ATTENTION STUDENTS!
DO YOU WANT TO GO TO COLLEGE?

University of Texas at El Paso

TRiO UPWARD BOUND CAN HELP!

The UTEP Upward Bound Program is a FREE PROGRAM designed to help low income / first generation high school students prepare for college. It provides academic, technical, cultural, social and leadership skills development. Some additional benefits include:

- ACADEMIC INSTRUCTION & CULTURAL EVENTS
- CAREER AWARENESS
- COLLEGE ENTRANCE EXAM PREP
  - ACT, SAT, TSI
- REGIONAL & STATE COLLEGE VISITS
- ASSISTANCE WITH COLLEGE ADMISSIONS
- MONTHLY STIPEND AND MORE!

For more information, contact:
Dave Castillo (El Paso District) at (915) 747-6429 | Lillian Diosdado (Ysleta District) at (915) 747-5840
Fax: (915) 747-8879
Univeristy of Texas at El Paso - Upward Bound Program
Application Checklist

Dear UTEP Upward Bound Applicant and Parents,

Application packets must be complete in order to confirm applicant’s eligibility to participate in the program by submitting the required items on the checklist below.

You can fax, scan/email or mail in these documents using the included self-addressed envelope.

Please use the checklist below to make sure your application packet is complete:

☐ COMPLETE APPLICATION – DO NOT LEAVE ANYTHING BLANK (Included)

☐ COPY OF PARENT’S MOST RECENT INCOME TAX FORMS - OR

☐ COPY OF CURRENT FOOD STAMP, TANF or SOCIAL SECURITY (if applicable)

☐ TEACHER RECOMMENDATION FORM (included)

☐ 8th GRADE or MOST RECENT TRANSCRIPT (contact your counselor or registrar)

☐ 8th GRADE or MOST RECENT STAAR SCORES (contact your counselor or registrar)

☐ COPY OF MOST RECENT REPORT CARD

Once your file is complete and program eligibility is confirmed, we will schedule a student/parent interview to proceed with the admissions process. At this interview, please bring a copy of the student’s birth certificate and social security card for application verification.

If you have any questions or need more details about the admissions process, please contact us.

Dave Castillo
Program Coordinator: El Paso District
(915) 747-6429 | davcastillo@utep.edu

Lilian Diosdado
Program Coordinator: Ysleta School District
(915) 747-5840 | lavilla3@utep.edu

Fax: (915) 747-8879
Do not leave any blanks unanswered. Please refer to Application Checklist for required documents needed to complete your application packet. We will contact you when your application packet is complete.

STUDENT INFORMATION:

1. LAST NAME: __________________________ FIRST NAME: __________________________ MIDDLE __________________________

2. DATE OF BIRTH: _______ / _______ / _______ AGE: __________

3. RACIAL/ETHNIC BACKGROUND: __________
   □ Hispanic □ Native American □ Asian
   □ African-American □ Anglo □ Other

4. SEX: □ Male □ Female

4. WHO DO YOU LIVE WITH?
   □ Mother & Father □ Father □ Mother □ Legal Guardian/Relationship to student: ______________

5. EMAIL ADDRESS: __________________________________________

6. MAILING ADDRESS: __________________________________________
   City: __________________________ State: __________________________ Zip Code: __________________________

7. HOME PHONE #: __________________________ CELL NUMBER#: __________________________
   EMERGENCY CONTACT: Name: __________________________ Phone Number: __________________________
   Relationship to the student: __________________________

8. HIGH SCHOOL ATTENDING: __________________________ School ID: __________________________
   Grade: __________________________ Expected Graduation Date: __________________________

9. CAREER INTERESTS: 1. __________________________ 2. __________________________ 3. __________________________

10. LIST YOUR EXTRA CURRICULAR ACTIVITIES: __________________________
    __________________________

11. DO YOU HAVE PLANS TO GO TO COLLEGE/UNIVERSITY? □ YES □ NO

12. T-SHIRT SIZE: □ Small □ Medium □ Large □ XL □ 2XL □ 3XL

I hereby affirm that all information contained in this application is true to the best of my knowledge.

