A ‘New Participant’ application should include:

- Completed Application Form
- Student Autobiography
- Recommendation Forms
- Income / Tax Information
- Current Academic Information (Recent Grade Report, Transcript, Testing Results)
- Proof of Citizenship Information  (SS, RA card, Other)
- School Record Release Form

Application Deadline: November 21, 2014
Student Application

Social Security Number: _______ - _______ - _______

First Name: ________________________ Middle Name: ____________ Last Name: _______________________

Permanent Address: ________________________________________________________________

City: __________________________ State: _____________ Zip Code: _______________

Date of Birth: _____________________________ Phone: (           ) ___________________________

Email Address: _____________________________________ Alt. Phone: (           ) ____________________

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

CITIZENSHIP STATUS (check one):

NOTE: If you are a U.S. Citizen please submit a copy of your Social Security Card. If you are not a U.S. Citizen please submit a front and back copy of your Resident Alien Card.

_____ 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):

Overall Grade Point Average (Unweighted) on [4 point scale] is: _______ (see counselor if not known) ☐ Not available

What is your current ranking (as of the current date): _______ out of _______ [Not applicable for freshman applicants]

Student Cell Phone: (            ) _________________________ Adult T-shirt size (S-3X): _______________

CURRENT HIGH SCHOOL INFORMATION:

Name of High School: ____________________________________________________________________

Address (including city, state and zip code): __________________________________________________

Phone Number: (            ) _________________________ Fax Number: (            ) _________________________

Counselor’s Name: _________________________________ Direct #: (            ) _________________________

Counselor’s Email Address: ________________________________
MATH & SCIENCE COURSES: List course(s) you are currently taking for *(Include if 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 / skills earned)*

- Athletics / Band
- Clubs *(i.e. Key Club, Science Club)*
- Community Service
- Performing/Visual Arts
- ROTC
- Competitions *(i.e. Math, Science)*
- Work / Employment
- 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 hope 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
- ______ Enter a Vocational-Tech school
- ______ Attend a 2-year Junior/Community college
- ______ Work
- ______ Join the military *(Army, Navy, Air Force, etc.)*
- ______ Undecided

Indicate the services you feel the UBMS program can provide you as a participant: *(check all that apply)*

- ☐ Academic & Career Advisement
- ☐ College Admission & Financial Aid
- ☐ Cultural Enrichment
- ☐ Career Exploration
- ☐ Mentoring from MSE Professionals
- ☐ Academic Instruction and Tutorials
- ☐ College Entrance Exam Preparation
- ☐ Scientific Research Experiences
- ☐ Leadership Development
TRIO AFFILIATION:
Are you a current or past participant of a TRIO program (check all that apply)? ______ Yes ______ No
______ Talent Search ______ Upward Bound ______ Upward Bound Math & Science
What year did you start the program? _____________________

Please provide the following:
Name of TRiO Program (include school name): _____________________________________________________
TRiO Director/Advisor: _____________________________________ 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.

AUTOBIOGRAPHY CONTENTS & OUTLINE:
Answer these topics for each paragraph in your written autobiography.

Paragraph I: Introduce yourself. Tell us about your family. Are you 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? 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: medicine, computer science, biology, 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. What other education programs have you been a participant? If none, tell us why. How will UBMS help you achieve your goals academically, personally or for a future career? This is your chance to clearly state why you should be selected to be a participant in UBMS.

-------------------------- 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
Name:  _____________________________________  Employer:  ___________________________________
Occupation:  _________________________________
Work Phone: (             ) _________________________

Mother or Female Guardian
Name:  _____________________________________  Employer:  ___________________________________
Occupation:  ___________________________________
Work Phone: (             ) _________________________

EDUCATION:

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<th>(Check all that apply)</th>
<th>Father / Male Guardian</th>
<th>Mother / Female Guardian</th>
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<tr>
<td>4-year College/University</td>
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INCOME VERIFICATION

Because eligibility for UBMS is partially dependent upon family 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 Taxable Income (1040-line 43, 1040A-line 27, 1040EZ-line 6)? $________________________
 ➔ Number of Dependents (exemptions) claimed: __________________________

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

 o Does the student qualify/participate in free or reduced school lunch? _____ Yes _____ No
 o Is the family receiving TANF or Food Stamps? _____ Yes _____ No? If yes, case # ____________________________
 ➔ Do you need a W-2 1040 Substitute Form? _____ Yes _____ No

**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.