



**Texas Wesleyan University
Upward Bound Math & Science Program
2025-2026 Update Form**

The Upward Bound Math & Science Program is a free program, designed to assist students to continue their studies beyond the high school level by providing them with supplemental math, science and English instruction as well as the exploration of college and career opportunities.

Date: _____ School Attending: _____ Grade: ☐ 9th ☐ 10th ☐ 11th ☐ 12th

1) STUDENT INFORMATION:

Name: _____

Preferred Name: _____

Home Address: _____
Mailing Address

City _____ State _____ Zip _____

Student Cell Phone: _____ T-Shirt Size: _____

Student E-mail Address: _____

2) PARENT/GUARDIAN CONTACT INFORMATION: Please list one contact name.

Name: _____ Phone Number: _____

Relationship: _____ Email: _____

3) EXTRACURRICULAR ACTIVITIES: List all your sports/practices/games and any other activities.

Yearly Needs Assessment

Please indicate the areas which you anticipate some difficulty or would like some help this year (check all that apply):

☐ Personal Advising

☐ STAAR Test Prep

☐ Educational Planning

☐ ACT/SAT Test Prep

☐ College Admissions

☐ Mental Health Assistance

☐ Financial Aid Information

☐ College Campus Visit

☐ Career Information

☐ Scheduling Classes

☐ Tutoring in: ☐ English ☐ Math ☐ Science ☐ Other: _____

Yearly Needs Assessment (contd.)

1. What is your strongest subject/class? _____
2. What is your least favorite class or subject and why? _____

3. What subjects from math, science and English do you think will cause the most difficulty and will require you to have tutoring?

4. Which STAAR Tests have you taken?

☐ <u>Algebra 1</u>	☐ Passed	☐ Did NOT Pass
☐ <u>Biology</u>	☐ Passed	☐ Did NOT Pass
☐ <u>English I</u>	☐ Passed	☐ Did NOT Pass
☐ <u>English II</u>	☐ Passed	☐ Did NOT Pass
☐ <u>US History</u>	☐ Passed	☐ Did NOT Pass
5. What are your two most important academic goals for this year?
(1) _____
(2) _____
6. **Choosing a College:**

What colleges would you like to visit this year? Please list your top choices below.

- 1) _____
- 2) _____
- 3) _____

Career Interests:

What are your three top career interests?

- 1) _____
- 2) _____
- 3) _____

Describe your career goals:

**Texas Wesleyan University
Upward Bound and Upward Bound Math & Science
ACADEMIC RECORDS AUTHORIZATION & RELEASE FORM**



Academic Records Authorization

I, the participant of UB/UBMS understand that in order to participate in the Upward Bound/Upward Bound Math & Science (UB/UBMS) Projects of Texas Wesleyan University, I must provide UB/UBMS staff with a copy of my academic grade report(s) every six weeks and year-end transcripts. I hereby authorize the UB/UBMS Projects to receive copies of my academic grade reports, transcripts, and standardized test scores from my school to assist me in achieving my education goals.

As the parent and/or legal guardian of the student listed above, I grant the Upward Bound/Upward Bound Math & Science Projects of Texas Wesleyan University permission to obtain copies of my child's academic grade reports, transcripts, and standardized test scores from the school to assist my son/daughter in achieving his/her educational goals. I also grant the UB/UBMS staff my permission to speak with teachers, counselors and other school administrators at my child's school in order to obtain and exchange information as part of the services provided by the UB/UBMS Projects.

Participation & Field Trip Liability Waiver

I authorize and permit my son/daughter to participate in any and all academic component activities, in-person and/or virtual (classes, tutorials, workshops, field trips, meetings and events, etc.) sponsored and/or conducted by the Upward Bound/Upward Bound Math & Science (UB/UBMS) Projects of Texas Wesleyan University. I also give permission for my child to be transported between his/her high school, college campuses, and the scheduled events when the UB/UBMS Programs has scheduled events for its participants. I agree that the Texas Wesleyan University and the staff of the UB/UBMS Projects will not be held liable for any loss, injury, or death related to any UB/UBMS Academic component activity. Furthermore, I agree to hold Texas Wesleyan University and its staff harmless from any claims whatsoever occasioned in any of the situations that I have agreed that Texas Wesleyan University shall not be held liable.