STUDENT SIGNATURE: __________________________ DATE: __________________________
13. PARENT(S)’ OR LEGAL GUARDIAN’S INFORMATION:

Parent/Guardian 1: ____________________________

Relationship to student: ______________________

Cell Phone #: ________________________________

Employer: __________________________________

Work Phone #: ________________________________

Email: ______________________________________

4-Year College Degree: □ YES □ NO If yes:

University attended: __________________________

Degree earned: __________ Date: ______

Parent/Guardian 2: ____________________________

Relationship to student: ______________________

Cell Phone #: ________________________________

Employer: __________________________________

Work Phone #: ________________________________

Email: ______________________________________

4-Year College Degree: □ YES □ NO If yes:

University attended: __________________________

Degree earned: __________ Date: ______

14. IS YOUR CHILD A US CITIZEN? □ YES □ NO

If NO, what is their Permanent Resident Alien Registration Number: __________________________

15. WHAT IS THE PRIMARY LANGUAGE SPOKEN AT HOME? __________________________

16. PLEASE LIST EVERY PERSON LIVING IN YOUR HOME: (Attach additional page if necessary)

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<th>Name</th>
<th>Age</th>
<th>Relation to student</th>
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17. INCOME VERIFICATION:

_______ PARENT(S)/GUARDIAN(S) DID FILE 2017 FEDERAL INCOME TAX RETURNS.

(Please attach a photocopy of your SIGNED 1040EZ, 1040A, or 1040 Federal Income
Tax Return – Submit ONLY Page 1 and Page 2)  

_______ PARENT(S)/GUARDIAN(S) DID NOT FILE 2017 FEDERAL INCOME TAX RETURNS.

(Please REQUEST the UTEP Upward Bound Income Verification form)

I certify that the above parental education level and income information are current and accurate to the best of my
knowledge and that my child is a US Citizen.

PARENT/GUARDIAN SIGNATURE: __________________________ DATE: __________
University of Texas at El Paso – Upward Bound Program
Teacher Recommendation form

Dear Student: Give this form to your **English, math, science or social studies teacher** and ask them to please fill out so you can return with your application packet. As a courtesy to your teacher, you should complete your personal information and sign & date the form.

******************************************************************************
Student Name: ________________________________ Address: __________________

(first)          (last)          (number)          (street name)

City: ___________ Zip Code: ___________ Home Phone: ______________________

School: ___________________________ Student Classification: ______________

Teacher Name: ___________________________ Subject: ___________ Length of time you have known student: ___________

******************************************************************************

Upward Bound is a program designed to generate knowledge, skills and motivation for success in post secondary school. Participants should have the ability to succeed in post secondary school even though they may not now be demonstrating all of the characteristics of successful students.

Please rate this student by circling the appropriate response to these statements.

1-Strongly agree  2-Agree  3-Neither agree/disagree  4-Disagree  5-Strongly disagree

1. Expresses interest in academic endeavors _____________________________ 1 2 3 4 5
2. Demonstrates responsible behavior _________________________________ 1 2 3 4 5
3. Relates well to peers _____________________________________________ 1 2 3 4 5
4. Cooperates with school staff _________________________________________ 1 2 3 4 5
5. Is dependable and reliable __________________________________________ 1 2 3 4 5
6. Would benefit from supplemental academic support and services _____ 1 2 3 4 5
7. Needs expanded cultural awareness _________________________________ 1 2 3 4 5
8. Would benefit from supplemental career guidance and information ___ 1 2 3 4 5
9. Has good attendance/punctuality record _____________________________ 1 2 3 4 5
10. Will be successful in college endeavors _____________________________ 1 2 3 4 5

Additional comments: __________________________________________________

SIGNATURE of Teacher: ___________________________ DATE: ___________

This form is required to complete student’s application packet.
Please return to student as soon as possible. Your assistance is greatly appreciated.