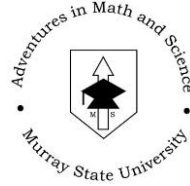


MURRAY STATE UNIVERSITY

Upward Bound Math and Science



To expedite the selection process, please use this checklist to ensure you have completed ALL forms and included all REQUIRED materials for consideration.

- _____ **Part A:** Personal and Academic Information
- _____ **Part B:** Academic and Career Interests
- _____ **Part C:** Parent's Statement
 - _____ Copy of most Parent's most recent Income Tax Form
 - _____ Letter documenting other sources of income
 - _____ Letter stating that government assistance provides income to the family
- _____ **Part D:** Student Information Release
- _____ **Part E:** Permission and Medical Release
- _____ **Part F:** Needs Assessment
- _____ **Part G:** Recommendations and Attachments
 - _____ Counselor Recommendation
 - _____ Mathematics Teacher Recommendation
 - _____ Science Teacher Recommendation
 - _____ Transcript and Test Scores (ACT, PLAN, EXPLORE, State Tests)
 - _____ Most Recent Report Card and/or Progress Report
 - _____ Current Class Schedule

NOTE: Incomplete applications will not be considered. All forms must be postmarked on or before **February 15, 2017 for consideration.**

ELIGIBILITY CRITERIA

1. Applicant must be enrolled in the 9th, 10th, or 11th grade and have completed Algebra I and one year of high school science.
2. Applicant must have a minimum cumulative 2.50 GPA and a math/Science 2.50 GPA on a 4.0 scale.
3. Applicant must be committed to spending 6 weeks during the summer with AIMS
4. Applicant must meet the U.S. Department of Education guidelines for taxable income and/or be a first generation college student (neither parent has a 4 year college degree).

RETURN COMPLETED APPLICATION TO:

**AIMS Program
Murray State University
240 Blackburn
Murray, KY 42071
(270) 809-5429**

Toll-free 1-877-424-6777

Doris Clark-Sarr, Director

PART A: Personal & Academic Information

Murray State University AIMS Program
240 Blackburn
Murray, KY 42071

For Office Use Only
Date Received _____
Eligibility Code _____

Personal Information: Please type or print legibly in black ink.

Date of Birth _____ Age _____ Sex: ___M ___F

Legal Name: _____
Last First MI

Home Address _____
Complete Street or P.O. Box City State Zip

Home Phone #or permanent cell (parent) (____) (student) (____)

Email Address (parent): _____ (student) _____

Social Security Number (student): _____ - _____ - _____

Physical Handicap/Learning Disability: ___ Yes ___ No (If Yes, please explain nature of handicap): _____

U.S. Citizen: ___ Yes ___ No

Ethnic Origin _____ Black American _____ Asian American _____ Native American
_____ Mexican American _____ Caucasian _____ Other (specify) _____

EMERGENCY INFORMATION:

Give the name, address and phone number of two adults (relatives or friends) who do not live with you, but can be contacted in the event of an emergency. **A TELEPHONE NUMBER IS MANDATORY!**

1. Name: _____ Relationship of this person to student: _____

Address _____
STREET & APT# CITY STATE ZIP

Home Telephone#: () _____ Work Telephone#: () _____

2. Name: _____ Relationship of this person to student: _____

Address _____
STREET & APT# CITY STATE ZIP

Home Telephone#: () _____ Work Telephone#: () _____

Academic Information

Current Grade Level: _____ Cumulative G.P.A (4.0 scale): _____

High School: _____ School Address: _____

Most Recent Test Scores: EXPLORE _____ PLAN _____ ACT _____ PSAT _____ SAT _____ State Test _____

What area of study do you anticipate majoring in when you enter college? _____

Check the appropriate program, if any, in which you currently participate:

____ Upward Bound ____ Educational Talent Search ____ Upward Bound Math/Science

If any are checked, please provide the following information:

Program Director: _____

College/University: _____

Email Address: _____ Telephone: (____) _____

PART B: Academic & Career Interests

Murray State University AIMS Program
240 Blackburn Science Building
Murray, KY 42071

Please answer the following questions. If needed, you may use additional paper.

1. Why do you want to participate in the Murray State University AIMS Program? How will the program benefit you?

2. What are your favorite subjects in school? What are your least favorite subjects? Please explain your choices.

3. What do you think are your strengths and weaknesses? Why?

4. What is your career goal?

PART B: Academic & Career Interests (continued)

5. Describe your interests and hobbies.

6. List organizations, community service activities, awards, and honors:

PART C: Parent's Statement

Murray State University AIMS Program
240 Blackburn Science Building
Murray, KY 42071

Parent's Statement: (To be completed by parents or guardians you live with).

