Upward Bound Math & Science Center
Knowledge is Power…Realizing your Potential

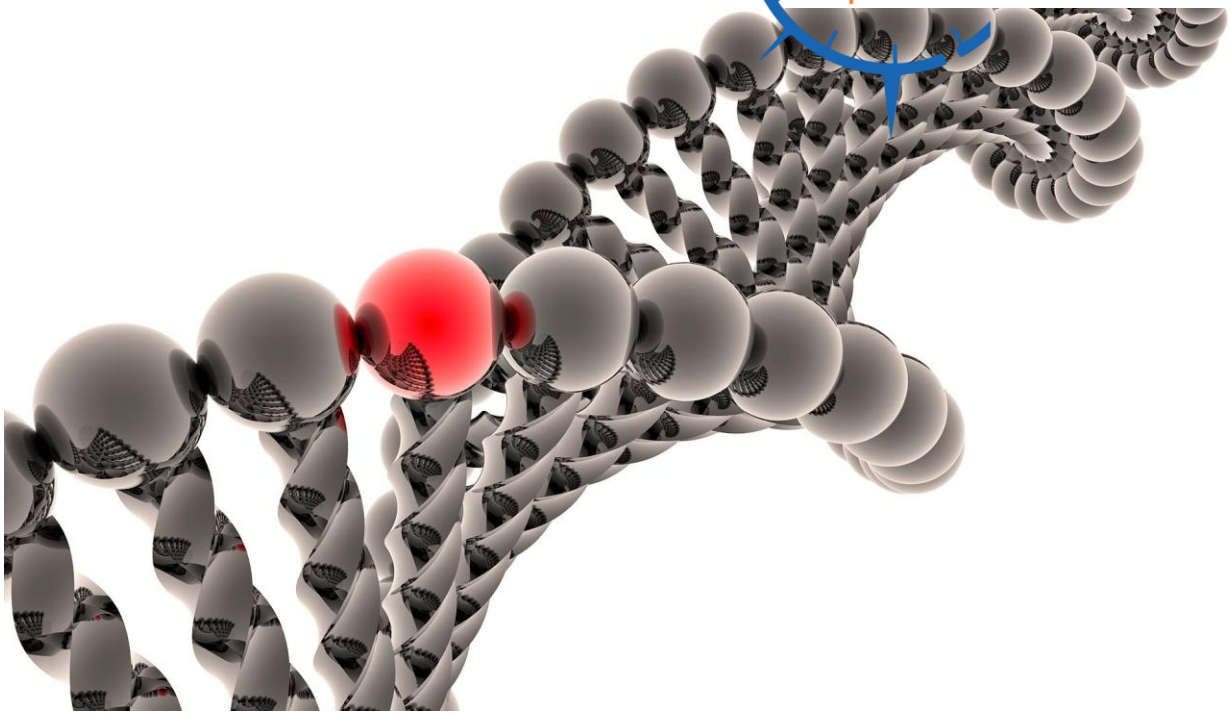
NEW PARTICIPANT APPLICATION & NEED ASSESSMENT PACKET

P. O. Box 19356
Arlington, Texas 76019
(817) 272-2636 or (800) 860-3592
Website: www.uta.edu/ubms
Email: ubms@uta.edu

Like/Follow us on: 'utaubms'

Cedar Hill / Desoto UBMS Program

UBMS
Upward Bound Math & Science



A 'New Participant' Application should include:

- Completed Application Form
- Student Autobiography *(one page)*
- Most Recent Income / Tax Information *(2025 or 2026)*
- Recommendation Forms *(online)*
- School Record Release Form
- Current Academic Information
  (Recent Grade Report, Transcript, Testing Results)
- Proof of Citizenship Information (Soc. Sec. card, RA card, Other)

Application Deadline: *As Specified*

THE UNIVERSITY OF TEXAS AT ARLINGTON

TRIO - UPWARD BOUND MATH & SCIENCE CENTER

Student Application

Received Date – Office Use Only

Social Security Number: _____ - _____ - _____

First Name: _____ Middle Name: _____ Last Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Home Phone: ( ) _____

