



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]

U.S. Department of Education



## Federal TRIO Programs Current-Year Low-Income Levels

(Effective **January 15, 2025** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$23,475	\$29,325	\$26,985
2	\$31,725	\$39,645	\$36,480
3	\$39,975	\$49,965	\$45,975
4	\$48,225	\$60,285	\$55,470
5	\$56,475	\$70,605	\$64,965
6	\$64,725	\$80,925	\$74,460
7	\$72,975	\$91,245	\$83,955
8	\$81,225	\$101,565	\$93,450
<b>Each Additional Family Member</b>	<b>\$5,500</b>	<b>\$6,880</b>	<b>\$6,330</b>

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 2025 poverty guidelines are in effect as of January 15, 2025. Federal Register notice was published January 17, 2025.

☐ 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 & Upward Bound Math Science Programs • Mail Stop 407 • 2801 W. Bancroft St. • Toledo, OH 43606-3390  
Phone: 419.530.3811 • Fax: 419.530.3816 • [utoledo.edu/success/upwardbound](mailto:utoledo.edu/success/upwardbound)



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\_\_

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## 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

#### Student Affairs