



# COLLEGE ENRICHMENT PROGRAM/SPECIAL PROGRAMS

University of New Mexico

## PARTICIPANT APPLICATION

**Please Type or Print in Black Ink**

Program: <input type="checkbox"/> College Enrichment Program <input type="checkbox"/> Student Support Services <input type="checkbox"/> Research Opportunity Program		<input type="checkbox"/> College Assistance Migrant Program <input type="checkbox"/> Summer Bridge Program <input type="checkbox"/> Ronald E. McNair	
Last Name:		First Name:	
Street Address:			Apartment Number:
City:		State:	Zip:
E-Mail:			
Phone: H ( ) C ( ) SS#: _____ Birth date: ____/____/____		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <b>Ethnicity:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> More than one race <input type="checkbox"/> Other	
Has your mother/guardian received/earned a four-year degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did you regularly reside and receive support from this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No  Has your father/guardian received/earned a four-year degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did you regularly reside and receive support from this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No  Have you or your parents performed any type of agricultural work for 75 days in the past two years (i.e. employed in the farm, dairy, ranching or agricultural industry)? <input type="checkbox"/> Yes <input type="checkbox"/> No  Have you ever participated in a TRIO Program or HEP Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which program and where? _____		<b>Grade Level (High School OR College):</b> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior  Current GPA: _____  <b>Check all that apply:</b> <input type="checkbox"/> Currently enrolled in high school <input type="checkbox"/> Special Admit <input type="checkbox"/> Transfer <input type="checkbox"/> Limited English <input type="checkbox"/> Veteran  <b>High School Students Only:</b> High School attending: _____  High School Student ID#: _____  Have you taken ACT/SAT? _____ If yes, when: _____	
<b>Income Information:</b> Total number of persons in family? _____ Please select <b>one</b> box <input type="checkbox"/> My family's <b>taxable (not total)</b> income from the last calendar year: _____ <small>(Note: Your taxable income can be found on the federal income tax return you filed for the last calendar year. On IRS Form 1040, see line 42. On IRS Form 1040A, see line 27. On IRS Form 1040EZ, see line 6. On IRS Telefile, see line K1.)</small> <input type="checkbox"/> I attest that my family did not file a federal income tax return for the last calendar year. My family's income was: _____ <input type="checkbox"/> I attest that my family had no taxable income for the last calendar year.			

**\*\*THIS SECTION FOR INCOMING FRESHMAN ONLY\*\***

**Please indicate choices using 1 as first choice and 6 as last choice** -(Class registration is part of the orientation program; therefore, students who sign up for earlier sessions will have a better opportunity to create a favorable class schedule)

- \_\_\_\_\_ Session 1: May 30 – June 1 – **Summer Bridge Participants – you will automatically be scheduled for this session.**
- \_\_\_\_\_ Session 2: June 5 – June 7
- \_\_\_\_\_ Session 3: June 12 – June 14
- \_\_\_\_\_ Session 4: June 26 – June 28
- \_\_\_\_\_ Session 5: July 10 – July 12
- \_\_\_\_\_ Session 6: July 17 – July 19

**NOTE:** Students who are applying to participate in the College Enrichment Program (CEP), Summer Bridge Program, College Assistance Migrant Program (CAMP), or Student Support Services (SSS) Program, are required to attend one of the above sessions.

I hereby certify, to the best of my knowledge, that all the information submitted is complete and correct. I understand that failure to disclose accurate information may be grounds for dismissal from the program. You also have my permission to give my name, address, transcript, and the information in this application to other educational institutions or organizations that may be interested in providing me with educational or financial opportunities. I agree to attend one of the College Enrichment Program freshman orientation sessions (selected above). I understand I will not attend LOBOrientation. Also, any photos taken may be used for promotional and educational purposes.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Legal Guardian's Signature (if a dependent)

\_\_\_\_\_  
Date

**Please review the information on back for information regarding freshman orientation.**