



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.

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.

List the names, grades and ages of any siblings:

Name	Grade	Age	Name	Grade	Age

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

<p>If you answered "yes", please complete this section:</p> <p>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.</p> <p>Taxable income is the income remaining after you take any deductions and is found on 2023 IRS Form 1040 and 1040-SR, line 15.</p> <table><tr><td><input type="checkbox"/> \$0-\$22,590</td><td><input type="checkbox"/> \$54,871-\$62,940</td></tr><tr><td><input type="checkbox"/> \$22,591-\$30,660</td><td><input type="checkbox"/> \$62,941-\$71,010</td></tr><tr><td><input type="checkbox"/> \$30,661-\$38,730</td><td><input type="checkbox"/> \$71,011-\$79,080</td></tr><tr><td><input type="checkbox"/> \$38,731-\$46,800</td><td><input type="checkbox"/> \$79,081+</td></tr><tr><td><input type="checkbox"/> \$46,801-\$54,870</td><td></td></tr></table>	<input type="checkbox"/> \$0-\$22,590	<input type="checkbox"/> \$54,871-\$62,940	<input type="checkbox"/> \$22,591-\$30,660	<input type="checkbox"/> \$62,941-\$71,010	<input type="checkbox"/> \$30,661-\$38,730	<input type="checkbox"/> \$71,011-\$79,080	<input type="checkbox"/> \$38,731-\$46,800	<input type="checkbox"/> \$79,081+	<input type="checkbox"/> \$46,801-\$54,870		<p>If you answered "no, please complete this section:</p> <p>I did not file a tax return last year because income was less than required to file.</p> <p>Indicate the total yearly amount your household receives from each of the following:</p> <p>TANF/SNAP: \$ _____</p> <p>Disability: \$ _____</p> <p>Unemployment: \$ _____</p> <p>Other: \$ _____</p>
<input type="checkbox"/> \$0-\$22,590	<input type="checkbox"/> \$54,871-\$62,940										
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<input type="checkbox"/> \$38,731-\$46,800	<input type="checkbox"/> \$79,081+										
<input type="checkbox"/> \$46,801-\$54,870											

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
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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:

- | | |
|---|---|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Study Skills Assistance |
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Peer Mentoring |
| <input type="checkbox"/> College Entrance Exam Preparation | <input type="checkbox"/> Self-esteem Activities |
| <input type="checkbox"/> Career Exploration | <input type="checkbox"/> 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