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 October 31, 2014 for Academic Component Consideration or March 16, 2015 for Summer Component 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: ____________________________ ____________________________ ____________________________

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) ________________

**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

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#: (    ) __________________________

ATTACH ALL OF THE FOLLOWING THAT APPLY TO THIS APPLICATION:
_____ A signed copy of your most recent IRS Form 1040, 104A, or 1040EZ
_____ Family Taxable Income for the most recent year
_____ A letter or other agency documentation indicating the amount of total family income from Social Security,
Child Support, etc. received for the most recent tax year

____________________________________ (Signature of Parent/Guardian) ____________________________ (Date)

NOTE: By signing this form, I attest that all information provided is true and complete to the best of my knowledge.
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

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 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?  
   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>Statements</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know this student well.</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>This student has a tendency to make mature decisions.</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>This student has the ability to live away from home for six weeks.</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>This student is cooperative with teachers and adults in authority.</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>This student is a team player (works well in a group).</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>This student has the internal motivation to be successful in this program.</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>This student has a strong background in math and/or science.</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

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
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>
<td>1</td>
</tr>
</tbody>
</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)

______________________________________________

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
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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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.  
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__________________________  
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