The following information is provided in order to establish my child's eligibility to participate in an Upward Bound Math & Science Program. I understand the information concerning my child and me will be kept confidential and will not be revealed to anyone except Upward Bound Math & Science personnel in accordance with the Family Educational Rights and Privacy Act.

Applicant's Name: _____

Father's Last name _____ First Name _____ Work Phone # _____

Indicate relationship ___parent ___step-parent ___other Are you a 4-year college graduate? ___yes ___no

Mother's Last name _____ First Name _____ Work Phone # _____

Indicate relationship ___parent ___step-parent ___other Are you a 4-year college graduate? ___yes ___no

What is the total number of people living in your household? _____

Does your child participate in the _____ free or _____ reduced lunch Program at school? ___yes ___no

NUMBER OF PEOPLE LIVING IN HOUSEHOLD: _____ (including students away at college)

DID THE FAMILY FILE A FEDERAL INCOME TAX REPORT LAST YEAR? ___YES ___NO

If YES, complete Section A. If NO, Complete Section B.

SECTION A:

(Complete this side if family filed a federal income tax report last year).

___ Yes, a copy of last year's federal income tax report will be included with this application.

___ Yes, a signature has been placed on the included tax form copy.

Indicate the tax form used & TAXABLE INCOME from the tax form (reference line).

___1040EZ (line 6) ___1040-A (line 27) ___1040 (line 43)

Family Size

Taxable Income

(refer to "Taxable Income" line on tax form)

___ 1	\$0 - \$17,820	___
___ 2	\$17,820 - \$24,030	___
___ 3	\$24,030 - \$30,240	___
___ 4	\$30,240 - \$36,450	___
___ 5	\$36,450 - \$42,660	___
___ 6	\$42,660 - \$48,870	___
___ 7	\$48,870 - \$55,095	___
___ 8	\$55,095 - \$61,335	___

SECTION B:

Complete this side only if family **did not file a Federal Income Tax Report last year. (Please provide documentation of income sources. i.e. award letter, etc.)**

List all sources of income, below:

\$ _____ FOOD STAMPS
\$ _____ K-TAP
\$ _____ CHILD SUPPORT
\$ _____ RETIREMENT
\$ _____ UNEMPLOYMENT
\$ _____ DISABILITY
\$ _____ SOCIAL SECURITY
\$ _____ VETERAN BENEFITS
\$ _____ OTHER (please specify):

Total Income for last year:

\$ _____

DO YOU EXPECT ANY MAJOR DECREASE IN YOUR FAMILY INCOME THIS YEAR? (Unemployment, business or farm loss, divorce, major illness, etc.) _____ YES (please attach a written explanation) _____ NO

I verify by signing this document and submitting the requested documentation that the information I have provided is accurate to the best of my knowledge. I understand that this information will be held in complete confidence by the Upward Bound Math Science/AIMS Program at Murray State University.

(Signature of Parent/Guardian)

(Date)

PART D: Student Information Release Form

**STUDENT INFORMATION RELEASE
FOR
MURRAY STATE UNIVERSITY
ADVENTURES IN MATH AND SCIENCE**

The information you provide to Adventures in Math and Science (AIMS) Program and/or Murray State University is for AIMS, Murray State University, and the U.S. Department of Education use only. The information provided in this application is necessary to determine eligibility for the program and may be used for research purposes. Only AIMS, Murray State University personnel, and U.S. Department of Education personnel have access to these records.

I give consent to release the following information to the AIMS/Murray State University program as requested:

- Standardized Test Results (ACT, SAT, CTBS, PSAT, etc.)**
- High School Grade Reports**
- High School Transcripts**
- College Admission and Financial and Aid Records**
- College Grade Reports and Transcripts**

Further, I give consent for AIMS/Murray State University staff and my child's school representatives to discuss my child's academic progress and general school activities for the purposes of identifying needs, coordinating services, and documenting my child's overall scholastic progress. I and my child fully understand that AIMS will track my child's academic progress and admission status until he/she is no longer attending an institution of higher learning.

I give consent for AIMS/Murray State University to use **photographs** of my child for news releases, publicity, and other information about the program released to the public.

I give consent for this release to remain in effect until my child's completion of college and/or post-graduate work is completed, if selected as an AIMS Program participant. If not selected for the Program, I give consent for the information provided in this application and information released as described above to be used by AIMS for research projects.

