discrimination in any area of the University should be directed to the Director of AA/EEO, the University of Maine at Presque Isle 205 South Hall, Presque Isle, ME 04769/

Completion of this application does not guarantee acceptance in the TRIO College Access UB program at UMPI.