GEAR UP WYOMING

GEAR UP Wyoming Application

Gaining Early Awareness and Readiness for Undergraduate Programs

EASTERN WYOMING COLLEGE LANCERS

Student

WISER Number (if known): ____________ Current Grade Level in School: ○ 7th ○ 8th ○ 9th ○ 10th ○ 11th ○ 12th

School: ____________ Expected Graduation Date: ____________

Name (exactly as it appears on your school transcript):

First ____ Middle ____ Last ____ Nickname ____

Mailing Address:

Street # / PO Box ____ City ____ State ____ Zip Code ____

Home Phone: ____________

Email: ____________

Gender Identity: ○ Male ○ Female ○ Other ○ No Answer

Are you Hispanic or Latino/a? ○ Yes ○ No

Race: ○ American Indian or Alaska Native ○ Asian ○ Two or more races ○ Native Hawaiian or Pacific Islander ○ White ○ Unknown ○ Black or African American ○ No answer

Primary language spoken at home: ____________

Cell Phone: ____________

May we text or email you about GEAR UP? ○ Yes ○ No

Date of Birth: ____________

Are you in an English Language Learner (ELL/ESL) Program? ○ Yes ○ No

Do you have an Individualized Education Plan (IEP)? ○ Yes ○ No

Are you in foster care? ○ Yes ○ No

Are you experiencing homelessness? ○ Yes ○ No

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

Guardian

Guardian Contact Information #1

Name ____ Relationship ____

Home/Cell Phone ____ Work Phone ____ Email Address ____

Address (if different from student) ____

City ____ State ____ Zip Code ____

Guardian Contact Information #2

Name ____ Relationship ____

Home/Cell Phone ____ Work Phone ____ Email Address ____

Address (if different from student) ____

City ____ State ____ Zip Code ____

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, secondary and post-secondary academic transcripts, financial aid award information from post-secondary institutions, IEPs, standardized test scores, and free/reduced lunch status to GEAR UP Wyoming staff. I also understand that this information may be used by GEAR UP Wyoming staff for the purpose of referral to other state/federal educational programs and services for which I am likely eligible, including college-level student success services.

Student Signature ____________ Date ____

I, as the guardian, authorize the release of the information described above as required for the student to receive GEAR UP Wyoming services and participate in program activities. To the best of my knowledge, I certify that the above student and guardian information is true and correct.

Guardian Signature ____________ Date ____

Photographs and videos may be taken of GEAR UP Wyoming participants during activities and may be used for promotional purposes. All photographs and videos are property of GEAR UP Wyoming. If you do not want photographs or videos of yourself or your student published, please initial: ____

Eastern Wyoming College GEAR UP
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