MURRAY STATE UNIVERSITY
Upward Bound Math and Science

AIMS Program
(Adventures in Math and Science)

Read and answer each question carefully. Type or print your answers legibly in black ink.

Complete the entire application package and return it by **November 30, 2013, or March 15, 2014**. The following must be included for the package to be complete:

Income documentation (verified by tax forms or signed disclosure for those not filing taxes)
Application for personal data completed
Release and consent forms for academic and medical information
Math teacher (who has had you in a class) recommendation
Science teacher (who has had you in a class) recommendation
Counselor recommendation
Transcript and standardized test records
A brief essay explaining your career goals and how this program will help you to achieve those goals (200 word minimum)

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**

Application for AIMS (Adventures in Math and Science)

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

For Office Use Only
FG _____
LI _____
Both _____

PERSONAL DATA: please type or print legibly in black ink.
Please complete and forward this entire application package to AIMS.

Current Grade Level: Fresh. _____Soph. _____Jr. _____ Circle one: Male Female Date of Birth _____

1. Legal Name:_____Social Security # _____- _____- _____

2. Home Address _____City _____ State _____Zip _____

3. Home Phone # _____Are you a U.S. Citizen _____yes _____no
   Are you a permanent resident of the U.S. _____yes _____no

4. Ethnic Origin _____Black American _____Asian American _____Native American
   _____Mexican American _____Caucasian _____Other (specify) _____

5. Your marital Status: Single_____Married _____Divorced _____Separated _____

6. Handicapped: Yes_____No _____What is the nature of handicap? _____

7. Name of your High School_____

   Address _____City _____State _____Phone # _____

8. Are you currently enrolled in an Upward Bound Program _____Yes _____No

9. Are you currently enrolled in an Educational Talent Search Program _____Yes _____No

10. Have you participated in any other Upward Bound Math/Science Program _____Yes _____No

    If questions 8, 9, or 10 are yes give name, address, phone # and project directors name below:

    _____ _____
    Name of College of University Project Director's Name

    _____ _____
    Address Phone #

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

12. Have you taken the ACT? _____Yes _____No Score? _____

13. Have you taken the SAT? _____Yes _____No Score? _____

AIMS Program – Murray State University

FAMILY INFORMATION: (To be completed by parents or guardians you live with).
The information below is personal and will be kept **confidential**. The U.S. Department of Education requires federally funded programs to collect this information to determine the applicant's eligibility for the program.

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 your school. _____yes _____no

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 you:_____
Addresss_____
STREET & APT# CITY STATE ZIP
Home Telephone#: ( ) _____ Work Telephone#: ( ) _____

2. Name:_____ Relationship of this person to you:_____
Address_____
STREET & APT# CITY STATE ZIP
Home Telephone#: ( ) _____ Work Telephone#: ( ) _____

INCOME INFORMATION:
If you filed or will file a federal income tax return last year, please check your **taxable income** range (1040, line 39; 1040A, line 24; 1040 EZ, line 6):

____Under $12,360 ____$12,526 - $16,875 ____$16,876 - $21,225
____$21,226 - $25,575 ____$25,576 - $29,925 ____$29,926 - $34,275
____$34,276 - $38,625 ____$38,626 - $42,975 ____Over $42,975

Please attach a copy of your income tax return that verifies the amount of taxable income.

If you did not or will not file a tax return, does the family receive any of the following benefits?

Please list monthly amount (s)

AFDC $_____ Social Security $_____Veterans Benefits $_____Other $_____
Unemployment $_____ Child Support $_____Government Housing _____

My signature below indicates that the information provided is correct and verifiable.

_____ _____
Signature of Parent/Guardian Date

ACADEMIC INFORMATION

Note that not all of the following questions will pertain to you at the present time. However, please answer all those that apply as accurately as possible.

1. Have you taken a National Standardized Test to measure academic skills? If so, which one? Please check those that apply:

- o (CTBS) Comprehensive Test of Basic Skills
- o Stanford Achievement Test (SAT-9 or SAT-10)
- o Nelson Denny
- o ARIO Assessment Tools
- o Other national test
- o California Achievement Test
- o TerraNova
- o ACT'S PLAN
- o ACT
- o PSAT
- o SAT
- o Not applicable
- o Unknown

2. Have you taken any state-developed test to measure academic skills? If so, please indicate which one?

- o Yes (please indicate)_____
- o No
- o Unknown

3. Did you meet the 8th grade state achievement standard for reading/language arts?

- o Yes
- o No
- o Unknown

5. What was your 8th grade cumulative G.P.A. (please help us with this especially).
G.P.A. _____

6. Did you meet the 10-12th grade state achievement standard for reading/language arts?

- o Yes
- o No
- o Unknown

7. If applicable, when was the most recent test given for question # 6?
- 10th grade
- 11th grade
- 12th grade
- Not applicable