Email Address: _____ Alt. Phone: ( ) _____

Classification (*check one*): ☐ 9th ☐ 10th ☐ 11th Gender *(check one)*: ☐ Male ☐ Female

CITIZENSHIP STATUS *(check one)*:

NOTE: If you are **1)** U.S. Citizen please submit a copy of your *Social Security Card* and *Birth Certificate (optional)*. **2)** If not a U.S. Citizen please submit a front and back copy of your *Resident Alien Card* or *proof of citizenship application*

_____ U.S. Citizen
_____ Permanent Resident Card # _____ Expiration date _____
_____ Applied for citizenship (*must provide a copy of the request*)

ETHNICITY *(check one):* Is the student Hispanic/Latino? ☐ Yes ☐ No

RACE *(check one):*

_____ American Indian / Alaskan Native _____ Asian or Asian American
_____ Black or African American _____ White
_____ Native Hawaiian / Other Pacific Islander _____ Other, *specify* _____

PERSONAL INFORMATION *(fill in all information)*:

High School I.D. Number: _____ *(if available)* Estimated **G**rade **P**oint **A**verage [on **4 point scale**]: _____

What is your current ranking (as of the current date): _____ out of _____ *[9th grade applicants exempt]*

Which endorsement area being pursued for graduation *(see counselor)*: _____

Student Cell Phone: ( ) _____ Adult T-shirt size (S-3X): _____
Write *'n/a'* if none

CURRENT HIGH SCHOOL INFORMATION:

Target School *(check)*: ○ Cedar Hill HS ○ Cedar Hill Collegiate ○ Desoto HS

Counselor's Name: _____ Direct #: ( ) _____

Counselor's Email Address: _____

Need Assessment

MATH & SCIENCE COURSES: List course(s) you are currently taking for *(Include if class is IB, Pre-AP or AP)*

Math: _____ Science: _____

ACTIVE INVOLVEMENT:
Please indicate activities that you are presently involved in at your high school and within your local community.

Activity Name (include any honors / awards / leadership position)

Athletics / Band _____
Clubs (i.e. Key Club, Science, FCA) _____
Community Service _____
Competitions (i.e. UIL, Robotics, MSE) _____
Performing/Visual Arts _____
ROTC _____
Work / Employment _____
Other _____
Other _____

ACADEMIC AND CAREER GOALS:

Please answer the following questions in your own words. Your response to these questions will help us assess your goals and aspirations. *Give answers in complete sentences where applicable; we are interested in learning more about you.*

Please indicate your desired **Career Goal** here: _____

What are your **future** hopes and plans, and how would you better your community? _____
_____
_____
_____
_____
_____

After completing high school what are your **plans** *(check one)*:

_____ Enroll in a 4-year College/University
_____ Attend a 2-year Junior/Community college
_____ Join the military (Army, Navy, Air Force, etc.)
_____ Enter a Vocational-Tech school
_____ Work
_____ Undecided

Of the **services** provided by the UBMS program, please indicate which you are interested in: *(check all that apply)*

☐ Academic & Career Advisement
☐ Career Exploration
☐ College Entrance Exam Preparation
☐ College Admission & Financial Aid
☐ Mentoring from MSE Professionals
☐ Scientific Research Experiences
☐ Cultural Enrichment
☐ Academic Instruction and Tutorials
☐ Leadership Development

TRIO AFFILIATION:

Are you a *current* or *past participant* of a **TRIO** program ***(check all that apply)***? _____ Yes _____ No

_____ Gear Up _____ Talent Search _____ Upward Bound _____ Upward Bound Math & Science

---------- *(Complete A-C only if indicated 'Yes' above)* ----------

Please provide the following:

A. What year did you start the program? _____

B. Name of TRIO Program *(Include school name)*: _____

C. Director/Coordinator: _____ **Phone**: ( ) _____

Autobiography

Please submit a **TYPED ONE-PAGE PERSONAL AUTOBIOGRAPHY** about yourself using the guidelines and tips below. The purpose of your autobiography is to learn more about you and assess your needs in the program. The autobiography **must** be attached on a separate sheet of paper in order for your application to be considered complete.