Media Publication, Internet & Technology Use Policy

Access to Texas Wesleyan University-owned computer facilities, equipment, hardware, software and printing services is a privilege, not a right. This privilege is extended to all participants; Accepting access to this technology carries an associated expectation of responsible and acceptable use. Since technology now serves as a major source of information and interaction for research and education, this policy applies to all participants in the UB/UBMS Projects. Damages resulting directly or indirectly from the use of Texas Wesleyan University information technology resources and classroom equipment are the responsibility of the UB/UBMS participant. I hereby grant the UB/UBMS Programs and Texas Wesleyan University full and absolute permission and all rights to copyright, publish, display, and use for any legal purpose or all photographs, together with descriptive text or statements, in which I or my property or my child appear. I hereby grant permission for my child to access networked computer services such as Internet, World Wide Web, and electronic mail at the computer labs of Texas Wesleyan University.

Medical Release

Does your child receive special services for disability? (Learning, physical or mental) ____ Yes ____ No

If Yes, please explain: _____

**Please provide a copy of the student's IEP from the school to the UB/UBMS Coordinator.*

Is the student covered by any medical insurance? ____ Yes ____ No If Yes, please complete the following:

Name of Insurance Company _____ Insurance Policy Number _____

Name of Family Physician: _____ Office Telephone: (____) _____

Please list any personal or family medical history that may be of importance to our records, including allergies and physician prescribed medicine that student is currently taking:

List Medication/Medical History	Allergies	Allergic Reaction

In the even that my child is involved in a medical emergency, as the parent/guardian of the above-named student, I hereby authorize the UB/UBMS staff to make decisions regarding immediate medical attention (hospitalization, administration of prescribed medications, doctor treatments, etc.) if I am unable to be contacted or reached for verbal authorization. I understand that in the event of an accident, injury or misfortune, which may occur to my son/daughter, Texas Wesleyan University nor its employees, nor any cooperating agency, will be held liable or responsible. I do hereby expressly release and discharge the above-mentioned from any claims, demands, actions, judgments, executions, and fees, which heirs' executors, administrators or assigns may have, or claim to have, arising out of any activities engaged by me or my children.

Student's Name (Please Print)

Parent/Legal Guardian's Name (Please Print)

Student's Signature

Parent/Legal Guardian's Signature

Texas Wesleyan University
Upward Bound/Upward Bound Math & Science Programs
2025-2026 Academic Component

Participant Handbook & Stipend Acknowledgement

Handbook Acknowledgement

I understand that being part of the Upward Bound/Upward Bound Math & Science Program is a PRIVILEGE and agree to accept the duties and responsibilities outlined in the Parent/Student Handbook. I understand that failure to adhere to any of the rules and responsibilities therein may result in being placed on probation or possible removal from the Upward Bound/Upward Bound Math & Science Program.

Stipend Acknowledgement

Stipend disbursement will begin according to stipend guidelines once all completed documents are received. The maximum amount of Stipend you are eligible to earn and receive is based on attendance and participation levels listed in the Parent/Student Handbook. Failure to adhere to UB/UBMS policies and regulations will result in a reduction in your Stipend. Please refer to the Parent & Student Handbook for more information. Your Academic Component (AC) stipend will be calculated based on your attendance, participation, behavior at all scheduled activities, events, and completion of all assignments. The total maximum AC Stipend you are eligible to earn and receive at the conclusion of the Academic Component is \$360.00. *Stipend Checks will not be dispersed until the conclusion of the Summer Component.*

Please contact our office at (817) 531-6596 for additional questions or concerns.

Student Name

Parent/Guardian Signature

Student Signature

Date