





**CONFIDENTIAL INCOME CERTIFICATION** (to be completed by parent or guardian)

If TAXABLE Income was \$0, please indicate this by entering \$0. If you are providing information for two parents who file separately, please record the combined family size and taxable income.

If you filed a federal income tax return last year:

Tax Year \_\_\_\_\_

Total number of household members (claimed on tax form) \_\_\_\_\_

What was your TAXABLE INCOME (IRS 1040- line 15) \_\_\_\_\_

If no income tax returned was filed:

Type of Income	Case Number	Yearly Amount
Public Assistance	_____	_____
Social Security	_____	_____
Unemployment Comp.	_____	_____
Child Support Received	_____	_____
Other _____	_____	_____

Is the student eligible for Free and Reduced Meals at school? ( )Yes ( )No ( )Unsure

*I/We certify that the above income information is correct to the best of my knowledge and I/We understand that the information supplied will be kept confidential and is required by the United States Department of Education, the funding sources of the Upward Bound RMSC to determine eligibility.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Other Family Information:**

Please list the names of ages of the members of the applicant's household:

Name \_\_\_\_\_ Age \_\_\_\_\_      Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_      Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_      Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_      Name \_\_\_\_\_ Age \_\_\_\_\_

**Emergency Contacts (other than parent/guardian):**

Name \_\_\_\_\_      Name \_\_\_\_\_  
Relationship \_\_\_\_\_      Relationship \_\_\_\_\_  
Phone \_\_\_\_\_      Phone \_\_\_\_\_

# Upward Bound

## Regional Math/Science Center

Frostburg State University  
www.frostburg.edu/student-life/rmsc

101 Braddock Rd  
Frostburg, MD 21532  
1-800-646-6004  
Fax: 301-687-4207  
RMSC@frostburg.edu

### CONSENT FORM

Consent valid 01/01/2022 to 01/01/2034

**Student Name:** \_\_\_\_\_

#### PARENTS AND STUDENT MUST READ AND SIGN:

- Upon request, the Regional Math/Science Center may secure copies of any and all subsequent information and materials relative to the applicant's academic performance, including both high school and college/university transcripts and financial aid information. I (we) realize that the requested data is required by the US Department of Education of all current and former participants. I (we) understand that this consent form is good for 12 years.
- I (we) understand that a student participating in the Regional Math/Science Center will be engaged in certain educational and recreational activities, including but not limited to camping, hiking, canoeing, and initiative activities that come with the risk of physical injury. I (we) understand also that various field trips to off-campus locations may be taken under the supervision of the Regional Math/Science Center.

In consideration of participating in the Regional Math/Science Center, I (we) understand that Frostburg State University (the "University") shall, in no way, be deemed responsible for the operation, safety, and management of any means of transportation, public or private, or off-campus facilities used while participating in the Regional Math/Science Center. I (we) do myself, my heirs, and personal representatives, hereby defend, hold harmless, indemnify, and release the State of Maryland, the University, the Regional Math/Science Center, and all its officers, agents, and employees from and against all claims, demands, and actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my (our) participation in the Regional Math/Science Center.

- I (we) understand that all participants must have a physical examination before participating in the Regional Math/Science Center. I (we) understand that I (we) am solely responsible for determining whether the participant has any physical or mental limitations preventing him or her from participating in the Regional Math/Science Center. I (we) further understand that the University has no actual or constructive notice of any such limitation, and hereby release the State of Maryland, the University, and its officers, agents, and employees, from any liability arising from any injuries from such limitation.
- I (we) give consent for the participant to receive routine and/or emergency medical services (if needed) for the participant's entire enrollment period in the Regional Math/Science Center.
- I (we) understand that pictures of participants are routinely used in promotional and program materials such as newsletters, videos, web pages, calendars, etc. I (we) will indicate in writing if we do NOT want our child's picture used in such materials.
- I (we) understand that that the RMSC staff will be working with my student throughout the academic year and I (we) give permission for the staff to meet with my student at his/her home school.

**In signing this application, I (we) understand that my (our) son/daughter/ward is applying for the Regional Math/ Science Center, a year-round academic program which includes a multi-week summer residential program at Frostburg State University and an academic year component, and that my (our) child/ward is expected to participate in both components.**

- I (we) will supply income verification information.
- I (we) verify that I (we) have reviewed this application and the information given is correct to the best of my (our) knowledge.
- I (we) understand that information supplied in this application will be confidential and is required by the United States Department of Education, the funding source.

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

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

**Student Signature & Date** \_\_\_\_\_