

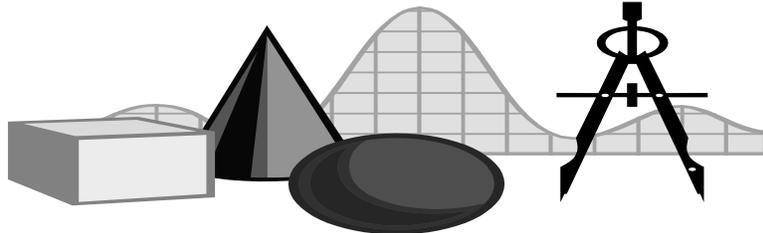
UPWARD BOUND MATH SCIENCE



P.R.I.S.M. - Promoting Resolve In Math and Science

APPLICATION

Upward Bound Math Science: PRISM
The Doctor's Building, Suite 223, Department 6648
615 McCallie Avenue
Chattanooga, Tennessee 37403-2598
Phone: 423-425-2207
Fax: 423-425-2249



Visit our website at <http://www.utc.edu/~prism/>

The Upward Bound Math Science program is 100% federally funded by U.S. Department of Education at \$250,000.00 annually





UPWARD BOUND

The University of Tennessee at Chattanooga
P.R.I.S.M. - Promoting Resolve In Science and Math
FACT SHEET

MATH SCIENCE

WHAT IS UPWARD BOUND MATH SCIENCE?

Upward Bound Math Science is a federally funded TRIO program that is designed to strengthen the math and science skills of participating students. The overall goal of the program is to help students recognize and develop their potential to excel in math and science and to encourage them to pursue postsecondary degrees in these fields.

WHAT ARE THE ELIGIBILITY REQUIREMENTS?

- The student must be an up and coming ninth grader or enrolled in the ninth, tenth, or eleventh grade at Brainerd High School or Howard School of Academics and Technology.
- Must be first-generation (Neither parent has graduated from a four-year institution).
- Student must meet the U.S. Department of Education income guidelines.
- Recommended by a Math and/or Science teacher.

WHAT DOES THE PROGRAM CONSIST OF?

The Upward Bound Math/Science: PRISM program consist of an Academic and Summer Component.

Academic Component: October through May

The academic year component consists of classes on Saturdays with Hamilton County School Teachers, UTC professors and staff. The academic areas covered include Math, Science, English Composition/English Literature, Computer Science and Academic Counseling/Career Exploration and Research. These classes are designed to supplement high school work and prepare students for postsecondary education.

Summer Component: June and July

This year the Upward Bound Math Science: PRISM program will conduct a six-week **residential** program. The summer curriculum emphasis is on subject matter enrichment (not remediation) and intensive research in areas of math and science.

WHAT OTHER SERVICES ARE PROVIDED?

Other services include:

Academic and Career Counseling

There will also be special seminars offered concerning career/educational planning, preparation for college admission and personal improvements (e.g., character education and goal development).

Tutorial Services

Mandatory weekly tutorials will be arranged for students who make a **C or below** in their courses during the academic year. The weekly tutorials are designed to adequately assist students in their understanding of classroom assignments. UTC graduate and undergraduate students will conduct these sessions.

Mentoring

Participants will be paired with UTC students or professionals that are majoring/and or working in science and math fields. The mentors will serve as direct source of information on the benefits of postsecondary education. This component will help the participants strive toward educational goals that are attainable for them.

Cultural and Educational Enrichment Activities

Cultural and Educational Enrichment activities are designed to broaden, expose and provide opportunities to enhance each participant's learning experience. These activities include field trips: such as plays, college visits, and musical concerts.

WHAT ARE THE PROGRAM DATES?

The Upward Bound Math Science: PRISM program operates year round. The Academic Component is from September to May, and the Summer Component is held in June and July.



THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA
UPWARD BOUND MATH SCIENCE: PRISM

INSTRUCTIONS FOR COMPLETING THE ATTACHED MATERIAL

1. Please print or type all information requested.
2. Fill-in all blanks. If an item does not apply to you, put N/A (not applicable) instead of leaving the line blank.
3. Be sure to have a parent/legal guardian complete and **sign** the parent application and the parent consent form.
4. Parent/legal guardian **must** provide most recent copy of income tax information, such as Federal Income Tax forms.
5. Include your social security number, current address, correct phone numbers, and emergency contact information each time it is requested in the paperwork.
6. **Remember:** At least one of the recommendation forms must be completed by a math or science teacher. Any teacher, school personnel, or community figure may complete the other recommendation form.
7. Include the health form and a **copy** of your insurance card.
8. Attach a copy of your most recent report card to the application form.
9. **FOR EIGHTH GRADERS ONLY:** Have your school send us a transcript showing your completion of the 8th grade if you are passing to the 9th grade.
10. Return your completed packet to **your guidance counselor** or to the **Upward Bound Math Science Program Counselor**. You may also mail your information to:

Upward Bound Math Science: PRISM
University of Tennessee at Chattanooga
Metropolitan Hall Department 6648
615 McCallie Avenue
Chattanooga, Tennessee 37403-2598

If you have further questions, feel free to contact our office at 423-425-2207 or fax us at 423-425-2249.

The University of Tennessee at Chattanooga
Upward Bound Math Science: PRISM

PARTICIPANT APPLICATION

I. General Information

Name (Last/First/Middle): _____ SSN: _____

Address (Street/Apt. No.): _____

City, State, Zip Code: _____

Email Address: _____

Telephone number: _____

Cell Phone number: _____

II. Equal Opportunity Admission

Upward Bound Math Science: PRISM is committed to serving all persons that meet eligibility requirements. We encourage applicants from diverse backgrounds. No distinction is made upon the basis of age, color, disability, gender, or race. The following information is useful to us for statistical research.

Are you a U.S. Citizen? Yes No

Ethnic Background:

Hispanic Asian/Pacific Islander African American Multi-Racial

White American Indian Other (specify) _____

Gender: Male Female Date of Birth: Month _____ Day _____ Year _____

Do you have a documented disability? No Yes (Fill in the information below)

Please indicate any physical or learning disability you feel the program should be informed of in order to provide you with necessary access to available services. This information will remain confidential. _____

III. Eligibility Information

Has either parent/legal guardian graduated from a four-year college? No Yes

Parent's annual taxable income \$ _____

Your annual taxable income \$ _____

Number of family members that live in your home (including you): _____

IV. Educational Information

What high school do you attend?

- Brainerd High School
- Howard School of Academics and Technology
- Other: _____

Grade level: 9th 10th 11th 12th Grade point average (GPA) _____

Area of Concentration: College Prep Commercial General
 Remedial Vocational

Check all classes you have taken:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Math I/II | <input type="checkbox"/> Trigonometry | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Algebra I | <input type="checkbox"/> Science I | <input type="checkbox"/> Anatomy |
| <input type="checkbox"/> Algebra II | <input type="checkbox"/> Science II | <input type="checkbox"/> Earth/Environmental Science |
| <input type="checkbox"/> Algebra III | <input type="checkbox"/> General/Physical Science I | <input type="checkbox"/> Introduction to Computers |
| <input type="checkbox"/> Algebra IV | <input type="checkbox"/> General/Physical Science I | <input type="checkbox"/> Typing I/II |
| <input type="checkbox"/> Geometry I | <input type="checkbox"/> Biology I | <input type="checkbox"/> Other Math and Science classes |
| <input type="checkbox"/> Geometry II | <input type="checkbox"/> Biology II | _____ |
| <input type="checkbox"/> Calculus I | <input type="checkbox"/> Chemistry I | _____ |
| <input type="checkbox"/> Calculus II | <input type="checkbox"/> Chemistry II | _____ |

List the school activities in which you are involved: _____

V. Student Comments

Additional information you wish to share that may help us help you: _____

If accepted into the Upward Bound Math Science: PRISM program, I agree to abide by the program's rules, regulations, and dress code. I agree to participate in the academic year and summer programs; otherwise, I understand that my participation is in danger of being terminated. The above information is true and complete to the best of my knowledge.

Signature _____ Date _____

Return application to Director, Upward Bound Math Science: PRISM, University of Tennessee at Chattanooga, 615 McCallie Ave. Dept. 6648, Chattanooga, TN 37403 or fax to (423) 425-2249

The University of Tennessee at Chattanooga
Upward Bound Math Science: PRISM
PARTICIPANT INTEREST ASSESSMENT

Name: _____

Are you active in any community groups? If so, describe your involvement (such as volunteer work, civic organizations, etc).

