Dear Parent:

We are excited that your child is interested in applying for the Upward Bound Program at South Plains College!

**Upward Bound is...**

- A FREE program to help students prepare for college, funded by the U.S. Department of Education.
- It provides the skills and motivation students need to be successful in college.
- Students receive academic, personal, and cultural opportunities.
- Our program serves 70 students from Levelland, Littlefield, Brownfield, Morton, Smyer, Sundown, and Whiteface.

**How does your child qualify?**

- First generation (neither parent has a 4 year degree) and/or meet low-income criteria.
- Students must be a citizen or national of the US, a permanent resident of the US, or provide evidence of his or her intent to become a permanent resident.
- All students must have the desire and motivation to go to college, but must also have a need for academic support and/or assistance.

**How does it work?**

The Upward Bound program has three main components:

1. Tutoring - during academies & summer
2. Saturday Academies - Once a month from September to May.
3. Summer Residential Program - Students live on the South Plains College campus for five weeks to participate in intensive academic and personal growth activities.

Students will need your help to complete this application. Please complete in ink and print clearly. Only complete applications will be considered for acceptance in the Upward Bound Program at South Plains College, so please don't wait until the last minute to turn it in! Students who meet the grant qualifications will be asked to come in for an interview with their parent/guardian. If you have any questions, please call our office at: 716-2653. We look forward to meeting you!
Querido padre:
¡Estamos emocionados de que su hijo/a esté interesado en nuestro programa de Upward Bound en South Plains College!

**Upward Bound es ...**
- Un programa GRATUITO para ayudar a los estudiantes a prepararse para la universidad, financiado por el Departamento de Educación de EE. UU.
- Upward Bound proporciona las habilidades y la motivación que los estudiantes necesitan para tener éxito en la universidad.
- Los estudiantes reciben oportunidades académicas, personales y culturales.
- Nuestro programa sirve a 70 estudiantes de Levelland, Brownfield, Morton, Whiteface y Whitharral Sundown, Smyer, Littlefield

¿Cómo califica su hijo?
- Primera generación (ninguno de los padres tiene un título de 4 años) y / o cumple con los criterios de bajos ingresos.
- Los estudiantes deben ser ciudadanos o nacionales de los EE. UU., Residentes permanentes de los EE. UU. O proporcionar evidencia de su intención de convertirse en residente permanente.
- Todos los estudiantes deben tener el deseo y la motivación para ir a la universidad, pero también deben necesitar apoyo académico y / o asistencia.

¿Como funciona?
El programa Upward Bound tiene tres componentes principales:

1. Tutoría durante las academias de Sabado y program de verano.
2. Academias los Sábados: una vez al mes de Septiembre a Mayo.
3. Programa residencial de verano: los estudiantes viven en el campus de South Plains College durante cinco semanas para participar en actividades intensivas de crecimiento académico y personal.

Los estudiantes necesitarán su ayuda para completar esta solicitud. Por favor complete con pluma e escriba claramente. Solo las solicitudes completas serán consideradas para aceptación en el Programa Upward Bound en South Plains College, así que no espere hasta el último minuto para entregarlas. Los estudiantes que cumplan con los requisitos de elegibilidad se les pedirá que vengan para una entrevista con sus padres/tutores. Si tiene alguna pregunta, llame a nuestra oficina al: 716-2652. ¡Será un placer conocerle.
Application for Admission

Name: ___________________________ Grade: __
School: __________________________

Submit to your counselor by-
Priority Deadline: ASAP

Use this checklist to make sure your application is complete. Only complete applications will be considered for acceptance in the SPC Upward Bound Program.

