Helping students to navigate the road from high school to college graduation since 1965.

SATURDAY COLLEGE PREPARATION SESSIONS, INSTRUCTION AND TUTORING AT UNLV ~ SCIENCE TECHNOLOGY ENGINEERING AND MATH ACTIVITIES AND FIELD TRIPS ~ ACT/SAT PREPARATION ~ ACADEMIC COUNSELING ~ CAREER EXPLORATION ~ LEADERSHIP OPPORTUNITIES ~ FINANCIAL LITERACY FAFSA & SCHOLARSHIP ASSISTANCE ~ SIX WEEK SUMMER RESIDENTIAL PROGRAM WITH COLLEGE LIFE EXPERIENCE IN THE RESIDENCE HALL AT UNLV

ALL SERVICES ARE FREE OF CHARGE TO ALL ELIGIBLE PARTICIPANTS

REYNOLDS STUDENT SERVICES COMPLEX BUILDING (SSC-A)
4505 MARYLAND PARKWAY ROOM 301, LV, NV 89154-2006
TEL: (702) 895-4777 WEB ADDRESS: CAEO.UNLV.EDU FAX: (702) 895-4786
PARTICIPANT APPLICATION

Please type or print in blue or black ink. (Please do NOT use white-out!)

STEP 1: Student, please answer the following questions about yourself.

a. What is your name?
   Last Name ____________________________ First Name ____________________________ Middle Initial

b. What is your mailing address?
   Street Address ____________________________ Apt. # ____________________________
   City ____________________________ State__________________________ ZIP ____________

c. What is your home phone number? ( ____________ ) ____________ – ____________

d. What is your cell phone number? ( ____________ ) ____________ – ____________

e. What is your parents’ cell phone number? ( ____________ ) ____________ – ____________
   □ Mother  □ Father

f. What is your e-mail address?

STEP 2: Student, please answer the following questions about yourself.

a. What is the name of your school?

b. What grade are you in? ______ th

c. What is your student ID number?

  ____________________________ – ____________ – ____________

d. What is your social security number?

  ____________________________ – ____________ – ____________

e. What is your birthdate?

  M M / D D / Y Y Y Y
   Month / Day / Year

f. Are you Hispanic or Latino?  □ YES  □ NO

  (Please check all boxes that describe you.)  □ American Indian or Alaskan Native  □ Asian  □ Black or African American
   □ Native Hawaiian or other Pacific Islander  □ White

h. What is your gender?  □ Female  □ Male

STEP 3: Student, please answer the following question about yourself.

a. Are you a U.S. citizen?  □ YES  □ NO, but I am a Permanent Resident. My Permanent Resident Alien Number is:

   ____________________________

   □ NO; I am not a U.S. citizen, and I am not a permanent resident.

STEP 4: Student, please answer the following questions about your parents and about yourself.

a. Has your mother received/earned a baccalaureate degree?  □ YES  □ NO

b. Has your father received/earned a baccalaureate degree?  □ YES  □ NO

c. Which parent do you regularly reside with and receive support from?  (Please check only one box.)  □ Both Mother and Father  □ Mother only
   □ Neither Mother nor Father  □ Father only
**STEP 5:** Student, please answer the following questions about yourself.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Are you married?</td>
<td></td>
<td></td>
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<tr>
<td>b. Do you have children or other dependents (other than a spouse) who</td>
<td></td>
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<tr>
<td>receive more than half of their support from you?</td>
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<tr>
<td>c. Are you an orphan, in foster care, or a ward of the court?</td>
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<tr>
<td>d. Are you an emancipated minor or do you have a court-appointed legal</td>
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<tr>
<td>guardian?</td>
<td></td>
<td></td>
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<tr>
<td>e. Are you less than 18 years of age and have no parent or guardian?</td>
<td></td>
<td></td>
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<tr>
<td>f. Are you homeless (i.e., you lack a fixed, regular, &amp; adequate</td>
<td></td>
<td></td>
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<tr>
<td>nighttime residence) or are at risk of becoming homeless?</td>
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</tr>
</tbody>
</table>