Name of Student (printed)

Parent Signature Date

Student Signature Date

Witness Signature Date

PART E: Permission & Medical Release Form

MURRAY STATE UNIVERSITY ADVENTURES IN MATH AND SCIENCE PERMISSION/RELEASE FORM

I/we hereby give my/our consent for _____ to attend Adventures in Math and Science (AIMS) sponsored activities at Murray State University. These activities may include **field trips, cultural events, and workshops**. I/we understand my/our child will be provided transportation to and from these events and hereby agree to same. As parent (s) or the natural guardian (s) of the above named student, I/we release Murray State University, its Board of Regents and individual Regents, directors, officers, agents, and employees, the Director of AIMS and any staff member of AIMS (hereinafter referred to as "released parties") from any and all liability for injury to the above named child, including death, which may arise from any causal factor, including negligence. In the event my/our under-age child should subsequently bring legal action and obtain judgment against the released parties, or any of them, I/we hereby bind and obligate myself/ourselves to indemnify said released parties up to and including the full amount of the judgement.

Furthermore, I/we understand that I/we forever release the released parties from all claims, damages, actions, or causes of actions which may occur due to any decisions made with respect to the **medical care or treatment** of my/our child. I/we further authorize agents of the AIMS Program and/or employees/agents of Murray State University to **authorize emergency medical treatment** for my/our child in the event that I/we are unavailable to provide such consent and hereby agree to hold said released parties harmless as to any and all decisions in regard to said medical care.

This release is unlimited in duration, and applies to any and all AIMS sponsored activities in which the above named individual participates.

This permission and release form is entered into voluntarily and of my/our own free will and volition. I/we further understand and agree that this agreement is intended to be as broad and inclusive as is permitted by Kentucky law, and that if any portion of this agreement is held invalid, the balance shall continue in full legal force and effect. My/our signature (s) indicate (s) that the above named child resides in my/our home, and I/we are the custodial parent (s) guardian (s) of said child.

This the _____ day of _____, _____.

Parent/Guardian Signature

Parent/Guardian signature

I hereby witness the above parent/guardian signature (s); I am indicating that I am an adult, eighteen (18) years of age or older.

Witness Signature

Witness Signature

PART F: NEEDS ASSESMENT

Applicant's Name: _____

Academic Needs

- | | | | |
|-----|---|-----|----|
| 1. | Do you need help with study skills? | Yes | No |
| 2. | Do you need assistance improving your mathematics skills? | Yes | No |
| 3. | Do you need help in science? | Yes | No |
| 4. | Do you need help in computer aided instruction? | Yes | No |
| 5. | Do you need Tutoring? | Yes | No |
| | What Subjects? _____ | | |
| 6. | Do you need assistance with academic counseling? | Yes | No |
| 7. | Do you need assistance with test taking skills? | Yes | No |
| 8. | Are your parents involved in your education? | Yes | No |
| 9. | Do you need assistance in improving your writing skills? | Yes | No |
| 10. | Do you need practice in critical thinking skills? | Yes | No |

Total

College Preparation

- | | | | |
|-----|--|-----|----|
| 10. | Do you need help in applying for financial aid? | Yes | No |
| 11. | Do you need information on scholarships for college? | Yes | No |
| 12. | Do you need information on college admissions? | Yes | No |
| 13. | Do you need assistance with ACT/SAT preparation? | Yes | No |
| 14. | Do you need to learn some "college survival skills"? | Yes | No |
| 15. | Do you need information about various colleges/universities? | Yes | No |

Total

Career Needs

- | | | | |
|-----|---|-----|----|
| 16. | Are you interested in conducting research? | Yes | No |
| 17. | Are you interested in a Math or Science related career? | Yes | No |
| 18. | Do you need assistance in career planning? | Yes | No |
| 19. | Do you need to explore jobs related to your interests? | Yes | No |
| 20. | Do you need to be aware of the employment outlook in your area of interest? | Yes | No |

Total

Personal Development

- | | | | |
|-----|--|-----|----|
| 21. | Do you need to participate in more cultural activities? | Yes | No |
| 22. | Do you need activities designed to help you with goal setting? | Yes | No |
| 23. | Do you need to practice decision-making skills? | Yes | No |
| 24. | Do you need to learn team-building skills? | Yes | No |
| 25. | Do you need to become more familiar with people of other cultures? | Yes | No |
| 26. | Do you need to learn more about drug and alcohol abuse? | Yes | No |
| 27. | Do you need to learn more about sex and AIDS? | Yes | No |

Total

PART G: Recommendations & Attachments

RECOMMENDATION FORM (For Counselor)

