

TRiO-Upward Bound

Eastern New Mexico University-Roswell

P.O. Box 6000 Roswell, NM 88203

(575)624-7205 or (575)624-7206

Website: www.roswell.enmu.edu/studentoutreach

Program Director: Daniela.garcia@roswell.enmu.edu

Program Specialist: Nayeli.melendez@roswell.enmu.edu

Upward Bound – A college-based program of academic instruction, individual tutoring and counseling for low income high school students, most of whom are the first generation of their families to consider post-secondary education.

During the summer, Upward Bound students are involved in an intensive academic study program with an emphasis on English, mathematics, science, reading, writing and a foreign language at the college campus. Students begin the program with a battery of tests to determine their strengths and weaknesses. The summer phase of the year-round Upward Bound program runs six weeks. During the academic year, Upward Bound students receive academic counseling, tutoring and counseling after school and on Saturdays. Program counselors closely monitor the progress of each student throughout high school.

For more information contact your high school counselor or call the Upward Bound Office at the Eastern New Mexico University Roswell campus at (575)575-624-7185.

Application Check List

Instructions: Student applicants please take out (separate) and use this page as a check off list to keep track of necessary items to turn in. The last two pages should be taken out and given to school or community members who will write a recommendation for you.

NOTE: There are several forms that are in duplicate. Please complete all pages including duplicates.

Please check each item as you complete them.

___ Parents' 1040 or 1040A Income Tax Return for previous year

___ High School Transcript (a copy, see H.S. counselor for help)

___ Social Security Card (copy)

___ Application (this packet)

___ 2 Reference letter forms (in packet)

___ Student Contract (done with parent, student and UB staff upon interview)

___ Remind your high school counselor to send in your completed recommendation form.

REMINDER

All of the items requested above must be complete in our office. You are able to submit an incomplete application although those student applicants that complete their application will have first consideration. If your application is incomplete you are still expected to complete the missing items within a reasonable period.

Student Application for Admission

Each question must be answered for this application to be processed. When you have completed this application, please return it to your high school counselor or return it directly to Upward Bound.

1. Name: _____
Last First Middle

2. Date of Birth: _____ 3. Age: _____ 4. Sex: Male ___ Female ___

5. Ethnic Background: Hispanic ___ Black ___ White ___ Asian ___
American Indian ___ Other _____

6. Are you a U.S. Citizen? _____ 7. Social Security No. _____
(attach a copy of your card)

8. Mailing Address: _____
City State Zip

Physical Address: _____
(if different from above)

9. Two (2) telephone numbers where you can be contacted:
Home: _____ Other: _____
(mom/dad/mine/other) circle 1 (mom/dad/mine/other) circle 1

10. High School now attending: _____

11. Present Grade: _____ Counselors Name: _____

12. Father's Name: _____ Occupation: _____
Father's Address, if different than yours _____
Employer: _____ Employer Address: _____

13. Mother's Name: _____ Occupation: _____
Mother's Address, if different than yours _____
Employer: _____ Employer Address: _____

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14. Who do you live with? Mother & Father ____ Single Parent ____
Other ____

15. Full Name of Guardian: _____

Relationship: _____

Address: _____

City

State

Zip

16. Occupation of Guardian: _____

Employer: _____ Employer Address: _____

17. Parent's Education Level: Write the highest grade complete for each parent.
(example: eighth grade, if college, first of second year; A.A/B.A./M.A. Degree)

Father: _____ Mother: _____ Guardian: _____
(if not your mother/father)

18. Please list every person living in your home including yourself:

#	Name	Age	Relationship to you
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

If additional space is needed, please attach a page and continue with next family member.

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19. People financially supported by your parent(s) or guardian who are **not** living in your home:

#	Name	Address
1		
2		
3		
4		
5		

20. Has an older brother or sister participated in the Upward Bound program?

Yes ___ No ___ If yes, when: _____ Where: _____

21. Number of brothers/sisters who: Are currently attending college: _____

Attended college, but dropped out: _____ graduated from college: _____

22. Upon graduation from high school, what are your plans? _____

23. List in order of preference, your career interest

(1) _____ (2) _____

24. Why are you interested in participating in Upward Bound? _____

25. In what extra-curricular activities do you participate in throughout the school year (including athletics)?

(1) _____ (2) _____

(3) _____ (4) _____

26. Will you have any difficulty attending Upward Bound Student Meetings

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Saturday mornings (8:30am-1:00pm)? No _____ Yes _____

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27. Check any of the following that your family receives:

Food Stamps _____

AFDC _____

Social Security Benefits _____

SSI _____

Veteran's Benefits _____

NOTE:

Verification will be requested for any of the above which you receive.

Who referred you to Upward Bound? _____

Please check to see if this application is true, correct and complete!