**STEP 6:** You (the student) must answer the following questions about yourself if you are at least 24 years old or you answered YES to any question in STEP 5. Your parent(s) must answer the following questions about themselves if you are less than 24 years old and you answered NO to all questions in STEP 5.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. What is the total <strong>number of persons</strong> (including you) in your</td>
<td></td>
<td></td>
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<tr>
<td>family unit?</td>
<td></td>
<td></td>
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<tr>
<td>b. What was your family’s <strong>taxable</strong> (not total) income from the last</td>
<td></td>
<td></td>
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<tr>
<td>calendar year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Please check only one box. Then, provide the requested income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>information.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ My family’s taxable (not total) income from the last calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>was: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: Taxable income can be found on the federal income tax return.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On IRS Form 1040, see line 10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ My family did not file a federal income tax return for the last</td>
<td></td>
<td></td>
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<tr>
<td>calendar year. My family’s total income from the last calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>was: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ My family had no taxable income during the last calendar year.</td>
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</tbody>
</table>

**STEP 7:** You (the student) must read the following statement and then sign and date below it. If you (the student) are less than 24 years old and answered NO to all the questions in STEP 5, your parent or legal guardian must also read the following statement and then sign and date below it.

By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student’s official academic records to the Center for Academic Enrichment and Outreach (CAEO) at the University of Nevada, Las Vegas, understanding that the information in these records will be used only to assess the student’s need for TRIO program services, discern the student’s educational progress, evaluate the effectiveness of TRIO program activities, and fulfill TRIO program-reporting requirements. Finally, I authorize CAEO to use the student’s name, statements and likeness, without charge, for promotional purposes in CAEO publications, advertising, video, and other formats.

/ / 
Student’s Signature 
Date 
/ / 
Signature of Student’s Parent or Legal Guardian 
Date

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**FOR OFFICE USE ONLY**

The 20___ federal TRIO programs annual low-income level for a family unit with ________ members is: $___ , ___ . 00

□ Recommend Approval 
□ Not Recommended 
Reason:

□ Recommend Approval 
□ Not Recommended 
Reason:

□ Approved 
□ Denied 
Reason:

Advisor (Print Name) 
/ / 20 

Director (Print Name) 
/ / 20 

P.I. or P.I. Designee (Print Name) 
/ / 20 

Advisor (Sign & Date) 
Director (Sign & Date) 
P.I. or P.I. Designee (Sign & Date)

Date of Application Entry into Database 
/ / 
Initials of Data Entry Staff

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Eligibility:  □ LI & FG  □ LI ONLY  □ FG ONLY  □ HRAF ONLY  □ LI&HRAF  □ FG&HRAF  □ LI&FG&HRAF  □ OTHER

Project:  □ TS1  □ TS2  □ TS3  □ TS4  □ TS5  □ UBC1  □ UBC2  □ UBC3  □ UBC4  □ UBC5  □ UBMS1  □ UBMS2  □ UBMS3

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Note: A determination of independence based on YES responses to question 5e or 5f must be supported by a TRIO Participant Application Addendum, which is completed and signed by a LEA liaison, RHYA director/designee, or ESG director/designee and attached to this document.
Academic Information Release Form & Parental Information

I hereby give consent to my child, ____________________________, to participate in the Upward Bound Program at the University of Nevada, Las Vegas. I understand that participation in the program will include counseling by employees of the Board of Regents of the University and Community College System of Nevada (UCCSN), as well as numerous field trips, some of which may be overnight and for which transportation will be approved and provided by the Regents.

I also give my consent to the Clark County School District (CCSD) and the CCSD school my child currently attends to make available to the Director and staff of the Upward Bound Program any and all information pertaining to my child’s academic progress in school.

My child and I agree to indemnify, save, and hold harmless and release and forever discharge the Regents and their employees and agents from all claims and demands which my child, myself, or our representatives and their employees and agents by reason of acts, illness, injury, or other consequences arising out of or resulting directly or indirectly from my child’s participation in the aforementioned Upward Bound Program, or any time subsequent thereto.

I hereby give consent to the Regents and their employees and agents to render medical treatment and assistance to my child if the rendering of such treatment should become necessary or desirable during the course of the Program.

_________________________  ____________________________
Signature of Parent or Legally Appointed Guardian  Date

<table>
<thead>
<tr>
<th></th>
<th>Father/Guardian</th>
<th>Mother/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
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<tr>
<td>Work Phone</td>
<td></td>
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</tbody>
</table>

*This is a supplement to the required application.