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 28, 2016 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

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

Date of Birth ____________ Age _____ Sex: __M __F

Legal Name: ___________________________ ___________________________ ___________________________

Home Address ________________________________________________________________

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 ________________________________________________________________

Home Telephone#: (    ) ___________________ Work Telephone#: (    ) _________________________

2. Name: ___________________________ Relationship of this person to student: ___________________________
Address ________________________________________________________________

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:

________________________________________________________
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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)

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Taxable Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ 1</td>
<td>$0 - $17,655</td>
</tr>
<tr>
<td>______ 2</td>
<td>$17,655 - $23,895</td>
</tr>
<tr>
<td>______ 3</td>
<td>$23,895 - $30,135</td>
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<td>______ 4</td>
<td>$30,135 - $36,375</td>
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<td>______ 5</td>
<td>$36,375 - $42,615</td>
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<td>______ 6</td>
<td>$42,615 - $48,855</td>
</tr>
<tr>
<td>______ 7</td>
<td>$48,855 - $55,095</td>
</tr>
<tr>
<td>______ 8</td>
<td>$55,095 - $61,335</td>
</tr>
</tbody>
</table>

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 ASSESSMENT

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…

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
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</table>

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

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)

____________________________________  ______________________________________
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.

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<td>5</td>
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<td>This student is cooperative with teachers and adults in authority.</td>
<td>1</td>
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<tr>
<td>This student is a team player (works well in a group).</td>
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<td>This student has the internal motivation to be successful in this program.</td>
<td>1</td>
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<td>5</td>
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<td>This student has a strong background in math and/or science.</td>
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_____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.

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________________________________________________________________________

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_____ 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)

________________________________________  __________________________
Name of school                              Signature/Date
________________________________________  __________________________
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
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