_____ has applied to Murray State University as a potential participant in the AIMS Program. The AIMS Program is designed to introduce high school students with career interests in math and/or science to research for 6 weeks during the summer and assist with academic and career counseling throughout their academic career. Your evaluation is requested with the assurance that all statements will be kept confidential. This form is a part of the application so **please return it as soon as possible.**

IN MY OPINION...	Strongly Disagree					Strongly Agree
I know this student well.	1	2	3	4	5	
This student has a tendency to make mature decisions.	1	2	3	4	5	
This student has the ability to live away from home for six weeks.	1	2	3	4	5	
This student is cooperative with teachers and adults in authority.	1	2	3	4	5	
This student is a team player (works well in a group).	1	2	3	4	5	
This student has the internal motivation to be successful in this program.	1	2	3	4	5	
This student has a strong background in math and/or science.	1	2	3	4	5	

Are you aware of any current circumstances or problems which may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, health concerns)? _____

____ I recommend this student without reservation for participation in the AIMS Program.

____ I recommend this student with reservation(s) for participation in the AIMS Program (Please explain on the back)

____ I do not recommend this student for participation in the AIMS Program (Please explain on the back)

Please print name/Phone

Signature/Date

Name of school

Address

**Mail completed Evaluation Form to: AIMS Program
Murray State University
240 Blackburn
Murray, KY 42071
Fax: (270) 809-4351**

RECOMMENDATION FORM (For Mathematics teacher)

_____ has applied to Murray State University as a potential participant in the AIMS Program. The AIMS Program is designed to introduce high school students with career interests in math and/or science to research for 6 weeks during the summer and assist with academic and career counseling throughout their academic career. Your evaluation is requested with the assurance that all statements will be kept confidential. This form is a part of the application so **please return it as soon as possible.**

IN MY OPINION...	Strongly Disagree					Strongly Agree
I know this student well.	1	2	3	4	5	
This student has a tendency to make mature decisions.	1	2	3	4	5	
This student has the ability to live away from home for six weeks.	1	2	3	4	5	
This student is cooperative with teachers and adults in authority.	1	2	3	4	5	
This student is a team player (works well in a group).	1	2	3	4	5	
This student has the internal motivation to be successful in this program.	1	2	3	4	5	
This student has a strong background in math and/or science.	1	2	3	4	5	

Are you aware of any current circumstances or problems which may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, health concerns)? _____

- ____ I recommend this student without reservation for participation in the AIMS Program.
- ____ I recommend this student with reservation(s) for participation in the AIMS Program (Please explain on the back)
- ____ I do not recommend this student for participation in the AIMS Program (Please explain on the back)

Please print name/Phone

Signature/Date

Name of school

Address

What class did you have this student in _____

If not in class, how do you know this student _____

Mail completed Evaluation Form to: **AIMS Program**
Murray State University
240 Blackburn
Murray, KY 42071
Fax: (270) 809-4351

RECOMMENDATION FORM (For Science teacher)

_____ has applied to Murray State University as a potential participant in the AIMS Program. The AIMS Program is designed to introduce high school students with career interests in math and/or science to research for 6 weeks during the summer and assist with academic and career counseling throughout their academic career. Your evaluation is requested with the assurance that all statements will be kept confidential. This form is a part of the application so **please return it as soon as possible.**

IN MY OPINION...	Strongly Disagree					Strongly Agree				
I know this student well.	1	2	3	4	5	1	2	3	4	5
This student has a tendency to make mature decisions.	1	2	3	4	5	1	2	3	4	5
This student has the ability to live away from home for six weeks.	1	2	3	4	5	1	2	3	4	5
This student is cooperative with teachers and adults in authority.	1	2	3	4	5	1	2	3	4	5
This student is a team player (works well in a group).	1	2	3	4	5	1	2	3	4	5
This student has the internal motivation to be successful in this program.	1	2	3	4	5	1	2	3	4	5
This student has a strong background in math and/or science.	1	2	3	4	5	1	2	3	4	5

Are you aware of any current circumstances or problems which may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, health concerns)? _____

- ____ I recommend this student without reservation for participation in the AIMS Program.
- ____ I recommend this student with reservation(s) for participation in the AIMS Program (Please explain on the back)
- ____ I do not recommend this student for participation in the AIMS Program (Please explain on the back)

Please print name/Phone	Signature/Date
Name of school	Address

What class did you have this student in _____
 If not in class, how do you know this student _____

Mail completed Evaluation Form to: **AIMS Program**
Murray State University
240 Blackburn
Murray, KY 42071
Fax: (270) 809-4351