☐ Student and Family Information
☐ Contact Sheet-completed
☐ First Generation Documentation form-form is completed & signed
☐ Income Verification-completed form and attached income tax return
☐ Release of Information form-parent & student have signed and dated
☐ Media Release form-completed & signed
☐ Interest Essay-completed.
☐ Upward Bound Self-Needs Assessment
☐ Consent to a minor’s medical treatment form-completed & signed
☐ Proof of meningitis vaccination-attached copy of shot record.
☐ Teacher Counselor Recommendations
Please Complete in INK
STUDENT & FAMILY INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street/P.O. Box</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/guardian Cell Phone:</th>
<th>Student’s Cell Phone:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Social Security #:</th>
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<table>
<thead>
<tr>
<th>Are you a U.S. citizen?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ethnicity:</th>
<th>Black or African American</th>
<th>American-Indian or Alaskan Native</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>Native Hawaiian or Pacific Islander</td>
<td>Asian</td>
</tr>
<tr>
<td>other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Prefer not to say/Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shirt Size (for UB shirts):</th>
<th>S</th>
<th>M</th>
<th>L</th>
<th>XL</th>
<th>2XL</th>
<th>3XL</th>
<th>4XL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Do you have any brothers or sisters that were Upward Bound participants?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/guardian language of choice:</th>
<th>English</th>
<th>Spanish</th>
<th>Other</th>
</tr>
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<tr>
<th>(for interview and contact purposes)</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>I live with:</th>
<th>Mom</th>
<th>Dad</th>
<th>Other</th>
</tr>
</thead>
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<table>
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<tr>
<th>List relationship to you if you selected other:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Grade (circle):</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Gmail:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Do you plan to attend college?</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If yes, what college(s)? Major?</th>
<th>YES</th>
<th>NO</th>
<th></th>
</tr>
</thead>
</table>

Please answer the following: | YES | NO |
|--------------------------------|-----|----|

<table>
<thead>
<tr>
<th>I live in a single parent home</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>I am a parent</th>
<th></th>
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<table>
<thead>
<tr>
<th>My family receives public assistance (free/reduced lunch, food stamps, etc.)</th>
<th></th>
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</table>

<table>
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<tr>
<th>I am a ward of the court.</th>
<th></th>
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<table>
<thead>
<tr>
<th>My parent’s or guardian’s educational level is less than high school completion</th>
<th></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>I am the first sibling to plan to attend college.</th>
<th></th>
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</thead>
</table>
## EMERGENCY CONTACT SHEET

Please provide three emergency contacts and their information. Emergency contacts will be able to sign out students from Upward Bound program as well.

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN CONTACT:</th>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELATIONSHIP TO STUDENT:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOME PHONE:</td>
<td></td>
<td>WORK PHONE:</td>
</tr>
<tr>
<td>CELL PHONE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMAIL ADDRESS:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT:</th>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELATIONSHIP TO STUDENT:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOME PHONE:</td>
<td></td>
<td>WORK PHONE:</td>
</tr>
<tr>
<td>CELL PHONE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMAIL ADDRESS:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDITIONAL EMERGENCY CONTACT:</th>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELATIONSHIP TO STUDENT:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOME PHONE:</td>
<td></td>
<td>WORK PHONE:</td>
</tr>
<tr>
<td>CELL PHONE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMAIL ADDRESS:</td>
<td></td>
<td></td>
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</tbody>
</table>
INCOME VERIFICATION

Federal regulations require that verification of family income must be submitted as part of the application/admission process for Upward Bound. Before the student can be considered for participation, we must have a signed copy of your 2023 income tax form. Students who meet low income and 1st generation status will be given priority for participation/acceptance. All information will be kept strictly confidential.

If you were not required to file income taxes for tax year 2023 contact the Upward Bound office for alternate income verification procedures.

Federal TRIO Programs Current-Year Low-Income Levels
(Effective January 19, 2023 until further notice)

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>48 Contiguous States, D.C., and Outlying Jurisdictions (taxable income-line 15 on Form 1040)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,870</td>
</tr>
<tr>
<td>2</td>
<td>$29,580</td>
</tr>
<tr>
<td>3</td>
<td>$37,290</td>
</tr>
<tr>
<td>4</td>
<td>$45,000</td>
</tr>
<tr>
<td>5</td>
<td>$52,710</td>
</tr>
<tr>
<td>6</td>
<td>$60,420</td>
</tr>
<tr>
<td>7</td>
<td>$68,130</td>
</tr>
<tr>
<td>8</td>
<td>$75,840</td>
</tr>
</tbody>
</table>

FIRST GENERATION DOCUMENTATION

Please complete for parent which student is living with:

Mother/Guardian Name: ____________________________________________________________

☐ Have graduated from a 4-year University and obtained a Bachelor’s degree from that institution.
☐ Have not graduated from a 4-year University and/or obtained a Bachelor’s degree from that institution.

_______________________________________________
Mother/Guardian Signature

Father/Guardian Name: ____________________________________________________________

☐ Have graduated from a 4-year University and obtained a Bachelor’s degree from that institution.
☐ Have not graduated from a 4-year University and/or obtained a Bachelor’s degree from that institution.

_______________________________________________
Father/Guardian Signature

Office Use Only

Dual Low-income only First-generation only Staff Initial Date:
The Upward Bound Program at South Plains College is funded by the U.S. Department of Education. As such, determining student eligibility for program services as well as tracking and reporting on student progress is a federal requirement.

To assist the Upward Bound Program at South Plains College in its compliance with reporting requirements, I authorize the program to:

- Secure necessary records, report cards, assessment information and scores (e.g. STAAR, SDAA, LDAA, ACT), education plans (i.e. IEP) and other student information from junior high and high schools that the student has attended, currently attends, or may attend in the future, as well as other educational agencies, pertaining to his/her past, current and future progress.

- Release confidential information to post-secondary educational institutions for admission and educational planning purposes.

- Secure necessary records, including financial aid information, transcripts, degree plan, and expected graduation date from any postsecondary institution the student decides to attend in order to track postsecondary progress.

This is to certify that all information given by me is true and correct to the best of my knowledge. I understand that I am giving my permission for the program to collect the above-mentioned information prior to, during and for a period of four years after participation in the program. I understand all of my records will be kept in confidence and in accordance with the Privacy Act of 1974.

Parent/Guardian Signature ___________________________ Date __________

Student Signature ___________________________ Date __________
MEDIA RELEASE FORM

________________________________________
PRINT Name of student

I (we), ____________________________ and ____________________________ of

________________________________________
City State Zip Phone Number

do hereby state that I am (we are) the parents (s) and/or legal guardian (s) having legal
custody of the above-named minor, age __________, born __________________________ who
resides with me (us) at the above address.

I (we), do hereby consent and agree that the Upward Bound Program at South Plains College
has the right to utilize photographs, video, and/or audio of the above named minor (and/or
property) and to use these for the South Plains College Upward Bound Program Website and or
promotional materials. I do hereby release to the South Plains College Upward Bound Project
all rights to exhibit student work publicly or privately, including posting it on the Upward Bound
Program Website. I waive any rights, claims or interests I may have to control the use of my
identity or likeness in the photographs, video, or audio, and agree that any uses described
herein may be made without compensation or additional consideration of me. I further consent
that the name and identity of the above named minor may be revealed therein or by descriptive
text or commentary.

I represent that I have read and understand the foregoing statement and am competent to
execute this agreement.

________________________________________
Print Name of Parent/Guardian

________________________________________
Signature of Parent/Guardian

________________________________________
Date
APPLICANT’S NAME

APPLICANT’S SIGNATURE

In a minimum of 200 to 300 words tell us the following: 1) About you and your family 2) About your educational goals 3) Why you want to be in Upward Bound 4) Why you need the services provided by Upward Bound 5) What contributions you will make to Upward Bound 6) Why you are willing to make a commitment to the Program. You may handwrite your essay on the lines provided, or you may type it and attach it to this page.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Upward Bound Self-Needs Assessment

NAME: ____________________________

Please answer each question with either A, B, C, or D. (Don’t leave any blank)
A. Not Really
B. Kind of Need
C. Need
D. Really Need