What do you plan to do after you graduate high school?

What are your life goals and objectives?

Describe your career plans.

The University of Tennessee at Chattanooga
Upward Bound Math Science: PRISM

PARENT APPLICATION

Family Information (To be completed by parent or guardian)

I. Parental Information

Mother's / Guardian's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Father's / Guardian's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Did the parent/guardian of the applicant graduate from a four-year college? (Excluding Beauty/Trade or Business schools.) Yes No

II. Household Information

List the names and ages of ALL persons within your household.
Write student or unemployed under "employer" if they are not employed.
List participant's name first.

NAME	AGE	EMPLOYER	MONTHLY INCOME
Ex. John Doe	14	Student	N/A

III. Verification of Income

The United State Department of Education requires that The University of Tennessee at Chattanooga's Upward Bound Math Science program provide income documentation on each participant who will receive assistance from the program.

This information is used for statistical purposes only and is strictly confidential

Please check ALL of the following that apply to your family:

- Family lives in Public Housing
- Family receive Welfare Benefits
- Child(ren) participate(s) in the School Free Lunch Program
- Family Receives Families First Benefits
- Parents Receives Disability Benefits
- Family Receive Social Security Benefits
- Parent(s) are not Employed (do not work)
- Child(ren) are/is Ward(s) of the State (Foster/Kinship/Guardian Care)

Below are the income ranges that reflect the federal guidelines to which Upward Bound Math Science must adhere. Please enter your household size and check the appropriate taxable income range.

Household Size _____

Please refer to your **2014** income tax form for the information. Our family's **2014** taxable income was (**Locate this information on IRS form 1040- Line 37; 1040 A- Line 21; or 1040 EZ – Line 4**): (Effective **January 28, 2015** until further notice);TB

Please check one (1)

- did not FILE taxes
- taxable income below \$17,655
- income ranged from \$17,655.00 to \$23,895.00
- income ranged from \$23,895.00 to \$30,135.00
- income ranged from \$30,135.00 to \$36,375.00
- income ranged from \$36,375.00 to \$42,615.00
- income ranged from \$42,615.00 to \$48,855.00
- income ranged from \$48,855.00 to \$55,095.00
- income ranged from \$55,095.00 to \$61,355.00
- income ranged is greater than \$61,355.00

Please check information that will be provided with this application. **Please attach supporting documentation.**

- Current Year Tax Forms (1040, 1040A, 1040EZ, etc.)
- Social Security Administration Explanation of Benefits
- Other Governmental Source (ie., Food Stamp Letter, WIC benefits, etc.)
- Other: _____

I certify by signing below that the above information is correct and that any false or misleading information may result in disqualification of the applicant.

Signature _____ Date _____
Parent/Guardian

The University of Tennessee at Chattanooga
Upward Bound Math Science: PRISM
PARENTAL CONSENT FORM

Participant's Name: _____
(Last/First/Middle)

Address (Street/Apt. No.): _____

City, State, Zip Code: _____ Phone: (__) _____

1. The information provided on this application is correct and complete.
2. We understand that we are responsible for providing additional information that may be required to participate in the Upward Bound Math Science: PRISM program.
3. The Upward Bound Math Science: PRISM program participant:
 - A. will be required to participate in activities during the school year and the entire summer program
 - B. will be required to observe the Upward Bound Math Science and The University of Tennessee at Chattanooga policies regarding student conduct and responsibility.
 - C. agree to allow the Upward Bound Math Science program to release photographs or video recordings and/or quotes for editorial, promotional, recruitment, and/or other means deemed appropriate by program staff.
 - D. agree to cooperate with the Upward Bound Math Science project staff in answering surveys or participating in other projects designed to evaluate the effectiveness of the project or to improve program services.
 - E. agree to cooperate with the Upward Bound Math Science program in follow-up activities, including the release of school records throughout high school and into college.
 - F. Parent agrees that his/her child may be transported as deemed necessary and appropriate with the approval of the Project Director (**SAFETY POLICY 575 (PROGRAMS FOR MINORS) WITH RESPECT TO PROGRAMS FOR MINORS SPONSORED BY A UNIVERSITY UNIT: See paragraph D: Transportation**)).

