

PARENT/GUARDIAN INCOME VERIFICATION FORM

The information requested is required by the U.S. Department of Education. It will be used to determine the income eligibility of your son/daughter. **All information is kept confidential.**
(Your student's application cannot be processed without this information).

The families of students participating in the TRIO Upward Bound Program must meet educational and income eligibility criteria. To assist us in the determination of your student's eligibility, please attach a signed copy of your Federal Income Tax Return for the year 20_____.

If you did not keep a copy of your tax return, please contact the local IRS office at 214 413-6010

Family Income Summary - Number of dependents in family_____

Father's Employment	\$ _____ monthly/yearly
Mother's Employment	\$ _____ monthly/yearly
Retirement Income	\$ _____ monthly/yearly
Social Security	\$ _____ monthly/yearly
Unemployment	\$ _____ weekly
Public Assistance Case #	\$ _____ monthly
Other Sources	\$ _____ monthly/yearly
Total Income	\$ _____ monthly/yearly

Parent/Guardian Agreement and Statement of Truth

I understand the purpose of the TRIO Upward Bound Program is to prepare students to successfully complete high school and to enroll into a program of post-secondary education. Because parental involvement and support are major contributing factors to student success, I agree to be involved in the following ways:

- (1) Will actively be involved in my child's progress in school
- (2) Will encourage my child to attend Upward Bound sponsored activities
- (3) Will participate in TRIO Upward Bound events to which parents are invited
- (4) Will share concerns about my child's education with the TRIO Upward Bound staff
- (5) Will support the TRIO Upward Bound staff in motivating my child to raise his/her level of (6) expectation to be the best student both academically and socially.

I certify that all information is correct to the best of my knowledge.

Parent/Guardian Signature

Date

Please PRINT clearly and neatly in black or blue ink. Do not use initials or abbreviations.

HOUSEHOLD INFORMATION

Student Applicant Lives With (Check all that apply)		<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother
		<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other _____	
# of Persons in Household	# of Children	Names and Ages of Children		
Estimated Annual Family Income		Family Receiving: <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Income (SSI)		
		<input type="checkbox"/> AFDC/Public Assistance <input type="checkbox"/> Free/Reduced Lunch		
Will your child be able to attend UB classes on designated Saturdays & Summer?		Does your child have a physical handicap and/or learning disability?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No <input type="checkbox"/> Yes, Please Specify _____		

PLEASE SUPPLY THE FOLLOWING DOCUMENTED EVIDENCE OF INCOME WITH THIS APPLICATION

- Most recent 1040/1040A/1040EZ Tax Form
- AFDC or Social Security Statement
- Free/Reduced Lunch Program Eligibility Verification

Confidentiality

Confidentiality of Information The financial and education information you provide to the Upward Bound (UB) program is reported to the US Department of Education (DOE) and is protected by the Privacy Act. No one may see the information unless they are employed for the UB project or are specifically authorized by the US DOE to evaluate the project. (20 USC 1231a). Information or records relating to individual UB students or group(s) of students who are participating or have participated in UB projects shall not be disclosed to any person, group, agency, or organization without the express consent of the project director. When a project or contract terminates, all UB records in possession of the project or contractor shall be disposed of only by the authority of and in accordance with procedures approved of by the University of North Texas at Dallas. In addition, any officer or employee of the United States or of any department or agency thereof who publishes, divulges, discloses or makes known in any manner or to any extent not authorized by law, any information coming to him/her in the course of his/her employment of official duties or by reason of any examination or investigation made by, or return, report or record made to or filed with such department or agency or officer thereof, which concerns or relates to the UB project shall be subject to a fine and/or imprisonment, or both, and shall be removed from office or employment under the provisions of Title 18, Section 1905 of the U.S. Code.

Authorization

I hereby grant permission for my son/daughter, _____ (STUDENT NAME), if accepted, to participate in the University of North Texas at Dallas Upward Bound Program. I also give my consent to _____ (SCHOOL ATTENDING), to make available to staff any and all information pertaining to my child's educational progress in school. As a parent, I will fully support the goals of the program and help my son/daughter to support and attain these goals. I understand that all information contained in this application is for use only by the University of North Texas at Dallas Upward Bound Program and will be kept confidential. I also give the school my authorization to release this information to the program staff.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY: Date Received _____ Staff Initials _____ Complete Incomplete