

STUDENT APPLICATION



Contact Information:

Mailing Address:
CEOP Outreach-Upward Bound
400 Cornell Drive NE, UAEC Bldg., Suite 250
MSC06-3715
1 University of New Mexico
Albuquerque, NM 87131-0001

Phone: 505.277.3503

Fax: 505.277.3165

Physical Address:
CEOP- c/o Upward Bound
2nd floor of Student Services Center
Suite 250 on UNM Main Campus

Our Mission

The mission of the Upward Bound Program at the University of New Mexico is to offer rigorous academic support to college bound high school students.

The UNM Upward Bound Program is 100% funded through a grant from the U.S. Department of Education under the Higher Education Act of 1965.

What We Do

Upward Bound provides fundamental support to participants in their preparation for college entrance. The program provides opportunities for participants to succeed in their pre-college performance and ultimately in their higher education pursuits. All Upward Bound services are to assist participants in preparation for success in higher education. Upward Bound supports students socially, culturally, emotionally, and in college readiness

ELIGIBILITY

Students must have completed the 8th grade, be between the ages of 13 and 19, and have a need for academic support in order to pursue a program of postsecondary education. All students must be either from low-income families or be potential first-generation college students. The program requires that two-thirds of the participants in a project must be both low-income and potential first-generation students. The remaining one-third must be either low-income, first-generation college students, or students who have a high risk for academic failure.

SUBMIT YOUR APPLICATION:

- **Please seal the application in an 8 ½ by 11 envelope.**
- **Please address the envelope with the student's name, c/o Upward Bound 2015.**

Mail to:
CEOP Outreach-Upward Bound
400 Cornell SE MSC06- 3715
1 University of New Mexico
Albuquerque, NM 87131-0001

STUDENT INFORMATION

All information requested must be answered with complete accuracy. Please type or print in black or blue ink.

PART I: STUDENT NAME/ELIGIBILITY

Applicant Legal Full Name: _____
(last) (first) (middle)

Current Home Address: _____
(street)

(city) (state) (zip)

If different, Mailing Address: _____
(street/p.o. box)

(city) (state) (zip)

If applicable, Home Telephone Number: (____) _____ - _____ Cell/Mobile Number: (____) _____ - _____
 Work Telephone Number: (____) _____ - _____ E-mail: _____

Eligibility-US Status

- Are you a citizen of the United States? If yes, skip 2 & 3 and proceed to DATE OF BIRTH YES NO
- If no, are you a permanent resident of the United States? If yes, skip 3 and proceed to DATE OF BIRTH YES NO
- If no, are you in the United States for other than a temporary purpose?
 Please provide evidence from the Immigration and Naturalization Service of your intent to become a permanent resident. YES NO

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(MM/DD/YYYY) (city) (state)

If applicable, Permanent Resident #: _____ Date Issued: _____

If applicable, Immigrant Visa #: _____ Date Issued: _____

Social Security Number: _____ - _____ - _____ GENDER: MALE FEMALE

PART II: STATISTICAL INFORMATION

The University of New Mexico is required by Federal law to request this information for statistical reporting purposes. Your response is voluntary.

ETHNICITY: HISPANIC/LATINO (A): YES NO

RACE:
 AMERICAN INDIAN/ALASKAN NATIVE Tribal Affiliation: _____ ASIAN BLACK OR AFRICAN AMERICAN
 WHITE//CAUCASIAN NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

LANGUAGE:
 Primary language spoken at home: _____ Secondary language (if applicable): _____

Are you aware of any disabilities (learning, physical, emotional, etc.) for which you would need additional assistance? YES NO

SCHOOL INFORMATION

PART III: HIGH SCHOOL INFORMATION

You must attach a copy of your most recent transcript

HIGH SCHOOL CURRENTLY ATTENDING: _____
 OR FUTURE HIGH SCHOOL YOU WILL BE ATTENDING IN FALL 2017

CURRENT GRADE LEVEL: 8 9 10 11 12 **NEXT GRADE LEVEL:** 9 10 11 12

APS STUDENT ID# (not SSN): _____ **GRADUATING CLASS OF:** _____

CURRENT G.P.A (Grade Point Average): _____ **NAME OF SCHOOL COUNSELOR:** _____
 You must attach a copy of your most recent transcript

NAME OF SCHOOL ADVISOR: _____

Are you (student) participating in another college-preparatory program(s)? YES NO
 If so, please list program(s) _____

Are you (student) participating in any extra-curricular activities? YES NO
 If so, please list activities & days/times you meet _____

HAVE YOU EVER APPLIED TO UPWARD BOUND BEFORE? YES NO

DO YOU HAVE AN IEP OR 504 PLAN? YES NO
 IF YES, PLEASE ATTACH COPIES OF EITHER/EACH REPORT WITH THIS APPLICATION

DO YOU HAVE A NEXT STEP PLAN IN PROGRESS? YES NO
 ALL APPLICANTS MUST SUBMIT A COPY OF THEIR NEXT STEP PLAN OR SIGNED PROOF FROM YOUR ADVISOR AFFIRMING WHETHER OR NOT THEY ARE WILLING TO START ONE FOR YOU BEFORE THE LAST DAY OF SCHOOL. YOU MUST SUBMIT YOUR NEXT STEP PLAN TO UPWARD BOUND AS SOON AS ONE IS AVAILABLE TO YOU (see attached form).

STUDENT: **Are you currently working?** YES NO
If so, How many hours per week? _____
Where do you work? _____
What is your weekly work schedule like? _____

I certify that all the information contained in the UNM UB Application is true and correct:

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

FAMILY INFORMATION

PART IV: FAMILY INFORMATION

Student Name: _____ **Student's Social Security Number:** _____

Please complete and sign the form below NOTE: only the person who has legal custody of your child should complete this form. The information you provide is protected by the Privacy Protection Act. No one will see the information unless he/she works with or for the UNM Upward Bound Program or is specifically authorized to see the information.

