

UPWARD BOUND MATH SCIENCE

PRISM (Promoting Resolve In Science and Math)

APPLICATION



Upward Bound Math Science: PRISM

615 McCallie Ave, Dept. 6648

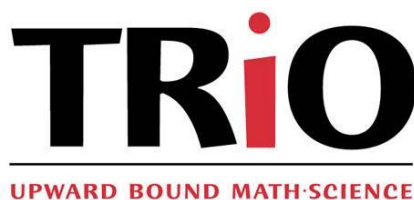
Chattanooga, TN 37403-2598

Phone: 423-425-2207

Fax: 423-425-2249

Email: PRISM@utc.edu

<http://www.utc.edu/~prism/>



The Upward Bound Math Science program is 100% federally funded by U.S. Department of Education at \$287,537.00 annually

UPWARD BOUND MATH SCIENCE

PRISM (Promoting Resolve In Science and Math)

The University of Tennessee at Chattanooga

FACT SHEET

WHAT IS UPWARD BOUND MATH SCIENCE?

Upward Bound Math Science is a federally funded TRIO program that strengthens the math and science skills of participating students. The overall goal of the program is to help students recognize and develop their potential for excelling 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 be enrolled in the ninth, tenth, or eleventh grade at Brainerd High School or The Howard School.
- A first-generation student (Neither parent has graduated from a four-year institute of higher education).
- 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

- Consists of Saturday classes covering Math, Science, English Composition and Literature, Computer Science, Academic Counseling, Career Exploration and Research, all taught by Hamilton County School Teachers, and UTC professors and staff
- Classes are designed to **supplement** high school work and prepare students for postsecondary education

Summer Component: June and July

- A six-week **residential** program that emphasizes subject matter enrichment (not remediation) Includes an intensive research project based in math and science

WHAT OTHER SERVICES ARE PROVIDED?

• **Academic and Career Counseling**

Special seminars concerning career and educational planning, preparation for college admission and personal improvement (e.g., character building and goal development).

• **Tutorial Services**

Students who make a C or below in their courses during the academic year will have mandatory weekly tutorials. These tutorials are designed to assist students in their understanding of classroom assignments. UTC graduate and undergraduate students conduct these sessions.

• **Mentoring**

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

• **Cultural and Educational Enrichment Activities**

Cultural and Educational Enrichment provide opportunities that enhance and broaden 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 October to May, and the Summer Component is 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 forms.
4. Parent/legal guardian **must** provide the most recent copy of their 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** requested in the paperwork.
6. **Remember:** A math or science teacher **MUST** complete one of the recommendation forms. The second recommendation can be from any teacher, school personnel, or community figure.
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.
10. Return your completed packet to **your guidance counselor** or to the **Upward Bound Math Science Program Student Services Coordinator**. You may also mail your information to the address below:

Upward Bound Math Science: PRISM
615 McCallie Avenue, Department 6648
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 or email to PRISM@utc.edu

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

PARTICIPANT APPLICATION

I. General Information

Name (Last/First/Middle): _____

Address (Street/Apt. No.): _____

City, State, Zip Code: _____

Telephone number: _____ Cell Phone number: _____

Email Address: _____

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 based on age, color, disability, gender, or race. The following information is useful to us for statistical research.

Are you a U.S. Citizen? Yes No

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

Ethnic Background:

- Hispanic Asian/Pacific Islander African American Multi-Racial
 White American Indian Other (specify) _____

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

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

Do you currently participate in the following program(s)? Check all that apply.

- Upward Bound Urban League Scholars
 Educational Talent Search Educational Opportunity Center (EOC)
 Gear Up Other: _____
 Links Academy

IV. Educational Information

What high school do you attend?

- Brainerd High School
- The Howard School
- 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 | _____ |

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 both the academic year and summer programs; otherwise, I understand that my participation in the program may be 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 it to (423) 425-2249 or email it to PRISM@utc.edu

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: _____

Cell Phone number: _____

Email Address: _____

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



Father's / Guardian's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone number: _____

Email Address: _____

Did the father/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.

- Please refer to your **2019** income tax form for the information.
- This information is located on **IRS form 1040** on **Line 43**; on **Form 1040 A** on **Line 27**; and on **Form 1040 EZ** on **Line 6**

The values below are effective from **January 15, 2020** until further notice ^{TB: 7/31/2020}

Our family's **2019 Taxable Income** was:

Please check one (1)

Household Size _____

- did not FILE taxes
- taxable income below \$19,140
- taxable income from \$19,141 to \$25,860
- taxable income from \$25,861 to \$32,580
- taxable income from \$32,851 to \$39,300
- taxable income from \$39,301 to \$46,020
- taxable income from \$46,021 to \$52,740
- taxable income from \$52,741 to \$59,460
- taxable income from \$59,461 to \$66,180
- taxable income is greater than \$66,181

Please check below what information you will provide with this application. **Please attach supporting documentation.**

- Current Year Tax Forms (1040, 1040A, 1040EZ, etc.)
- Social Security Administration Explanation of Benefits
- Other Governmental Source (i.e. 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 the 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: _____

Telephone number: _____ Cell Phone number: _____

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:
 - will be required to participate in activities during the school year and the entire summer program
 - will be required to observe the Upward Bound Math Science and The University of Tennessee at Chattanooga policies regarding student conduct and responsibility.
 - agrees 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.
 - agrees to cooperate with the Upward Bound Math Science project staff in answering surveys and participating in other projects designed to evaluate the effectiveness of the project or to improve program services.
 - agrees 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.
4. The Upward Bound Math Science: PRISM 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 provides 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: _____

Student phone number: _____ Student cell phone number: _____

Parent phone number: _____ Parent cell phone number: _____

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.

Present medical problems or conditions: _____

Medications taken regularly: _____

Allergies (including allergies to medications): _____

Limitations on physical activities: _____

Wear contacts? Yes _____ No _____

Wear glasses? Yes _____ No _____

Participant's Doctor: _____

Address (Street/Apt. No.): _____

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

Please attach a copy of the participant's Insurance Card.

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 _____

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