

The University of Texas
Rio Grande Valley™

UPWARD
BOUND

The University of Texas Rio Grande Valley
Upward Bound Program - Edinburg

1407 E. Freddy Gonzalez
CESS Building 1.500
Edinburg, Texas 78539

Program Director, Petra Lopez-Vaquera
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(956) 665-2596 • Fax (956) 665-2453

Application Package

APPLICANT CHECKLIST

Before returning this application form, please review the APPLICANT CHECKLIST. All supplementary documents must be submitted to be considered for admission. Incomplete applications will not be evaluated.

- COMPLETE STUDENT APPLICATION
- TWO TEACHER RECOMMENDATION FORMS
- CURRENT INCOME TAX FORM 1040 (COPY PAGE 1&2)/INCOME STATEMENT
- CURRENT REPORT CARD
- CURRENT TRANSCRIPT
- STAARS SCORES
- COPY OF BIRTH CERTIFICATE

Please submit COMPLETED applications to:

Mission High School

Mrs. De Anda, MHS Counselor, Counselors Office
Miss Carla Salinas – UB College Readiness Specialist

Edcouch High School

Mrs. Tanguma, North Campus Counselor, North Campus Library
Ms. Jennifer Soto – UB Program Coordinator

J. Economedes High School

Ms. Marissa Guerra Financial Aid Specialist, Financial Aid Room 123
Mr. Andres Chavez, UB College Readiness Specialist

NOTE: Please allow 2-3 weeks for processing.
Once all application documents have been received,
an Upward Bound staff member will contact you with further information.

Application Due Date: March 29th

*Upward Bound Staff will be collecting applications from 8am – 1pm at their respective
Locations at target schools.

STUDENT APPLICATION

Name (Last, First, MI)			Date of Birth	
Mailing Address			City, State, Zip	
Home Phone	Cell Phone	Cell Phone Provider (company)	Email	
High School		Grade Classification	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Graduation Plan: <input type="checkbox"/> Recommended <input type="checkbox"/> Distinguished		High School ID#:	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other:			Permanent Resident? <input type="checkbox"/> Yes, A# _____	
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify:			
Have you had or are there any brothers or sisters enrolled in Upward Bound? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently an Educational Talent Search participant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Shirt size (select one): <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL				
Extra-Curricular Activities Do you participate in any extra-curricular school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Activity (Band/Sports/Clubs)	In what capacity?		Do you meet on Saturday?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Individuals with disabilities wishing to acquire this application in an alternative format should contact the Upward Bound office at (956) 665-2596.

The University of Texas Rio Grande Valley is committed to providing equal opportunity to all persons seeking employment, or access to its programs facilities, or services without regard to race, religion, color, sex, disability, age, veteran status, national origin, or sexual orientation.

Student Signature: _____ Date _____

2019-2020 UB PARENT RELEASE (To be completed by parent/legal guardian)

Student name: _____ School: _____ Grade: _____

Name of Mother/Legal Female Guardian:	Name of Father/Legal Male Guardian:
Mother/Legal Female Guardian mailing address:	Father/Legal Male Guardian mailing address:
Mother/Legal Female Guardian home phone number:	Father/Legal Male Guardian home phone number:
Mother/Legal Female Guardian cell phone number:	Father/Legal Male Guardian cell phone number:
Mother/Legal Female Guardian employer/occupation:	Father/Legal Male Guardian employer/occupation:
Mother/Legal Female Guardian work phone number:	Father/Legal Male Guardian work phone number:
Mother/Legal Female Guardian e-mail address:	Father/Legal Male Guardian e-mail address:

With whom does the student live?

Mother and Father Father only Mother only Legal Guardian Other: _____

Name of legal Guardian if the student does not live with a parent: _____

Has either parent received a 4-year degree from a college or university? Yes No

Total Number in household _____

INCOME INFORMATION

Please attach a SIGNED copy of your current U.S. Income Tax Form/income statement (if you do not file) in order to verify annual taxable income.

PARENT CERTIFICATION

My son/daughter has permission to apply for the UTRGV UB program. If selected he/she will be allowed to participate in all phases to the program. This includes 9 Saturday classes during the academic year and a six (6) week summer program during their Sophomore, Junior and Senior years of high school. I also hereby certify that my family income and all information as stated in the application for participation in the UB program is true and correct.

WEB RELEASE

I give permission to the UTRGV UB program to display photo of myself and/or my son/daughter on the UB newsletter and other publicity materials.

HB 1922 RELEASE

With few exceptions, you are entitled, on your request, to be informed about the information UTRGV collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UTRGV correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The Information that UTRGV collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et/ seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

RELEASE OF STUDENT INFORMATION

(In compliance with the family education rights and privacy act of 1974) I request that a transcript of my grades, and any other records required, be released from _____ High School and made available upon request to UTRGV or the UB program for enrollment and/or financial aid purposes.

I certify that the information provided on this form is true and complete to the best of my knowledge.

Parent Signature

Date

CONSENT OF RELEASES FOR ACADEMIC RECORDS

Student Name _____ Student ID _____

High School _____

I, hereby, give permission for The University of Texas Rio Grande Valley Upward Bound Program to obtain any and all of my academic records including high school Student Permanent Records and all future college transcripts and records.

I understand that these records may contain identifying data, grade reports, high school and future college transcripts, test scores, immunization records, and teacher evaluation. Parent or student may examine a copy upon request.

I understand that these records will only be used by the project on an individual basis. I also understand that compiled records on a group basis may include any and all of these records. Compiled information will be used to meet federal regulation of program evaluation.

None of my identified, individual records will be released to any person, corporation, organization, nor present or future employer.

Student Signature

Date

Parent Signature

Date

Parent Signature

Date

STUDENT RECOMMENDATION FORM

The Upward Bound Program is federally funded and designed to assist high school students develop their potential for success in a post-secondary institution.

Student Name	High School	Grade Level
Person making recommendation	Position	Business Phone

In what capacity have you known or worked with this student?

How long have you known this student? _____ year(s) _____ month(s)

Please write a general evaluative statement about the student and include any type(s) of academic needs he/she is to overcome in order to prepare for college. (Feel free to use reverse side or another page.)

From the student's educational data and history, it is my professional opinion that the student would benefit from assistance in the following areas:

- | | | |
|---|--|--|
| <input type="checkbox"/> Academic tutoring | <input type="checkbox"/> Cultural Enrichment | <input type="checkbox"/> Increased Motivation |
| <input type="checkbox"/> Self-Image Improvement | <input type="checkbox"/> College Orientation | <input type="checkbox"/> Individual Counseling |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Career Search | |

Signature _____ Date _____

Student application will not be complete without recommendation forms, please fax to our office at (956) 665-2453.