



2025-2026 NEW PARTICIPANT APPLICATION FOR ADMISSION

STUDENT PERSONAL DATA

Last Name:_____ First Name:_____ Middle Initial:_____

Preferred Name:_____ Date of Birth:____/____/____

Gender: _____

Student is a (circle one) : U.S. Citizen Non-U.S. Citizen Permanent Resident Other

For Other Please Specify: _____

Race (Please circle all that apply)*: White Black/African American Asian

American Indian or Alaska Native Native Hawaiian/Other Pacific Islander

Ethnicity (circle one): Hispanic or Latino Non-Hispanic or Latino

Mailing Address: _____

Town:_____ State:_____ ZIP Code:_____

Physical Address (if different): _____

Town:_____ State:_____ ZIP Code:_____

Student Cell Phone #: _____

School Email Address: _____

Preferred Mode of Contact (circle): Phone Call Text Email

**This information is required by the federal government for statistical purposes only. Vermont State University does not discriminate based on race, color, creed, ancestry, ethnicity, national origin, place of birth, sex, sexual orientation, gender identity, disability, age, veteran status, marital status or any other status protected by law.*



ACADEMIC INFORMATION

Current High School: _____

Current Grade Level: _____

School Counselors Name: _____

Are you currently part of Gear Up or Talent Search through VSAC (circle one):

Gear Up Talent Search Neither Unknown

As part of your application we require a recommendation from a Math, Science, or English teacher. Please indicate below who you would like this to come from below. Please let them know we will be sending a request soon.

Recommender Name: _____

Recommender Email: _____

FAMILY INFORMATION

PARENT/GUARDIAN 1

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship to Student: _____

Mailing Address: _____

Town: _____ State: _____ ZIP Code: _____

Phone Number: _____

Email: _____

Occupation: _____ Employer, if applicable: _____

Did Parent/Guardian 1 graduate with a four-year degree from a college or university? (Circle One): Yes No

If yes, which college or university?: _____



PARENT/GUARDIAN 2

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship to Student: _____

Mailing Address: _____

Town: _____ State: _____ ZIP Code: _____

Phone Number: _____

Email: _____

Occupation: _____ Employer, if applicable: _____

Did Parent/Guardian 1 graduate with a four-year degree from a college or university? (Circle One): Yes No

If yes, which college or university?: _____

HOUSEHOLD FINANCIAL INFORMATION

Upward Bound is funded through the U.S. Department of Education to serve first-generation and modest-income students from our target schools who want to attend college. We base income eligibility on the applicant's "Taxable" family income. Therefore, we are required to collect a copy of your most recent income tax return or if you did not file a tax return, information on other sources of income. You may deliver it with this application or it can be mailed to the Upward Bound Office.

We understand that this is sensitive information. If you have questions about the requirement, please reach out to the Upward Bound Director, Mareesa Miles (mareesa.miles@vermontstate.edu).

Are you currently in foster care or a ward of the state? (Please circle): Yes No
If yes, you may stop here. You are automatically eligible, but will need to provide proof of state custody.

Did your household file taxes for 2024? (Please circle): Yes No

Who do you currently live with? (please circle): Both Parents Mother Only Father Only
Guardian Parents have shared custody

How many people live in your household including yourself?: _____

What was your household "taxable" income (2024 Form 1040 Line 15) _____



STATEMENT OF ACCURACY

By signing below, I certify that to the best of my knowledge, the information given in this application is correct. I understand that misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission, or suspension from Upward Bound.

Student Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

By signing below, I authorize Vermont State University Upward Bound to access and/or receive copies of my student's academic transcripts, progress reports, state proficiency scores, PSAT, SAT, ACT scores, attendance records and other information needed for application review, and if accepted, for the duration of their secondary and post-secondary education. I also grant the Upward Bound staff permission to speak with teachers, counselors and other school administrators at my child's school in order to obtain and exchange information as part of the services provided by the Upward Bound program.

I understand the United States Department of Education requires the Vermont State University- Johnson Upward Bound program to report on my academic progress for six years following my graduation from high school. In addition, I understand that this information will be handled with strict confidence by Johnson Upward Bound staff according to federal regulations and that I may revoke this authorization in writing at any time.

Student Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

FAMILY INFORMATION UPDATES

PARENT/GUARDIAN 1

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship to Student: _____

Mailing Address: _____

Town: _____ State: _____ ZIP Code: _____

Phone Number: _____

Email: _____

PARENT/GUARDIAN 2

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship to Student: _____

Mailing Address: _____

Town: _____ State: _____ ZIP Code: _____

Phone Number: _____

Email: _____