



# GEAR UP Utah Application

Grant 4 School Year 2025/26



## 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 License (Photo, Video, and Audio) (the "License")

I do hereby grant GEAR UP Utah and Utah Valley University including their trustees, employees, agents, representative, assignees, and transferees ("Grantees"), to take photographs, video, and/or audio recordings of myself, including my name, image, likeness, performance, and/or voice ("Media"). I grant Grantees an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, distribute, and perform by means of a digital audio transmission the Media without compensation in any medium or format now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Media may be used by the Grantees for any purpose including but not limited to marketing, advertising, publicity, or other promotional purposes. I agree that Grantees will have final editorial authority over their respective uses of the Media, and I waive any right to inspect or approve of any future use of the Media. I acknowledge that I will not receive compensation for participating in the Media or for any future use of the Media. I release and fully discharge Grantees from any claim, damages, or liability arising from or related to Grantee's exercise of the rights granted hereunder.

## 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 to obtain information from school, district, state data sources, and YouScience 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 Aptitude 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 \_\_\_\_\_
- For the Media Release. I represent and warrant that I am the parent or legal guardian of the minor named above and that I have the legal right, power, and authority to consent to this License on behalf of the minor and myself; I hereby consent to and approve in all respects the terms and conditions of this License and the minor's execution of this License.  
Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

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