



GEAR UP Wyoming Application

Gaining Early Awareness and Readiness for Undergraduate Programs



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 (landline): _____ Student Cell Phone: _____

Email: _____ May we text or email you about GEAR UP? Yes No

Gender Identity: Male Female Other No Answer Date of Birth: _____

Are you Hispanic or Latino/a? Yes No Are you in an English Language Learner (ELL/ESL) Program? 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 Do you have an Individualized Education Plan (IEP)? Yes No

Are you in foster care? Yes No

Are you experiencing homelessness? Yes No

Primary language spoken at home: _____ Do you participate in Upward Bound, Educational Opportunity Centers, or Educational Talent Search? Yes No

Guardian

Guardian Contact Information #1

Name _____ Relationship _____

Guardian Primary Phone _____ Work Phone _____ Email Address _____

Address (if different from student) _____

City _____ State _____ Zip Code _____

Guardian Contact Information #2

Name _____ Relationship _____

Guardian Primary 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: _____

Northern Wyoming Community College District
GEAR UP
1 Whitney Way
Sheridan, WY 82801-8201