



**New Participant Application  
& Needs Assessment Packet**

UNIVERSITY OF TEXAS  ARLINGTON

LOCAL PROGRAM



**2011-12 UPWARD BOUND  
MATH & SCIENCE CENTER  
STUDENT APPLICATION**

LP

Please submit the following items along with your completed application:

- A Copy of your Social Security Card or Resident Alien Card
- A Copy of your Parent's Most Recent 1040 Tax Forms with the Student Listed
- Completed Recommendation from your Counselor, Math & Science Instructors
- A Copy of your Current Grades & Transcript with your most recent TAKS Scores
- Completed School Record Release Form

**I. PERSONAL INFORMATION**

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Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

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First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

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Number and Street / P.O. Box Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Classification  8th  9th  10th      Gender  Male  Female

My Overall Grade Point Average (GPA)

4.00 or above     3.99 - 3.50     3.49 - 3.00     2.99 - 2.00     1.99 or lower     Not Available

Indicate your GPA scale       4 point       5 point       Other, *specify* \_\_\_\_\_

Current Class Ranking \_\_\_\_\_ out of \_\_\_\_\_

**II. CITIZENSHIP STATUS**

- U.S. Citizen      Please submit a copy of your Social Security Card
- Not an U.S. Citizen      Please submit a front and back copy of your Resident Alien Card
  - Permanent Resident      Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_
  - Applied for Citizenship (must provide copy of the request)

**III. ETHNICITY**

- Native American / Alaskan Indian     Caucasian     Hispanic or Latino (Mexican or other heritage)
- African American     Asian     Other, *specify* \_\_\_\_\_

**IV. CURRENT HIGH SCHOOL INFORMATION**

Name of High School		Phone Number	Fax Number
Number and Street		City	State Zip Code
Counselor's Name		Counselor's Direct Number	Counselor's Email Address

**V. CURRENT COURSE WORK**

Math Class:    Algebra I    Geometry    Algebra II    Pre-Cal    Other \_\_\_\_\_

Science Class:  IPC    Biology    Chemistry    Physics    Other \_\_\_\_\_

**VI. EXTRACURRICULAR ACTIVITIES**

Indicate the activities that you are currently involved in at your high school or within your community.

<input type="checkbox"/> UIL Competition	_____	_____
<input type="checkbox"/> Athletics/ Band	_____	_____
<input type="checkbox"/> Clubs	_____	_____
<input type="checkbox"/> Work	_____	_____
<input type="checkbox"/> Others	_____	_____
	Activity Name	Days of the Week/ Time of Activity

**VII. ACADEMIC AND CAREER GOALS**

Please answer the following questions in your own word. Your response to these questions will help us assess your strengths and weaknesses.

Indicate your desired Career Goal: \_\_\_\_\_

List any Special Interest or Hobbies that you have: \_\_\_\_\_

How can the UT Arlington Upward Bound Math & Science Center help you to achieve your goals in respect to academic, career aspiration and/or your personal achievement?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate the service Upward Bound Math Science can provide you as a participant (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Academic & Career Advisement      | <input type="checkbox"/> Scientific Research Experiences  |
| <input type="checkbox"/> Career Counseling & Exploration   | <input type="checkbox"/> Cultural Enrichment              |
| <input type="checkbox"/> College Entrance Exam Preparation | <input type="checkbox"/> Academic Instruction & Tutorials |
| <input type="checkbox"/> College Admission & Financial Aid | <input type="checkbox"/> Scholarship Information          |

**VIII. SUMMER PREPARATIONS**

Indicate the Sport you like to participate in during the summer     Basketball     Softball     Volleyball

My level of experience with the selected Sport     Beginner     Intermediate     HS JV     HS Varsity

My T-shirt Size     Small     Medium     Large     X-Large     2X-Large

Indicate the UIL Competition you would like to participate in this summer     Calculator Application

Current Events     Dictionary Skills     Duet Acting     Headline Writing     Impromptu Speaking

Mathematics     Number Sense     Poetry Interpretation     Science     Social Studies

**X. PARENT'S INFORMATION - TO BE COMPLETE BY THE PARENT OR GUARDIAN**

Student lives with (check all that apply)

- Father     Mother     Stepparent     Grandparent     Other, specify \_\_\_\_\_

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Name of Father/ Male Guardian

Name of Mother/ Female Guardian

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Employer

Employer

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Work Number

Work Number

**XI. PARENT'S EDUCATION - TO BE COMPLETE BY THE PARENT OR GUARDIAN**

	Father/ Male Guardian		Mother/ Female Guardian	
	Attended	Completed	Attended	Completed
Elementary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 year College/ University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 year College/ University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**XIII. INCOME VERIFICATION - To Be Complete by the Parent or Guardian**

Eligibility for UBMS is partially dependent upon family income, therefore we must request this information. A student's application can not be considered without verification of income.

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

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First Name	Last Name	Relationship
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**Please provide a Copy of your Most Recent Tax Form with the student listed.**

If you did not or will not file a tax return, you must complete a W-2 Substitute form to verify family income.

Do you need a W-2 Substitute Form?  Yes  No

Does the student qualify/ participate in free or reduced school lunch?  Yes  No

Is the family receiving TANF or Food Stamps?  Yes  No

From your most recent Federal Income Tax Form (showing student as a dependent), what was your Taxable Income (as indicated on 1040-line 43, 1040A-line 27, 1040EZ-line 6)?

Taxable Income \$ \_\_\_\_\_

Number of Dependents (exemptions) claimed: \_\_\_\_\_

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

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Student Name	(Please Print)	Student Signature	Date
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Signature of Father/ Male Guardian	Date	Signature of Mother/ Female Guardian	Date
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THANK YOU - PLEASE SUBMIT THE COMPLETED APPLICATION TO  
 UT Arlington Upward Bound Math & Science Center - P.O. Box 19356, Arlington, TX 76019  
 Tel: (817) 272-2636 Fax: (817) 272-2616 Website: <http://www.uta.edu/ubmathsci>

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 section 552.021, and 559.004 of the Texas Government Code.