



GEAR UP WYOMING APPLICATION

GAINING EARLY AWARENESS AND READINESS FOR UNDERGRADUATE PROGRAMS



STUDENT

Do you participate in Upward Bound, Educational Opportunity Centers, or Education Talent Search? Yes No

Name (exactly as it appears on your school transcript) _____
First Middle Last Nickname

Mailing Address _____
Street Number / P.O. Box City State Zip

Home Phone (_____) _____ Cell Phone (_____) _____

Date of Birth ____/____/____ E-mail _____
Month Day Year

Gender: Male Female Social Security Number (if available) _____

WISER Number _____ School Name _____

Expected Graduation Year _____ Current Grade in school: 7th 8th 9th 10th 11th 12th

Ethnicity: Hispanic or Latino? Yes No

Race: American Indian or Alaska Native Black or African American Asian Hispanic or Latino
 Native Hawaiian or Other Pacific Islander Two or More Races White

Current IEP (Individualized Education Plan)? Yes No

Do you participate in an English Language Learner (ELL/ESL) program? Yes No

PARENT

Mother / Female Guardian Information

Name _____ Relationship _____
Home / Cell Phone (if different from student) _____ Work Phone _____
Address (if different from student) _____
City _____ State _____ Zip _____
Email Address _____

Father / Male Guardian Information

Name _____ Relationship _____
Home / Cell Phone (if different from student) _____ Work Phone _____
Address (if different from student) _____
City _____ State _____ Zip _____
Email Address _____

RELEASE OF INFORMATION

➔ I authorize the release of my confidential student information (including via fax and email), which may include but is not limited to contact information, transcripts, college scholarships, IEPs & standardized test scores, and free/reduced lunch status to GEAR UP staff; and I authorize them to release this information to the US Dept. of Education in association with grant reporting. I understand that this information is to be used for appraising the effectiveness of GEAR UP services, increasing the effectiveness of the program, to maintain active grant status, and to determine my current and future participation status. I also understand that this information may be used by GEAR UP staff for the purpose of referral to other state/federal educational programs and services for which I am likely to be eligible, including college-level student success services.

Student Signature _____ Date _____

➔ I, as the parent/guardian of the above GEAR UP participant, authorize him/her to participate in GEAR UP services and activities, and I authorize the release of the information described above on behalf of my minor child. I certify that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

➔ Photographs and videos may be taken during activities and may be used for promotional purposes. All photographs and videos are the property of GEAR UP. If you do not want photographs/videos of yourself or your student publicized, please initial: Photo Release Denied _____

Mail application to: Casper College GEAR UP / Strausner Student Center, Rm 221 / 125 College Drive / Casper, WY 82601
If you have any questions, please contact the Casper College GEAR UP Office at (307) 268-2047