

UpwardBound Texas AYM University-Kingwille

Student Application

Students Name:	
Students Name.	

Students will not be considered for the Upward Bound program if the following documentation are not provided.

Documentation Check List

	_Complete Upward Bound Application
4	Provide a copy or your parents current tax records or other proof of income if a tax return was not filed
_/	Provide a copy of your current academic transcript and report card
	Complete Teacher Recommendation

• Only students with complete applications will be interviewed.



Upward Bound



Please print in ink or type. Answer all questions on the form or indicate "N/A" if not applicable. All information will be kept confidential and used only in determining your eligibility and admission to the CUB program.

1. Name:			
First	Middle	Last	
2. SS#:	3. Email address:		
4. High school currently attending:		5. Current grade	e level:
6. Phone:			
Home	Cell	Alternative	
5. Mailing address:	City	State	 Zip
6. Gender: □ M □ F 7. D	Pate of Birth:	8. Age	9:
9. Are you a U.S. citizen? ☐ Y ☐ N	If NO, are you a perman	ent resident? □ Y □ N	
10. Ethnic background: Hispanic	White (Caucasian)	African American	Other
11. Who do you live with?Mother &	Father Father M	other Guardian	Other
12. What language is spoken at home? _	English Spanish	Other	
13. What are two of your favorite school:	subjects?		
14. What grades do you usually make ov	verall? A's B's C's Below C		
15. What college or university do you pla	n to attend?		
16. What do you want to major in?			
17. What academic support or instruction	n to help prepare you for success in hi	gh school and college do you	ı need?
☐ Math ☐ Writing ☐ Reading ☐	☐ Science ☐ Social Studies ☐ Fore	ign Language □ Compute	er Literacy Study Skills
☐ ACT/SAT/THEA/PSAT Prep ☐ T/	AKS Prep		
RELEASE OF SCHOOL RECORDS -I at copies of my academic records, progress mandated testing scores and records, teat information will be used to meet federal rother person, corporation, organization, or	s reports, end of six weeks report card acher evaluations, and any, and all, fu egulations of program evaluation. Nor	s, complete and official high ture college transcripts and r	school transcripts, state records. This compiled
Student's Signature	 Dat	e	
Parent/Guardian Signature	 Da		

AUTOBIOGRAPHY

(This is an important part of the selection process and must be completed; use additional sheets if necessary. Write 3 to 4 sentences per question.)

HILDHOOD (Birth/Family/Home Life/Early Education)	
EEN YEARS (Education/Jobs/Interests/Hobbies/School, Church and Other Activities)	
	d
JTURE PLANS (Life Goals, Career Plans, Etc.)	
THER (Include Volunteer Work, Community Service, Other Interests If Not Included Above)	





Dear Parent/Guardian:

Your child has indicated an interest in the **Upward Bound (CUB) Program at Texas A&M University-Kingsville.** Upward Bound (UB) is a <u>free</u> college preparatory program for high school 9th and 10th grade students funded by the U.S. Department of Education. CUB is specifically designed to strengthen the academic skills of eligible high school students to excel academically and pursue postsecondary degrees after high school graduation.

Year-round services provided by UB include:

- Tutorial services during the academic school year to strengthen academic skills
- Workshops and seminars to enhance motivation to succeed in post secondary education
- A 6 week summer instructional component that is designed to simulate a college-going experience that includes daily coursework in core curriculum subjects as well as other related activities such as field trips and special events
- Academic advising from UB staff and individual assistance with the college admissions and financial aid application process during the academic school year

In order to comply with federal regulations, all UB participants must meet the following criteria:

- Indicate an interest in attending college
- Demonstrate academic need (low grades and/or low test scores)
- Qualify as Low Income and/or Potential First Generation College Graduate (neither parent has received a 4-year degree)
 Commit to remain active in UB until high school graduation

Please complete this application and return it to your child so that he or she may submit it to their counselor. All completed applications will be reviewed and eligible applicants will be contacted within 30 days for a **Student and Parent Interview** with program staff.

Thank you for your interest in the Upward Bound Program. Please call a UB staff member at (361) 593.4502 if you have any questions or need additional assistance.

Sincerely,

Valton Stinson II Assistance Director





PART III – UB Parent Application (To Be Completed by Parent/Guardian):

1. Student's Name:	First	Middle	Last
2. Child's Current School:		3. Child's Grad	le Level:
3. Mother/Guardian Name:			
4. Mother/Guardian Address:			
5. Mother/Guardian Phone:	Home	Cell	Work
6. Father/Guardian Name:			
7. Father/Guardian Address:			
8. Father/Guardian Phone:	Home	Cell	Work
9. Has either parent received a 4	year degree from a universe	ersity: Natural Mother - □ Yes □ No	Natural Father - □ Yes □ No
10. How many people live in you	r household as of today?		
11. What was your taxable inco	me for last year?		
Federal regulations require the you did not file income tax last	at verification of family i t year what type of inco	income must be submitted as part of me did you receive?	f the application /admission process. It
12. How much income did you re	eceive in Social Security la	ast year?	_
13. How much income did you re	eceive in Child Support la	st year?	
14. How much income did you re	eceive in Welfare (TANF//	AFDC) last year?	
15. How much income did you re	eceive in unemployment la	ast year?	
	re that the information pro	d. I certify that to the best of my knowled by the desired will be used to determine eligibile.	edge, the above information is complete, ity and that it is subject to external
Student Signature		Date	
Parent/Guardian Signature 1.21.15 ECA		Date	



Notice to Parent or Guardian:



Medical Attention Form

Occasionally there is a need for immed may know, hospitals will not administer medical	liate medical attention due to sudden illness or accidents. As your care unless they have parental consent.	ou
	ical or psychological attention or testing occur (clinic, dentist, X sent. Therefore, to assure proper care for you son/daughter, ple	
Student Signature	Date	
Statem	nent of Parental Consent	
-	epresentative of the program to sign in my place as needed for	ſ
medical or dental attention.	BOUND	
Parent/Guardian Signature	Date	





Teacher Recommendation for Student Participation in Upward Bound at TAMUK

Student:	School:		
Teacher:	School telephone number:		
Subject:	Current course grade:		
Length of time you have known this student:			
Upward Bound is a program designed to generate knowledge, skills, a should have the ability to succeed in post-secondary school even thou successful students. Please rate this student by circling the appropria 5- Strongly agree 4- Agree 3- Neither agree/disagree 2- Disag	ugh they may not now be demonstrating all of the characteristics of the response to these statements.		
Expresses interest in academic endeavors			
Demonstrates responsible behavior	1 2 3 4 5		
3. Relates well to peers	1 2 3 4 5 1 2 3 4 5		
Cooperates with school staff			
5. Is dependable and reliable			
6. Would benefit from supplemental academic support and services			
7. Needs expanded cultural awareness	1 2 3 4 5		
8. Would benefit from supplemental career guidance and informatic			
Has good attendance, and punctuality, record	1 2 3 4 5		
Completes work and assignments in a timely manner	1 2 3 4 5		
11. Will be successful in college endeavors	1 2 3 4 5		
12. Communicates openly with school staff	1 2 3 4 5		
Additional comments			
This is an important part of the student's application for Upward Bound	d. Please return to the counselor as soon as possible.		
Teacher Signature	Date		