



# GEAR UP Utah Application

School Year 2023/2024



## 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: \_\_\_\_\_

## Media Release

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 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 \_\_\_\_\_
- In addition, I consent to the Media Release. Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As a student, I consent to the Media Release. Yes \_\_\_\_\_ No \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to your GEAR UP Counselor/Advisor**