Student Signature: _____ Date _____

Parent / Guardian Signature: _____ Date _____

The University of Tennessee at Chattanooga
Upward Bound Math Science: PRISM

HEALTH STATEMENT/MEDICAL RELEASE FORM

The following information is requested to provide the Upward Bound Math Science staff with information necessary in the event of an accident, emergency, medical or health problems.

Participant's Name: _____ Parent/Guardian's Name: _____

Address (Street/Apt. No.): _____

City, State, Zip Code: _____ Phone: (___) _____

Please list any and all physical conditions that your child may have which might affect or be affected by participation in this program and which the Upward Bound Math Science PRISM Staff should know about. **Please attach a copy of the participant's Insurance Card.**

Present medical problems or conditions:

Medications taken regularly:

Allergies (including allergies to medications):

Limitations on physical activities:

Wear contacts? Yes _____ No _____

Wears glasses? Yes _____ No _____

Participant's doctor name? _____

Address (Street/Apt. No.): _____

City, State, Zip Code: _____ Phone: (___) _____

Consent and Release for Upward Bound Math Science

I, _____, am the parent or guardian of _____, I hereby consent that the above named minor has my permission to participate in the activities planned in conjunction with Upward Bound Math Science: PRISM program. I hereby recognize that there may be risk involved with respect to the activities in this program. I hereby assume such risk and release The University of Tennessee at Chattanooga, its agents, its employees or students of any liability. I understand that in the event of a medical emergency, attempts will be made to contact me. If said attempts are not successful permission is granted to the Director of Upward Bound Math Science PRISM, or the Director's authorized representative, to furnish first aid as my child (named above) may require, as well as to seek medical attention through the nearest medical facilities such as those provided on campus and those medical facilities available when students are on field trips and other authorized activities.

Signature _____ Date _____
Parent/Guardian

The University of Tennessee at Chattanooga
Upward Bound Math Science: PRISM

RECORDS RELEASE FORM

Participants Name: _____ SSN: _____

Address (Street/Apt. No.): _____

City, State, Zip Code: _____ Phone: (_____) _____

The University of Tennessee at Chattanooga Upward Bound Math Science: PRISM program has permission to obtain copies of school records for the student named above. These records may include, but are not limited to:

- Class schedules
- School Transcript(s)
- Scores for standardized achievement and diagnostic test/assessments (Test Scores)
- Attendance data
- Documentation of free/reduced lunch
- IEP records
- Teacher evaluations
- Admission applications
- Financial Aid Documents (i.e., FAFSA, Student Aid Reports, Scholarship Award letter(s)).
- Reports or academic data necessary for the admission and participation in UBMS
- Other pertinent information that deems necessary according to the Department of Education in the Upward Bound Math Science PRISM program.

I authorize the release of these records for the period of the student's school attendance through postsecondary education.

I understand that these records are confidential and will only be used internally for program evaluation. I also understand that records might be compiled on a group basis and may include any/all of these records. Compiled information will be used to meet the U.S. Department of Education regulations, for annual performance reporting to the DOE and program evaluation and will remain strictly confidential.

Student Signature: _____ Date _____

Parent / Guardian Signature: _____ Date _____

The University of Tennessee at Chattanooga
 Upward Bound Math Science: PRISM
PARTICIPANT RECOMMENDATION FORM

Evaluator: _____ Participant's Name: _____

The following student has applied for admission into the Upward Bound Math and Science PRISM Program. This program provides each participant an opportunity to network with UTC professors, participate in field experiences, and work in laboratory situations. As you know, many factors other than grades must be considered in order to select deserving, sincere, capable young people who can best benefit by the training this program can offer. Having previously dealt with this student, you are in a position to help us greatly in making a wise decision. Please rate the student using the following scale and return to the address listed below, as soon as possible. Thank you.

	(Very low)				(Very high)
Adaptability	1	2	3	4	5
Articulation	1	2	3	4	5
Conduct	1	2	3	4	5
Cooperation	1	2	3	4	5
Dependability	1	2	3	4	5
Initiative	1	2	3	4	5
Problem Solving	1	2	3	4	5
Punctuality	1	2	3	4	5
Written Expression	1	2	3	4	5

Comments:

Signature _____ Title _____

Return application to Director, Upward Bound Math Science: PRISM, University of Tennessee at Chattanooga, 615 McCallie Ave. Dept. 6648, Chattanooga, TN 37403 or fax to 423- 425-2249.

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