



Eligibility Verification

TRIO Upward Bound

Students in Upward Bound come from families where neither parent has earned a college degree or who will need financial assistance to pay for college. Approximately 70% of all Upward Bound participants must be members of traditionally underserved student groups (neither parent has earned a college degree and the student is moderate-income) while the remaining students must be one of those two or a student who is at high risk of academic failure).

PROGRAM ELIGIBILITY CRITERIA – CITIZENSHIP

- _____ My child is a United States citizen.
_____ My child is a Permanent Resident. (Alien Registration #: _____)
_____ My child is neither.

Parent/Guardian's Signature: _____ **Date:** _____

PROGRAM ELIGIBILITY CRITERIA – FIRST-GENERATION QUALIFICATION

My **father/guardian 1** highest education is...

- _____ Less than high school
_____ High school diploma
_____ GED
_____ Associate degree (2-year)
_____ Bachelor's degree (4-year)
_____ Graduate/Profession degree

My **mother/guardian 2** highest education is...

- _____ Less than high school
_____ High school diploma
_____ GED
_____ Associate degree (2-year)
_____ Bachelor's degree (4-year)
_____ Graduate/Profession degree

Parent/Guardian's Signature: _____ **Date:** _____

PROGRAM ELIGIBILITY CRITERIA – INCOME QUALIFICATION

The guideline to determine income status is set by the Federal Government. They define the term "moderate-income individual" as an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount. This information and the number of people in the household will determine if a student is income eligible.

Taxable Income is shown on parent(s)/guardian(s)' Income Tax Return – Form 1040 (example shown below). The yellow square shows the number of dependents in the household. This number plus parents is the number that should be written for persons in the household. The purple square is where Taxable Income is located.

Form 1040 Department of the Treasury—Internal Revenue Service (99) **2020** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Last name Your social security number
 If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
 Foreign country name Foreign province/state/county Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind

(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

2a	Tax-exempt interest	2a	b	Taxable interest	2b
3a	Qualified dividends	3a	b	Ordinary dividends	3b
4a	IRA distributions	4a	b	Taxable amount	4b
5a	Pensions and annuities	5a	b	Taxable amount	5b
6a	Social security benefits	6a	b	Taxable amount	6b
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here				7
8	Other income from Schedule 1, line 9				8
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income				9
10	Adjustments to income:				
a	From Schedule 1, line 22	10a			
b	Charitable contributions if you take the standard deduction. See instructions	10b			
c	Add lines 10a and 10b. These are your total adjustments to income				10c
11	Subtract line 10c from line 9. This is your adjusted gross income				11
12	Standard deduction or itemized deductions (from Schedule A)				12
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A				13
14	Add lines 12 and 13				14
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-				15

For Disclosure, Privacy Notice, and Paperwork Reduction Project, see separate instructions. See Form 1040-SS (2020)

The number of persons in the household: _____
 Taxable Income (line 11b on Form 1040): _____

By signing below I certify the information provided on this document is accurate.

Parent/Guardian's Signature: _____ Date: _____