



School Year 2024/25

| Student Information | | | |
|----------------------------|-------------------------------------|-----------------------|------------------|
| First and Last Name: | | | |
| School Attending: | | Grade: | Graduation Year: |
| | | | |
| City: | Zip Code: | | |
| Student Phone # | Student Pe | rsonal Email Address: | |
| Date of Birth: | Gender: | | |
| | Hispanic/Latino: | | |
| Race (select one) An | nerican Indian or Alaskan Native: _ | Black or African Amer | rican: |
| Asian: Native | e Hawaiian or Pacific Islander: | Two or More Races: | White: |
| Are you in TRIO's Upw | vard Bound and/or Educational Tal | ent Search? Yes: | No: |
| Are you currently, or l | have you been in Foster Care in the | e past year? Yes: | No: |
| Are you currently, or l | have you been Homeless in the pas | st year? Yes: N | No: |
| Does one or both of y | our parent(s) have a bachelor's de | gree? Yes: No |): |
| What language is spol | ken at home? | | |
| | | | |

| Parent/Guardian Information | | |
|---|--------------------------|--|
| Name of Parent/Guardian 1: | Relationship to student: | |
| Name of Parent/Guardian 2: | Relationship to student: | |
| Cell phone: | Home phone: | |
| Email: | | |
| Preferred method of contact (select one): Phone Call: | _ Text: Email: | |
| | | |

Financial Eligibility

Is the student in foster/proctor care or Homeless? Yes No If yes, then you do not need to complete this portion

For your student to qualify to be enrolled in GEAR UP Utah, they need to be eligible under the Free and Reduced-Price School Meals Guidelines. Based on the guideline below, does your student qualify for Free/ Reduced Lunch? Yes No

To start, view how many are in your household, and next see where your gross income falls on how often you are paid. If your income is below the amount your student qualifies for Free/Reduced Lunch and you may select Yes. Military personnel do not need to include housing allowance when viewing income.

| Household Size | Yearly | Monthly | Twice Per | Every Two | Weekly |
|--|--------|---------|-----------|-----------|--------|
| | | | Month | weeks | |
| 1 | 27,861 | 2,322 | 1,161 | 1,072 | 536 |
| 2 | 37,814 | 3,152 | 1,576 | 1,455 | 728 |
| 3 | 47,767 | 3,981 | 1,991 | 1,838 | 919 |
| 4 | 57,720 | 4,810 | 2,405 | 2,220 | 1,110 |
| 5 | 67,673 | 5,640 | 2,820 | 2,603 | 1,302 |
| 6 | 77,626 | 6,469 | 3,235 | 2,986 | 1,493 |
| 7 | 87,579 | 7,299 | 3,650 | 3,369 | 1,685 |
| 8 | 97,532 | 8,128 | 4,064 | 3,752 | 1,876 |
| Each additional person | 9,953 | 830 | 415 | 383 | 192 |
| This table is valid from July 1, 2024 to June 30, 2025 Source https://www.govinfo.gov/content/pkg/FR-2024-02-20/pdf/2024-03355.pdf | | | | | |

I, _______, [Parent/Guardian Name] do hereby grant GEAR UP Utah, Utah Valley University, acting through its agents, employees, or representatives, to take photographs, video, and/or voice ("Media"). I grant the GEAR UP Program an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute the media in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the media may be used by the GEAR UP program, including its assignees and transferees, for any purpose including but not limited to marketing, advertising, publicity, or other promotional purposes. I agree that the GEAR UP Program will have final editorial authority over the use of the media, and I waive any right to inspect or approve of any future use of the media. I acknowledge that neither I, nor my child, will receive compensation for participating in the media or for any future use of the media. I release and fully discharge the GEAR UP Program, and its trusses, employees, agents, and representatives, from any claim, damages, or liability arising from or related to my child's inclusion in the media, the GEAR UP program's future use of the media, and the GEAR UP Program release of the information detailed below. I understand that I may revoke this release at any time by informing this agency in writing.

GEAR UP Utah Authorization for Release of Information

I, ______, (Parent/Guardian Name) do hereby grant the representative of GEAR UP Utah, including their external evaluators, authorization to contact parents/guardians and students, and to release and/or obtain information from school, district and state data sources regarding the following individual: Student printed name: _____

Reason for release of information: To track students' success in school and help facilitate their preparation for and success in continuing their education beyond middle school and high school. Specific types of information to be released (this information may be provided by the school, district, or State Office of Education):

| Student State ID | Class Schedule | Cumulative Student Record | Transcripts, Grades, and Test Scores |
|---------------------|----------------|---------------------------|--------------------------------------|
| IEP/LEP Information | Attendance | Free/Reduced Lunch | College & Career Readiness |
| | | Status/Eligibility | Information |

This program requires parent/guardian authorization.

I the parent/guardian accept this agreement and the terms of the Authorization for Release of Information.
Yes_____ No_____

- In addition, I consent to the Media Release. Yes_____ No_____

Parent/Guardian Signature: _____

As a student, I consent to the Media Release. Yes_____ No_____ Student Signature:______ Date:_____

Please return this form to your GEAR UP Counselor/Advisor



Date: