



### TRIO UPWARD BOUND APPLICATION CHECKLIST

All of the following items must be submitted with your application before you are considered for enrollment. This information is required by the U.S. Department of Education to verify and document student eligibility for the TRIO Upward Bound Program. Please note that all information will be kept in the strictest of confidence.

#### Application – To Be Completed by You and Your Parents

- Complete each section of application legibly
- Review, sign, and date as required
- Gather all academic and personal items noted below\*
- Submit application package by mail or hand deliver

#### \*Academic Related Items - Ask Your High School Counselor or Registrar

- Middle School Transcript
- High School Transcript (if applicable)
- PARCC – Partnership for Assessment of Readiness for College and Careers (7<sup>th</sup> and 8<sup>th</sup> grade results)
- Copy of most current Report Card or Progress Report

#### \*Ask your parent(s)/legal guardian(s) for a copy of the following to submit:

- Signed Parent(s) 1040/1040A U.S. Income Tax Return
- Signed Student's Social Security Card
- Student's Birth Certificate
- Student's Permanent Resident Card or INS Form 1-551 (Non-U.S. Citizens only)
- Legal Guardianship document (Students who do not live with parents)

### SUBMIT APPLICATION

Submit your original application along with all academic and personal items noted above by mail or in person.

**Mailing Address:** TRIO Upward Bound Program (Gadsden/Las Cruces, Alamogordo, or Hatch)  
New Mexico State University  
PO Box 30001, MSC 5278  
Las Cruces, NM 88003-8001

**Physical Address:** New Mexico State University  
Hardman and Jacobs Undergraduate Learning Center  
Student Success Center - Room 128  
2902 McFie Circle  
Las Cruces, New Mexico

**More information:** Tel: (575) 646-5732  
Fax: (575) 646-8082  
Web: [trioub.nmsu.edu](http://trioub.nmsu.edu)



## ACADEMIC RECORDS RELEASE FORM

Print Legibly and Complete Each Section *Imprimir con letra legible y completar cada área*

### STUDENT INFORMATION

<b>Legal Name</b> <i>Nombre Legal</i>	Last <i>Apellido</i>	First <i>Primer Nombre</i>	Middle <i>Segundo Nombre</i>
<b>School</b> <i>Inscripto/a en</i>	Choose an item.		<b>School ID Number</b> <i>Número Escolar</i>
<b>Transcript and Academic Information Release</b>	<p>As an applicant/participant in the New Mexico State University (NMSU) TRIO Upward Bound Program, I hereby give my permission to the NMSU TRIO Upward Bound Program staff to visit with my high school counselor/instructors, obtain information concerning my academic progress, and to receive copies of my transcript, test scores, report cards, and attendance records as long as I am an applicant/participant in the NMSU's TRIO Upward Bound Program.</p> <p>By signing below, we authorize NMSU's TRIO Upward Bound staff to use this form as many times as needed to complete the college preparatory program and for grant reporting purposes. Furthermore, we also consent that this <i>signed form be the only and primary release document used by TRIO Upward Bound staff to obtain my information after I graduate from high school.</i></p> <p>Thank you for honoring our request to release any transcripts and academic information as needed.</p>		

### APPLICANT/PARTICIPANT SIGNATURES

<b>Student's Signature</b> <i>Firma de Estudiante</i>	Signature <i>Firma</i>	Date <i>Fecha</i>
<b>Parent's Signature</b> <i>Firma de Padre/Madre</i>	Signature <i>Firma</i>	Date <i>Fecha</i>

### TRIO UPWARD BOUND

	<p>The New Mexico State University TRIO Upward Bound Program is mandated by the U.S. Department of Education to follow the progress of program participants through their high school and college careers.</p> <p><b>Note: This form is the only and primary release form that will be used by our program even after a participant graduates from high school.</b></p>	
<b>Staff Signature</b> <i>Firma de Coordinador</i>	Signature <i>Firma</i>	Date <i>Fecha</i>