To be completed by the parent or guardian claiming this applicant as a dependent on their 2016-1040 Income Tax Return form

GUARDIAN #1 (REQUIRED)

(Please initial "N/A" on each line that cannot be answered)

NAME: _____ **RELATIONSHIP:** _____
(last) (first) (MI)

MAILING ADDRESS: _____
(street/PO box) (city) (state) (zip)

BEST TELEPHONE NUMBER TO BE REACHED: (____) ____-_____

WHAT IS THE HIGHEST LEVEL OF EDUCATION COMPLETED?

Elementary Jr. High School High School GED | Some College 2-year college degree 4-year college degree

PLACE OF EMPLOYMENT: _____
(name of employer) (city) (state)

PREFERRED LANGUAGE: _____

OCCUPATION: _____ **Duration of Employment:** _____ **to** _____
(MM/YYYY) (MM/YYYY)

GROSS MONTHLY INCOME (before taxes): _____ **BUSINESS PHONE#:** (____) ____-_____

EMAIL ADDRESS: _____

Guardian # 1 Signature: _____ **Date:** _____

GUARDIAN #2 (OPTIONAL if you are not the legal guardian)

(Please initial "N/A" on each line that cannot be answered)

NAME: _____ **RELATIONSHIP:** _____
(last) (first) (MI)

MAILING ADDRESS: _____
(street/PO box) (city) (state) (zip)

BEST TELEPHONE NUMBER TO BE REACHED: (____) ____-_____

WHAT IS THE HIGHEST LEVEL OF EDUCATION COMPLETED?

Elementary Jr. High School High School GED | Some College 2-year college degree 4-year college degree

PLACE OF EMPLOYMENT: _____
(name of employer) (city) (state)

PREFERRED LANGUAGE: _____

OCCUPATION: _____ **Duration of Employment:** _____ **to** _____
(MM/YYYY) (MM/YYYY)

GROSS MONTHLY INCOME (before taxes): _____ **BUSINESS PHONE#:** (____) ____-_____

EMAIL ADDRESS: _____

I (we) certify that all the information contained in the "family information" form is true and correct:

Guardian #2 (Optional) Signature: _____ **Date:** _____

FINANCIAL INFORMATION

PART V: FINANCIAL INFORMATION

To be completed by the parent or guardian claiming this applicant as a dependent on the most recent tax year. Please use the table below as a guide for clarifying your economic eligibility for the Upward Bound Program.

- I (print) _____ by signing this document verify to fall within the U.S. Department of Health and Human Services Guidelines for a “low-income family”. Please circle the line that best describes your financial standing for the 2016 tax year.

Signature of Legal Guardian

Federal TRIO Programs Current-Year Low-Income Levels

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,090	\$22,590	\$20,790
2	\$24,360	\$30,435	\$28,005
3	\$30,630	\$38,280	\$35,220
4	\$36,900	\$46,125	\$42,435
5	\$43,170	\$53,970	\$49,650
6	\$49,440	\$61,815	\$56,865
7	\$55,710	\$69,660	\$64,080
8	\$61,980	\$77,505	\$71,295

For family units with more than eight members, add the following amount for each additional family member: \$6,270 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions; \$7,845 for Alaska; and \$7,215 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on January 31, 2017.

STUDENT ESSAY

PART VI: PERSONAL ESSAY

DIRECTIONS:

In a one-page essay, answer the following to guide your writing.

What are your goals after graduating high school?

How will Upward Bound assist you in achieving this goal?

What skills, experience, and knowledge can you share with others in Upward Bound?

Why would you like to be a member of UNM Upward Bound?

Your final essay will be evaluated for thoughtfulness of content and use of the appropriate formatting suggested above. Essays must be stapled to the back of this application and must include student's full name, current school, and grade level.

Responses should be

- Either hand-written / typed on a word-processor
- 12-point font
- Double-spaced
- On clean white paper

If you choose to hand-write your essay, it must be in blue or black ball-point ink, double-spaced, legible, and presented on clean, lined, white 8.5 x 11 ruled notebook paper. The margins must be clean and free of tears or frays.

STUDENT ELIGIBILITY CRITERIA

In order to be eligible for the Upward Bound Program students must meet one of the guidelines listed below. Please check all boxes if they apply.

- | | | |
|---|------------------------------|-----------------------------|
| • Student meets low-income criteria. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Either parents or guardians DO NOT possess a bachelor's degree. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Student has a high academic need. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Dear Teachers: Thank you for taking the time to complete this form. If no letter grade is available please provide comments on class participation, attendance and an overall assessment of the students' progress.

Name _____ ID#: _____ Grade: _____ Date: _____

Period	Course Name	Teacher Name	Current Grade	Absence(s)	Teacher's Signature	Comments (Use the comments code as needed)
0						
1						
2						
3						
4						
5						
6						
7						

Comment Code:

- | | | |
|---|---|--|
| 1. Does not complete assignments regularly | 8. Inattentive or loses focus frequently | 15. Great attendance |
| 2. Does not participate in discussions | 9. Disturbs class/always talking out of turn | 16. Team player, but also an effective contributing individual |
| 3. Does not seek help during tutorials | 10. Inconsiderate of others feelings, opinions and/or actions | 17. Other |
| 4. Loses too much class time due to absences or missing classes | 11. Wanders in and out of class without permission | |
| 5. Fails to follow directions/guidelines | 12. Lacks time management-sleeps, daydreams, not on task | |
| 6. Fails tests, quizzes and major project assignments | 13. Doing excellent work | |
| 7. Does not bring supplies to class | 14. Showing Improvement | |