



Upward Bound (Classic) / Upward Bound Math Science
Income Verification

Student Name: _____ Parent/Guardian Name: _____

I certify that my family size is _____ and our taxable income is _____.

[Taxable Income Amount may be found on the prior year's 1040/1040A Tax Form]

Table with 5 columns: Line number, Description, and Amount. Rows include Standard deduction or itemized deductions, Qualified business income deduction, Add lines 12 and 13, and Subtract line 14 from line 11.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2022)

U.S. Department of Education



Federal TRIO Programs Current-Year Low-Income Levels

(Effective January 11, 2024 until further notice)

Table with 4 columns: Size of Family Unit, 48 Contiguous States, D.C., and Outlying Jurisdictions, Alaska, and Hawaii. Rows range from 1 to 8 family units.

For family units with more than eight members, add the following amount for each additional family member: \$8,070 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$10,095 for Alaska; and \$9,285 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on January 17, 2024 and are effective as of January 11, 2024.

I certify that my family's size and income does not qualify my student as a "low-income individual."

Parent Signature: _____ Date: _____

Student Affairs



Upward Bound (Classic) / Upward Bound Math Science

DECLARATION OF FIRST-GENERATION STATUS*

Date: _____

I/We, _____ and
(Name, Please Print)

_____, am/are the custodial parent(s) of
(Name, Please Print)

_____. Further, I declare that:
(Student Name, Please Print)

***Answer on the status of the custodial parent(s) & stepparent(s) with whom the student actually resides.**

- As of the date of this application I HAVE a bachelor's degree.**
- As of the date of this application I DO NOT HAVE a bachelor's degree.**
- As of the date of this application my spouse has a bachelor's degree.**
- As of the date of this application my spouse DOES NOT HAVE a bachelor's degree.**

Parent Signature: _____ Date: ____/____, 20__

Student Affairs



Upward Bound / Upward Bound Math Science

Citizenship Declaration

Student: First Name: _____ Last Name: : _____

Parent/Guardian: First Name: _____ Last Name: _____

I certify the following regarding citizenship (check appropriate box below):

- Is a citizen or national of the United States.
- Is a permanent resident of the United States.
- Is in the United States for other than a temporary purpose. [Evidence from the Immigration and Naturalization Service of intent to become a permanent resident required.]
- Is a permanent resident of Guam, the Northern Mariana Islands, or the Trust Territory of the Pacific Islands.
- Is a resident of the Freely Associated States - the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

Parent Signature: _____

Date: _____

Student Affairs



Upward Bound (Classic) / Upward Bound Math Science

Release of High School/College Information

Expected High School Grad Year 20 [] []

Privacy Act: In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U. S.C. 552A), you are hereby notified that the Department of Education is authorized to collect information to implement the Upward Bound program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, sec. 402C). In accordance with this authority, the Department receives and maintains personal information on participants in the Upward Bound program. The principle purpose for collecting this information is to administer the program, including tracking and evaluating participants' academic progress. The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of official duties.

TO THE UNIVERSITY OF TOLEDO UPWARD BOUND PROGRAMS:

I/We (circle one) _____ and _____ do hereby authorize you to release information including the comprehensive and cumulative school records of my/our child, _____ (student's name) school identification number _____, such as grades, class, rank, school attendance, school activities, teacher evaluations, standardized test scores, academic performance and official transcripts, to bona fide representatives of the University of Toledo Upward Bound (classic) or Upward Bound Math Science Program for program data collection/ follow-up and general informational purposes. This information can be released whether or not the student mentioned above is in regular enrollment or when the student has transferred to a new location.

I/We, certify that I/We am/are the parent(s), custodial parent(s), or guardian(s) of _____ (student's name) and that I/We signed this release form of the University of Toledo Upward Bound Programs on the _____ day of _____, 20____.

I, _____, the student. understand that The University of Toledo Upward Bound Programs are grant funded programs by the US Department of Education that are required to track student college enrollment progress SIX YEARS AFTER high school graduation; thus, this Release of Information will be in effect up to six years after high school graduation.

Applicant/Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian (optional)

Date