AUTOBIOGRAPHY TIPS:

1. DO NOT wait until the last minute to write your autobiography.
2. Write your first draft.
3. Correct mistakes and review your draft.
4. Put your draft aside for 24 hours and then read it again.
5. Make corrections in sentence construction, grammar, punctuation, and spelling.
6. If possible, let someone read and evaluate your draft.
7. Type your final draft and print a copy to be included with your UBMS application.
8. Your final draft should be only one page single spaced, standard font.

AUTOBIOGRAPHY CONTENTS & OUTLINE:

Answer these topics for each paragraph in your written autobiography.

Paragraph I: Introduce yourself. Tell us about your family. Are you are the oldest, youngest, or somewhere in between? Share how many brothers and sisters, etc. Include information about your place of birth, your family, and/or your home life. Include anything else you feel that's important to know about you.

Paragraph II: Talk about school and academics. Describe some of your experiences, and your achievements in and out of the classroom. Are you satisfied with your current grades? If not, what factors have contributed to your low grades? What are you doing to improve your grades? Do you have any special talents or hobbies? Discuss your extracurricular activities? In what way are you involved in the activity?

Paragraph III: Why College? Discuss your reasons for wanting to go to college. What are your career interests (for example: biology, computer science, engineering, medicine, etc.)? What are some steps you have taken to prepare yourself for college? [You might mention a person who has influenced you to go to college.] Why are you interested in a college education? What other interests do you have?

Paragraph IV: Why UT Arlington UBMS. This is your chance to clearly state why you should be selected to be a participant in UBMS. How will UBMS help you achieve your goals academically, personally or for a future career? Include your ability to participate in the program during the year through graduation.

---------- SAVE A COPY OF YOUR AUTOBIOGRAPHY FOR YOUR RECORDS ----------

Parent's Section (To be completed by the parent or guardian)

PLEASE PRINT OR TYPE INFORMATION & SIGN WHERE INDICATED

Student lives with ***(Check ALL that apply)*****:
_____ Father _____ Mother _____Stepparent _____Grandparent _____ Other, specify _____

Please indicate the legal guardian(s) of the student: _____

Father or Male Guardian *(Parent 1)*
Name: _____

Employer/Occupation: _____

Email: _____

Work Phone: ( ) _____

Mother or Female Guardian *(Parent 2)*
Name: _____

Employer/Occupation: _____

Email: _____

Work Phone: ( ) _____

EDUCATION:**

(Check all that apply)	***Father / Male Guardian***		***Mother / Female Guardian***	
	Attended	Completed	Attended	Completed
Elementary				
High School				
2-year College/University				
4-year College/University				

INCOME VERIFICATION**

NOTE: Eligibility for UBMS is partially dependent upon household income, we must request this information. A student's application cannot be considered without verification of income. *Answer ALL QUESTIONS below.*

Please provide a copy of your most recent tax form with the student listed.

➔ Who **claims the student** as a dependent on their tax return? _____

➔ What was your most recent **Taxable Income** (*1040-line 15*)? $_____

➔ Number of **Persons** in Household: _____

If you did not or will not file a tax return, you must complete an *Income Substitute form* to verify household income.

- Does the student qualify/participate in **free or reduced school lunch**? _____ Yes _____ No
- Is the family receiving **SNAP/TANF or Food Stamps**: _____ Yes _____ No? If yes, case # _____

➔ Do you need an ***Income Substitute Form***? _____ Yes _____No *(required if needed as proof of income)*

****I certify that the information provided on this application is accurate & complete to the best of my knowledge. I also agree to provide any documentation necessary to verify information reported on this form.****

_____ _____
Student Name (Please Print) Student Signature Date

_____ _____
Signature of Father / Male Guardian Date Signature of Mother / Female Guardian Date

THANK YOU-PLEASE SUBMIT THE COMPLETED FORM TO:

UT Arlington TRIO - Upward Bound Math & Science Center - P.O. Box 19356, Arlington, Texas, 76019

NOTICE: You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

SCHOOL RECORDS RELEASE FORM

NOTE TO THE STUDENT / PARENT:

The University of Texas at Arlington Upward Bound Math & Science Center is required to follow the performance and progress of our participants through their secondary and postsecondary career. This form will be mailed to high school and college registrars allowing our program staff to receive copies of your school records for tracking and reporting purposes. This form as dated below will serve as the only records release form valid from the date signed until completion of your postsecondary education.