<b>Specify UB Program</b> <i>¿Cuál programa?</i>	<input type="checkbox"/> Gadsden, Santa Teresa, Las Cruces, Mayfield, Oñate (GISD/LCPS) <input type="checkbox"/> Alamogordo <input type="checkbox"/> Hatch		
<b>PERSONAL</b>			
<small>Print Legibly and Complete Each Section <i>Imprimir con letra legible y completar cada área</i></small>			
<b>Legal Name</b> <i>Nombre Legal</i>	<b>Last Apellido</b>	<b>First Primer Nombre</b>	<b>Middle Segundo Nombre</b>
<b>Personal Information</b> <i>Información Personal</i>	<b>MM/DD/YYYY</b>	<b>Age Edad</b>	<b>Gender Género</b> <input type="checkbox"/> Female <i>Femenino</i> <input type="checkbox"/> Male <i>Masculino</i>
<b>Place of Birth</b> <i>Lugar de Nacimiento</i>	<b>City, State, Country Ciudad, Estado, País</b>		
<b>Citizenship</b> <i>Ciudadanía</i>	<input type="checkbox"/> United States Citizen <i>Ciudadano de los Estados Unidos</i> <input type="checkbox"/> Permanent Resident Alien Registration Number: _____ <small>Residente Permanente Extranjero Número de Registración</small>		
<b>Hispanic/Latino</b> <i>Hispano/Latino</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Race (check one)</b> <i>Raza (escoger uno)</i>	<input type="checkbox"/> American Indian/Alaskan Native <i>Indio Americano/Nativo de Alaska</i> <input type="checkbox"/> Black/African American <i>Afroamericano</i> <input type="checkbox"/> White <i>Blanco</i> <input type="checkbox"/> Asian <i>Asiático</i> <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <i>Nativo de Hawái / Otras islas del Pacífico</i>		
<b>ADDRESS</b>			
<b>Mailing</b> <i>Dirección de envío</i>	<b>Street or PO Box Calle o Caja Postal</b>	<b>City Ciudad</b>	<b>State Estado</b>
<b>Physical</b> <i>Dirección Física</i>	<b>Street or PO Box Calle o Caja Postal</b>	<b>City Ciudad</b>	<b>State Estado</b>
<b>TELEPHONE/EMAIL</b>			
	<b>Cell Number</b> <i>Número de Celular</i>	<b>Alternate Number</b> <i>Número Alternativo</i>	<b>Email</b> <i>Correo Electrónico</i>
<b>Student</b> <i>Estudiante</i>			
<b>Mother</b> <i>Madre</i>			
<b>Father</b> <i>Padre</i>			
<b>Legal Guardian</b> <i>Guardián Legal</i>			
<b>EDUCATION</b>			
<small>Print Legibly and Complete Each Section <i>Imprimir con letra legible y completar cada área</i></small>			
<b>Grade Level</b> <i>Nivel de grado</i>	<input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>		
<b>High School Information</b> <i>Información de escuela secundaria</i>	<b>Graduation Year Año de Graduar</b>	<b>HS CUM GPA Promedio escolar</b>	<b>Student ID Number Número Escolar</b>
<b>EXTRACURRICULAR ACTIVITIES</b>			
<b>List all extracurricular activities you are participating in.</b> <i>Lista todas las actividades extracurriculares en cual participas.</i>	<input type="checkbox"/> Educational: _____ <input type="checkbox"/> Sports: _____ <input type="checkbox"/> Personal: _____ <input type="checkbox"/> Other: _____		
<b>EMPLOYMENT</b>			
<b>Are you employed?</b> <i>¿Estás empleado?</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES <b>Place of Employment Lugar de Empleo:</b> _____ <b>Work Schedule Horario de Trabajo:</b> _____		



**PARENT/LEGAL GUARDIAN**

<b>Who do you live with?</b> <i>¿Con quién vives?</i>	<input type="checkbox"/> Mother and Father <i>Madre y Padre</i>	<input type="checkbox"/> Mother Only <i>Solo Madre</i>	<input type="checkbox"/> Father Only <i>Solo Padre</i>
	<input type="checkbox"/> Mother and Step Parent <i>Madre &amp; Padrastro/Madrastra</i>	Date of Marriage <i>Fecha de matrimonio:</i> _____	
	<input type="checkbox"/> Father and Step Parent <i>Padre &amp; Padrastro/Madrastra</i>	Date of Marriage <i>Fecha de matrimonio:</i> _____	
	<input type="checkbox"/> Legal Guardian <i>Tutor Legal</i>	<input type="checkbox"/> Other <i>Otro</i> _____	
<b>Legal Guardian Information</b> <i>Información del Tutor Legal</i>	Name: _____		Relation: _____
	Are your parents deceased? <i>¿Fallecieron sus padres?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**PARENT'S EDUCATION**

<b>MOTHER</b> <i>Madre</i>	<b>Legal Name</b> <i>Nombre Legal</i>	<b>Employer</b> <i>Empleador</i>	<b>Work Telephone</b> <i>Número de trabajo</i>
<b>Highest Education</b> <i>Nivel de Educación</i>	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School <input type="checkbox"/> Bachelor <i>Licenciatura</i> <input type="checkbox"/> Master/Doctoral <i>Maestría/Doctorado</i>		
<b>Mother's Signature</b> <i>Firma de Madre</i>	Signature <i>Firma</i>		Date <i>Fecha</i>
<b>FATHER</b> <i>Padre</i>	<b>Legal Name</b> <i>Nombre Legal</i>	<b>Employer</b> <i>Empleador</i>	<b>Work Telephone</b> <i>Número de Trabajo</i>
<b>Highest Education</b> <i>Nivel de Educación</i>	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School <input type="checkbox"/> Bachelor <i>Licenciatura</i> <input type="checkbox"/> Master/Doctoral <i>Maestría/Doctorado</i>		
<b>Father's Signature</b> <i>Firma de Padre</i>	Signature <i>Firma</i>		Date <i>Fecha</i>
<b>STEP PARENT</b> <i>Padrastra/Madrastra</i>	<b>Legal Name</b> <i>Nombre Legal</i>	<b>Employer</b> <i>Empleador</i>	<b>Work Telephone</b> <i>Número de Trabajo</i>
<b>Highest Education</b> <i>Nivel de Educación</i>	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School <input type="checkbox"/> Bachelor <i>Licenciatura</i> <input type="checkbox"/> Master/Doctoral <i>Maestría/Doctorado</i>		
<b>Step Parent's Signature</b> <i>Firma de Padrastro/Madrastra</i>	Signature <i>Firma</i>		Date <i>Fecha</i>

**FAMILY** Print Legibly and Complete Each Section *Imprimir con letra legible y completar cada área*

**List every person living in your household. Attach additional page if necessary.**  
*Entre todas las personas que viven en su hogar. Adjunte una página adicional si es necesario.*

<b>Full Legal Name</b> <i>Nombre Completo</i>	<b>Age</b> <i>Edad</i>	<b>Relation To You</b> <i>Relación A Ti</i>
1. Student Applying		Self/Student
2.		
3.		
4.		
5.		
6.		
7.		
8.		
<b>Applicant's Signature</b> <i>Firma de Candidato</i>	Signature <i>Firma</i>	
	Date <i>Fecha</i>	