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.
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
1. Are you a citizen of the United States?  If yes, skip 2 & 3 and proceed to DATE OF BIRTH  YES  NO
2. If no, are you a permanent resident of the United States?  If yes, skip 3 and proceed to DATE OF BIRTH  YES  NO
3. 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:  ______________________________________
(MM/DD/YYYY)  ________________________________
(PLACE OF BIRTH:  (city)  (state)

If applicable, Permanent Resident #:  ___________________________<br> Date Issued:  ___________________________________________<br>

If applicable, Immigrant Visa #:  __________________________<br> Date Issued:  ___________________________________________<br>

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  ☐ ASIAN  ☐ BLACK OR AFRICAN AMERICAN
☐ WHITE/CAUCASIAN  ☐ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

LANGUAGE:
Primary language spoken at home:  ___________________________<br> Secondary language (if applicable):  ___________________________<br>

Are you aware of any disabilities (learning, physical, emotional, etc.) for which you would need additional assistance?  YES  NO
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: ___________________________
PART IV: FAMILY INFORMATION

Please complete and sign the form below. 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: ____________________________________________

(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: ____________________________________________

(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?

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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 #2 (Optional) Signature: ____________________________________________

Date: ____________________________
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

<table>
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<tr>
<th>Size of Family Unit</th>
<th>48 Contiguous States, D.C., and Outlying Jurisdictions</th>
<th>Alaska</th>
<th>Hawaii</th>
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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.
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.

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. □ YES □ NO
- Either parents or guardians DO NOT possess a bachelor’s degree. □ YES □ NO
- Student has a high academic need. □ YES □ 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: _______________________

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<th>Teacher Name</th>
<th>Current Grade</th>
<th>Absence(s)</th>
<th>Teacher’s Signature</th>
<th>Comments (Use the comments code as needed)</th>
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Comment Code:

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