NOTE TO HIGH SCHOOL AND COLLEGE REGISTRARS:

The University of Texas at Arlington Upward Bound Math & Science Center is mandated by the U.S. Department of Education to follow the progress of program participants through their secondary and postsecondary career. This form as dated below is the only release form to be used by our program. Due to the transient nature of students it is nearly impossible to seek annual updates of this form. The signatures below indicate that they realize this form will be used for many years in the future during and after they complete our college preparatory program. Thank you for honoring our request for information.

STUDENT/FAMILY AGREEMENT:

I understand that as part of The University of Texas at Arlington Upward Bound Math & Science Center selection process, my child's school records (including transcripts, report cards, financial aid status, standardized test scores and academic progress reports) may need to be examined by Upward Bound Math & Science staff. I also understand that the Upward Bound Math & Science Center will continue to require this information throughout the duration of my secondary and postsecondary careers.

I hereby give permission to the University of Texas at Arlington Upward Bound Math & Science Center to request the following information from my child's high school or institution of postsecondary education at this time or anytime in the future as needed and extend its validity from the date signed until completion of their postsecondary education:

1.) School Records
2.) Standardized Test Scores
3.) Report Cards/Transcripts
4.) Student's status and performance with the institution
5.) Student's Financial Aid information and status
6.) Student's current mailing address and phone number

_____ _____
Father/Legal Guardian Name (Please Print) Father/Legal Guardian Signature Date

_____ _____
Mother/Legal Guardian Name (Please Print) Mother/Legal Guardian Signature Date

_____ _____
Student Name (Please Print) Student Signature Date

Student's Current High School: _____
Name Full Physical Address

NOTICE: You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

Applicant,
In order to complete your application these individuals must provide information regarding you.

Recommendations must be received from your:

1) *High School Counselor,*
2) *Current Math Teacher, and*
3) *Current Science Teacher*

Your recommenders must submit information online and you do not have to anything further.
***Detach the information below, print your name on each box,* and give to your teachers/counselor.**

Please remember, recommendations must be received by the deadline in order to be considered.

Detach here

High School Counselor Recommendation

_____ is submitting an application to the *UT Arlington Upward Bound Math & Science Program (UBMS)* – a college preparatory program. We would appreciate your promptness in providing information to assist us in considering their application.

To provide student recommendation & ratings **go to**: **https://utaedu.questionpro.com/AppCounselor**

If you have difficulty with the online recommendation, please contact us so that we can assist with your submission.
Tel 817.272.2636, Fax 817.272.2616, Email: **ubms@uta.edu**

Math Teacher Recommendation

_____ is submitting an application to the *UT Arlington Upward Bound Math & Science Program (UBMS)* – a college preparatory program. We would appreciate your promptness in providing information to assist us in considering their application.

To provide student recommendation & ratings **go to**: **https://utaedu.questionpro.com/AppTeacher**

If you have difficulty with the online recommendation, please contact us so that we can assist with your submission.
Tel 817.272.2636, Fax 817.272.2616, Email: ubms@uta.edu

Science Teacher Recommendation

_____ is submitting an application to the *UT Arlington Upward Bound Math & Science Program (UBMS)* – a college preparatory program. We would appreciate your promptness in providing information to assist us in considering their application.

To provide student recommendation & ratings **go to**: **https://utaedu.questionpro.com/AppTeacher**

If you have difficulty with the online recommendation, please contact us so that we can assist with your submission.
Tel 817.272.2636, Fax 817.272.2616, Email: **ubms@uta.edu**