Trio Upward Bound is a free program that helps high school students prepare for their future after high school through meeting with an Outreach Advisor and attending a Summer Institute. Our goal is to give every participant an opportunity to further their education after high school and earn a 2- or 4-year college degree.

Trio Upward Bound is a federally funded program that receives a grant from the US Department of Education. All our services are provided at no cost to students. The resources used are viewed as an investment in each student's future. The only cost to you is time, dedication and a willingness to do your best!

Trio Upward Bound is located at Montana State University Billings and serves 77 students from five area high schools:

Senior HS | Skyview HS | West HS | Hardin HS | Lockwood HS

Trio Upward Bound is a college preparation program. Students are encouraged to maintain at least a ‘C’ average in high school, attend Trio Upward Bound meetings and actively participate in the program.

For more information about Trio Upward Bound, visit our website [www.msubillings.edu/upb](http://www.msubillings.edu/upb).

APPLICATION CHECKLIST

Please review the application carefully and complete all information to ensure that your application receives full consideration for selection.

- [ ] Section 1: Student Information
- [ ] Section 2: Family Information
- [ ] Section 3: Household Income Information
- [ ] Section 4: Certificates and Signatures
- [ ] Section 5: Student Profile and Written Statement
- [ ] Section 6: Counselor Recommendation Form

Please submit your completed application to the Guidance or Counselor’s Office at your school or mail your completed application to:

Upward Bound
Montana State University Billings
1500 University Drive
Billings, MT 59101

Applications must be submitted by April 3, 2024.
**SECTION 1 – STUDENT INFORMATION**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Preferred Name (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Number / Street / Apt / Box #</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Male / Female</th>
<th>Social Security Number (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student’s Cell Phone Number: ____________________________

Are you a US Citizen: □ Yes □ No If no, what is your resident alien card number? ____________________________

Ethnicity: □ Hispanic/Latino □ Not Hispanic/Latino

Race: □ American Indian or Alaskan Native □ Asian □ Black or African American □ White □ Native Hawaiian or other Pacific Islander

Do you have a documented disability? □ Yes □ No

Are you currently in foster care? □ Yes □ No

Are you currently homeless or do you lack a fixed, regular and adequate nighttime residence? □ Yes □ No

What grade are you in? □ 8th □ 9th □ 10th □ 11th

What school do you currently attend? ____________________________ What school will you attend next school year? ____________________________

**SECTION 2 – FAMILY INFORMATION**

With whom does the student live?

<table>
<thead>
<tr>
<th>Did not complete High School / GED</th>
<th>Completed High School / GED</th>
<th>Completed Associates Degree</th>
<th>Completed Bachelor Degree or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Mother</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>□ Father</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>□ Step Mother</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>□ Step Father</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>□ Guardian(s)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>□ Other</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Please provide contact information for the adult(s) the student lives with the most:

**PARENT/GUARDIAN 1**

Name ________________________________________________

(______) _______ - ________

Phone Number

Email Address

Relationship to Student ____________________________

**PARENT/GUARDIAN 2**

Name ________________________________________________

(______) _______ - ________

Phone Number

Email Address

Relationship to Student ____________________________
List the names, grades and ages of any siblings:

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 3- HOUSEHOLD INCOME INFORMATION

MSU Billings Upward Bound is federally funded and requires verification of every participant's income. Please check your TAXABLE income for the previous year. By signing this form, you are certifying the income information provided is accurate and will be used to determine student eligibility.

Total number of family members in household (including the student)? _____________

Did your parent(s) or guardian(s) file taxes for the previous year? □ Yes □ No

If you answered “yes”, please complete this section:

Please attach a copy of your most recent Federal Tax Form 1040 or indicate the range of your family/household taxable income for last year.

Taxable income is the income remaining after you take any deductions and is found on 2023 IRS Form 1040 and 1040-SR, line 15.

<table>
<thead>
<tr>
<th>bracket</th>
<th>amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0-$22,590</td>
<td>$54,871-$62,940</td>
</tr>
<tr>
<td>$22,591-$30,660</td>
<td>$62,941-$71,010</td>
</tr>
<tr>
<td>$30,661-$38,730</td>
<td>$71,011-$79,080</td>
</tr>
<tr>
<td>$38,731-$46,800</td>
<td>$79,081+</td>
</tr>
<tr>
<td>$46,801-$54,870</td>
<td></td>
</tr>
</tbody>
</table>

If you answered “no, please complete this section:

I did not file a tax return last year because income was less than required to file.

Indicate the total yearly amount your household receives from each of the following:

- TANF/SNAP: $_________________
- Disability: $_________________
- Unemployment: $_________________
- Other: $_________________

Does the student qualify for free or reduced lunch? □ Yes □ No

SECTION 4- CERTIFICATES AND SIGNATURES

The personal information you give Upward Bound (UB) is required by the United States Department of Education. The information is protected by the Federal Education Right to Privacy Act of 1974 (FERPA). No one may see the information unless s/he is employed by the UB Program or is specifically authorized to determine your eligibility to participate in the program. The information required by the U.S. Department of Education is used for evaluation purposes and to verify student eligibility. Please note that all applications are accepted for review regardless of race, color, national origin, religion, gender or disability (U.S. Dept. of Education - GEPA Section 427).

I/We certify that all the information provided including my income information is correct and true to the best of my knowledge.
I/We understand that completion of this application does not guarantee acceptance into the UB program.
I/We understand that the information provided on this application will be held in confidence by the UB staff.
I/We consent to the student using Internet and other technology and accept responsibility for any inappropriate use.
I/We authorize the release of my school and/or financial records to the UB program, including test scores and any other academic information and test results necessary to complete the program’s application process and track me in the program.

____________________   __/___/____   ____________________   __/___/____
Student Signature   Date   Parent/Guardian Signature   Date
SECTION 5 - STUDENT PROFILE & WRITTEN STATEMENT

Please answer the following questions completely. Considerable thought and effort should be given to your responses, as they will affect your selection.

1. What do you want to do after you graduate from high school?

2. Describe your attitude about learning. What purpose does learning serve for you?

3. What are some challenges that you face as a student? What have you tried in the past to overcome these challenges?

4. What do you think you'll gain from this program?

5. What qualities make you a good candidate for this program?
SECTION 6 - Counselor Evaluation
Please supply the following page to a Counselor and request that they complete it and return to UpwardBound@msubillings.edu

Student’s Name: ______________________________________ School: __________________________________________________________

State Student ID Number __________________________________________

Year in School: ____8th ____9th ____10th ____11th

**PLEASE ATTACH THE FOLLOWING:**

☐ Most recent test scores
☐ Current transcript

Does this student receive any special services? _____Yes _____No

If so, please describe. ______________________________________________________

Please check the performance(s) where you feel the student needs assistance and/or is not working up to potential:

☐ Tutoring  ☐ Study Skills Assistance

☐ Academic Advising  ☐ Peer Mentoring

☐ College Entrance Exam Preparation  ☐ Self-esteem Activities

☐ Career Exploration  ☐ Social Development

Other comments: __________________________________________________________

Federal guidelines for our program require documentation of the student’s potential to pursue post-secondary education. Please make a copy of the third page of this application for your files to comply with the Family Educational Rights and Privacy Act.

Counselor’s Signature ___________________________ Date ___________________________