8. Did you meet the 10-12th grade state achievement standard for math?
- Yes
- No
- Unknown

9. If applicable, when was the most recent test given for question # 8?
- 10th grade
- 11th grade
- 12th grade
- Not applicable

10. Have you taken the PSAT? If so, what was your score? _____
- Not applicable

11.Have you student taken the ACT's PLAN test? Is so, what was your combined score?_____

12. Have you taken the SAT? If so, what was your score on the verbal component? _____
What was your score on the mathematical component? _____
What was your combined score? _____

13. Have you taken the ACT? If so, what was your score? _____

In the beginning of the academic year 2012/2013, did you take any of the following classes? Check all that apply:
____Pre-Algebra ____Algebra I ____Algebra II ____Geometry ____Trigonometry ____Pre-Calculus
____Calculus ____Integrated Math ____Other ____Not Enrolled

____Introductory Science/Earth Science ____Biology ____Chemistry ____Physics ____Integrated Science
____Other ____Not Enrolled

____Spanish ____French ____German ____Italian ____Russian ____Japanese ____Other ____Not Enrolled

14. Please indicate if you have taken any of the following classes during the summer of 2013. Check all that apply:
____Pre-Algebra ____Algebra I ____Algebra II ____Geometry ____Trigonometry ____Pre-Calculus
____Calculus ____Integrated Math ____Other ____Not Enrolled

____Introductory Science/Earth Science ____Biology ____Chemistry ____Physics ____Integrated Science
____Other ____Not Enrolled

____Spanish ____French ____German ____Italian ____Russian ____Japanese ____Other ____Not Enrolled

15. What is your current cumulative G.P.A.? _____

NEEDS ASSESMENT

Academic

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	_____	_____

ACADEMIC INFORMATION

List all science, math, or computer courses you have taken in school and the letter grade you received. Include courses you are currently taking. **(Attach a copy of your high school transcript)**

	Science Course Name	Final Grade	Mathematics Course Name	Final Grade	Computer Course Name	Final Grade
9th Grade						
10th Grade						
11th Grade						
12th Grade						

Attach your 200+ word essay explaining your career goals and how this program will help you to achieve those goals.

List all organizations, honors, or awards received, include the position you held in each organization.

EXTRA CURRICULAR

CO-CURRICULAR

COMMUNITY INVOLVEMENT

OTHER ACTIVITIES (Church, Social, etc.)

RECOMMENDATION FORM (For Mathematics teacher)

_____has applied to Murray State University as a potential participant in the AIMS Program. AIMS is designed to introduce 50 high school students with career interests in math or science to research for 6 weeks during the summer. Your evaluation is requested with the assurance that all statements will be kept confidential. This form is a part of the applicants application form; **please return it as soon as possible.**

IN MY OPINION…	**Strongly Disagree**				**Strongly Agree**
This student has a tendency to make mature judgements.	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
I know this student well.	1	2	3	4	5

Are you aware of any current circumstances or problems which may affect the applicant's performance of 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. AIMS is designed to introduce 50 high school students with career interests in math or science to research for 6 weeks during the summer. Your evaluation is requested with the assurance that all statements will be kept confidential. This form is a part of the applicants application form, **please return it as soon as possible.**

IN MY OPINION…	**Strongly Disagree**				**Strongly Agree**
This student has a tendency to make mature judgements.	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
I know this student well.	1	2	3	4	5

Are you aware of any current circumstances or problems which may affect the applicant's performance of 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 _____

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Murray State University
240 Blackburn
Murray, KY 42071
Fax: (270) 809-4351

RECOMMENDATION FORM (For Counselor)

_____has applied to Murray State University as a potential participant in the AIMS Program. AIMS is designed to introduce 50 high school students with career interests in math or science to research for 6 weeks during the summer. Your evaluation is requested with the assurance that all statements will be kept confidential. This form is a part of the applicants application form, **please return it as soon as possible.**

IN MY OPINION…	**Strongly Disagree**				**Strongly Agree**
This student has a tendency to make mature judgements.	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
I know this student well.	1	2	3	4	5

Are you aware of any current circumstances or problems which may affect the applicant's performance of 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

MURRAY STATE UNIVERSITY
ADMENTURES 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

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

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 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 participation in the AIMS Program ends, 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

Check List for AIMS Files

Student's Name _____ Home Phone Number _____

_____3 Page Application

_____Tax Return

_____1 Page Academic Information Form

_____High School Transcript

_____200 Word Essay

_____Recommendation Forms
- _____Math Teacher
- _____Science Teacher
- _____Guidance Counselor

_____Transportation and Medical Release Form

_____Student Information and Photograph release

_____Needs Assessment Form

_____Exam Grades where applicable for the following exams: PSAT, ACT'S PLAN, ACT and SAT.