



GEAR UP Utah Application

Grant 4 School Year 2024/25



Student Information

First and Last Name: _____

School Attending: _____ Grade: _____ Graduation Year: _____

Address: _____

City: _____ Zip Code: _____

Student Phone # _____ Student Personal Email Address: _____

Date of Birth: _____ Gender: _____

Ethnicity (select one) Hispanic/Latino: _____ Non-Hispanic/Non-Latino: _____

Race (select one) American Indian or Alaskan Native: _____ Black or African American: _____

Asian: _____ Native Hawaiian or Pacific Islander: _____ Two or More Races: _____ White: _____

Are you in TRIO's Upward Bound and/or Educational Talent Search? Yes: _____ No: _____

Are you currently, or have you been in Foster Care in the past year? Yes: _____ No: _____

Are you currently, or have you been Homeless in the past year? Yes: _____ No: _____

Does one or both of your parent(s) have a bachelor's degree? Yes: _____ No: _____

What language is spoken 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 Month	Every Two weeks	Weekly
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>

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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 Status/Eligibility	College & Career Readiness 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 _____
- For the Media Release. I represent and warrant that I am the parent or legal guardian of the minor named above and that I have the legal right, power, and authority to consent to this License on behalf of the minor and myself; I hereby consent to and approve in all respects the terms and conditions of this License and the minor's execution of this License.
Yes _____ No _____

Parent/Guardian Signature: _____ **Date:** _____

As a student, I consent to the Media License. Yes _____ No _____

Student Signature: _____ **Date:** _____

Please return this form to your GEAR UP Counselor/Advisor