1. I need to hand in homework on a more consistent basis.
2. I need to get better grades in school.
3. I need to learn the importance of good grades.
4. I need to learn how to take better notes.
5. I need to develop stronger study habits.
6. I need to learn test-taking strategies.
7. I need to learn to reduce test-taking anxiety.
8. I need learn how to manage time so that personal, academic, and extra-curricular activities are balanced.
9. I need to develop time management skills.
10. I need to learn how to read a text book more effectively
11. I need to develop a better attitude towards learning.
12. I need guidance in selecting academic courses.
13. I need to learn how courses relate to my career plans.
14. I need to enroll in more college—prep courses.
15. I need to know high school graduation requirements.
16. I need to listen more effectively in class.
17. I need to learn how to ask classroom questions that are clear and get the answers I want.
18. I need to communicate more effectively with teachers.
19. I need to learn how to interact more effectively with teachers.
20. I need to have better relationships with teachers.
21. I need to know about my strengths and weaknesses.
22. I need to understand what I can realistically achieve.
23. I need to know my interests, abilities and other traits.
24. I need to better understand how my interests and abilities relate to possible career choices.
25. I need to know more about possible careers and the work world.
26. I need to talk to those in my interest area.
27. I need to know how to apply/interview for a job.
28. I need to explore jobs related to my interests.
29. I need to be aware of the employment outlook in my areas of interest.
30. I need to talk to a counselor about career plans.
31. I need to have my parents involved in my career plans.
32. I need develop a flexible career plan.
33. I need to learn more about financial aid for college.
34. I need to become more aware of educational opportunities after high school.
Upward Bound Self-Needs Assessment

NAME: __________________________

Please fill out each question with either A, B, C, or D. (Don’t leave any blank)

A. Not Really
B. Kind of Need
C. Need
D. Really Need

35. I need to learn about college admission requirements.
36. I need to understand the college application process.
37. I need to decide which type of post-secondary institution to attend.
38. I need to experience more cultural activities.
39. I need to more familiar with those of other cultures.
40. I need to understand, accept, and like myself more.
41. I need to develop more self-confidence.
42. I need to better understand who I am.
43. I need to understand how my feelings affect my behavior.
44. I need to accept my physical appearance.
45. I need to be a better listener and respond better to others.
46. I need to better understand adults.
47. I need to be more accepting of others.
48. I need to know how to get along with members of the opposite sex.
49. I need to develop friendships with both sexes.
50. I need to set goals in my life.
51. I need to learn more about the use and abuse of drugs and alcohol.
52. I need to understand the changing roles and expectations of men and women.
53. I need to accept greater responsibility for my actions.
54. I need to learn how to make decisions.
55. I need to learn how to evaluate my decisions.
56. I need to learn better problem solving techniques.
57. I need to learn how my education level relates to my income level.
58. I need to learn about checking and/or savings accounts.
59. I need to learn about a budget.
60. I need to learn about credit and/or credit cards.
61. I need to learn how to overcome obstacles.
Has your child received the Meningitis Vaccination?

Yes ☐ No ☐

Please provide proof of vaccination, must include the date of vaccination, or complete the exemption form.

Acceptable forms include:
- an official shot record
- an official school record or
- a physician’s note.

New State Mandate Effective January 1, 2012

Pursuant to SB 1107 recently enacted by the State of Texas, all entering students enrolling at South Plains College starting Spring 2012 must provide proof that the meningitis vaccination was administered at least 10 days prior to the first day of the term. Vaccinations must have been received or renewed within the last 5 years. Please attach proof to your application.

CONSENT TO A MINOR’S MEDICAL TREATMENT (Texas Family Code, § 32.002)

Minor’s Name:

Parents’/ Guardian’s Name:

Relationship To Minor:

If I cannot be contacted, or if contact is impractical, I authorize South Plains College, or anyone acting on its behalf:
- To take the minor to any physician, dentist, hospital, or other health care provider;
- To consent to medical, surgical, hospital, or dental treatment or other healthcare for the minor.

Signature of Person Giving Consent ___________________________ Date __________