Signature of Applicant

Date



Transcript and Academic Information Release Form



I, _____, am a student enrolled in the Upward Bound Program at Eastern New Mexico University-Roswell. I hereby give my permission to the Upward Bound staff to visit with my instructors, obtain information concerning my academic progress and to receive copies of my grades/transcript. This also includes future inquiries into my postsecondary progress.

I understand that it is required for both my future high school academic and post-secondary progress. I understand it is my right to be able to cancel this release of information form at any time by me and/or my parent through a written note to Upward Bound and the high school.

Student Signature

Parent Signature

Date

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Medical Consent Form

Dear Parent/Guardian:

Your son/daughter is below the legal age of consent (18 years). The law requires that we have your permission to give medical services should the need arise. Your signature on this consent form will authorize us to proceed with the care of the lesser types of medical problems may occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions.

Name of student: First _____ Middle Intl. _____ Last _____
Address _____ City _____ State _____ Zip _____
Date of Birth (mo/day/yr) _____

Does your child have any severe problems we should know about to seek accommodation (for example; asthma, allergy to drugs, heart trouble, epilepsy, physical handicaps, etc.)?
Please specify:

Should there be any limits in his/her physical activity? If so, what are they?

At the present time, is he/she under a doctor's care Yes ___ No ___ If yes, for what?

If yes what is the doctor's name and address? _____

Is this student covered by medical insurance Yes ___ No ___ If yes, what kind? _____

Policy # _____ Telephone _____

When was the last time the student had a complete examination?

Date _____ Doctor's Name _____

Address _____ Telephone _____

I hereby authorize the performance of medical examinations and necessary treatments (including tests, X-Rays, drugs, etc.) as may be deemed advisable or necessary by the physician in attendance. This consent shall be in the period of time that my son/daughter is enrolled as a student in Upward Bound. If an emergency arises requiring a major surgical procedure, the project will attempt to reach me and to be guided by my wishes, but if I cannot be reached, I authorize the attending physician to act as medical judgment dictate.

CONTACT INFORMATION

Parent/Guardian Name _____

Telephone _____ Address _____

In case of emergency, person to contact if parent/guardian cannot be reaches:

Name _____ Telephone _____

Address _____

What relationship is the above person to this student _____

Parent/Guardian Signature

Date of Consent

Parent Permission and Room Check Authorization Form

I have been informed as to the goals and objectives of project Upward Bound. I understand that the program is a two to four-year program depending on when I am accepted into the program. My son/daughter has agreed to attend Saturday morning sessions at ENMU-R as scheduled. I also understand that my son/daughter will be expected to attend the six-week summer session at ENMU-R during the summer. I give my permission for the Upward Bound personnel to do periodic room checks during any overnight fieldtrip to ensure my son/daughter is not in violation of program policies. I understand that some of the Upward Bound activities will occur off campus, and I give my son/daughter permission to participate in such activities under the supervision of Upward Bound personnel.

I hereby give permission for my son/daughter to join ENMU-R Project Upward Bound and I will encourage my son/daughter's participation in the program by insuring attendance in the scheduled sessions and activities.

Parental Signature

Date

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ENMU-Roswell Upward Bound Community, School and Personal Reference

Student: _____ Date: _____

High School: _____

Please indicate with a circle your evaluation of each student. (These evaluations will help to make recommendations for students. Your comments will be greatly appreciated and will be kept confidential).

Popularity	Tolerated	Accepted by others	Well-liked	Sought after
Courtesy	Little concern for others	Some concern	considerate	Well mannered
Leadership	Satisfied to follow	Sometimes leads	Most often leads	Marked Ability
Appearance	Careless	Variable	Neat	Well Groomed
Responsibility Dependability	Somewhat dependable	Usually dependable	Conscientious	Highly dependable
Initiative	Needs prodding	Does ordinary work	Self-starter	Highly enterprising
Usage of Time	Wasteful	Average	Above Average	Industrious
Cooperation	Submissive	Average cooperation	Follows groups	Usual cooperation
Integrity (Honest)	Questionable at times	Average	Dependable-Reliable	Highly Satisfactory
Personality	Shy	Reserved	Friendly-Outgoing	Exuberant
Motivation (Drive)	Vacillating	Usually Purposeful	Effectively Motivated	Highly Motivated
Emotional Adjustment	Easily Depressed	Over Emotional	Usually Well Balanced	Well Balanced
Scholastic Ability	Below	Average	Above Average	Superior

I (__ would, __ would not) recommend enrollment of the student in the program based on the goals and objectives as I understand them. (Optional Question)

Additional comments that may be helpful: _____

Signature: _____ Duration of Relationship: _____ Title: _____

(Optional) mail to:

ENMUR Upward Bound Program
P.O. Box 6000
Roswell, NM 88202-6000

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