

Summer Math Academy

July 9 – July 21, 2017

RETURN THIS APPLICATION BY WEDNESDAY, MAY31, 2017 to:

Dr. John Robinson
Regents Summer Math Academy
Tennessee State University
PO. Box 9536
3500 John A. Merritt Blvd
Nashville, TN 37209-1561

(Late applications will not be considered)

For Office Use Only

DATE

TIME

PERSONAL INFORMATION

| | | | |
|---|--|--|-----------|
| Date of Birth: | | Student Name (Last, First, Middle Initial) | |
| Home/Local Phone | | Local Mailing Address | |
| Student Cell Phone | | City | State Zip |
| Student E-mail Address | | Parent/Guardian Name(s) | |
| Favorite Course Subject(s) | | Parent(s) Work Phone Number(s) | |
| | | Parent(s) Cell Phone Number(s) | |
| | | Parent E-mail Address(es) | |
| Name of High School | | Grade Point Average GPA | |
| What grade will you be in next school year (Fall 2017)? | Are you interested in pursuing a college degree? | Name two college majors that most interest you (for example, Math, Biology, English, Chemistry etc). | |

SCHOOL OR COMMUNITY INVOLVEMENT

Please list all campus/community organizations and any offices held

| | |
|-------------------------------|-------------|
| Campus/Community Organization | Office Held |
| Campus/Community Organization | Office Held |
| Campus/Community Organization | Office Held |

Notes:

Personal Statement (Required with application)

On a separate sheet of paper, complete the following statement in 100 words or less:

I should be chosen to participate in the TSU Regents Summer Math Academy program because.....

COMPLETE THE FOLLOWING (information is required for TBR and TSU statistical reporting purposes ONLY)

Gender : ☐ Male or ☐ Female

Including you, how many people live in your house? If you share time between multiple houses, please tell us how many people live in the house in which you spend most time. _____

Are you of Hispanic, Latino, or Spanish Origin?

☐ Yes
☐ No

Please specify your race (Select all that apply)

☐ White
☐ Black or African American
☐ Asian
☐ American Indian
☐ Alaska Native
☐ Native Hawaiian or Pacific Islander

What is your total household income?

☐ Less than \$19,999
☐ \$20,000 to \$29,999
☐ \$30,000 to \$39,999
☐ \$40,000 to \$49,999
☐ \$50,000 to \$59,999
☐ \$60,000 to \$69,999
☐ \$70,000 to \$79,999
☐ \$80,000 to \$89,999
☐ \$90,000 to \$99,000
☐ \$100,000 or more

Please indicate the highest level of education achieved for each of the following individuals. If you do not have a relationship with one or more of these individuals, or if any of these individuals do not apply to you, please select Not Applicable

Mother

☐ Some high school
☐ High school diploma/GED
☐ Technical degree or certificate
☐ Completed some college but did not graduate
☐ 2 or 4 year College Degree
☐ Graduate Degree
☐ Don't Know
☐ Not Applicable

Father

☐ Some high school
☐ High school diploma/GED
☐ Technical degree or certificate
☐ Completed some college but did not graduate
☐ 2 or 4 year College Degree
☐ Graduate Degree
☐ Don't Know
☐ Not Applicable

Stepmother

☐ Some high school
☐ High school diploma/GED
☐ Technical degree or certificate
☐ Completed some college but did not graduate
☐ 2 or 4 year College Degree
☐ Graduate Degree
☐ Don't Know
☐ Not Applicable

Stepfather

☐ Some high school
☐ High school diploma/GED
☐ Technical degree or certificate
☐ Completed some college but did not graduate
☐ 2 or 4 year College Degree
☐ Graduate Degree
☐ Don't Know
☐ Not Applicable

Over

Summer Math Academy

July 9 – July 21, 2017

REFERENCES

Provide names and contact information for persons providing letters of reference.

Reference letters must be received with application packet by Wednesday, May 31, 2017

Name of Reference (Math Faculty*)

Phone (Area and Number)

E-mail

Name of Reference (Teacher/Principal/Asst Principal/Community Leader)

Phone (Area and Number)

E-mail

AWARDS / HONORS

ELIGIBILITY

An applicant for this program MUST

- 1) be a **sophomore (10th grade) or junior (11th grade)** in the fall term of 2017 (next year) and must currently be enrolled in high school;
- 2) provide a sealed transcript indicating a minimum GPA of 2.7 (on a 4.0 scale);
- 3) have completed Algebra I.
- 4) provide evidence of **"no disciplinary action"** taken against them by the school in the past year (provided by school counselor or administrator)
- 5) submit a complete application with student personal statement and at least two recommendation letters **(incomplete applications will not be accepted)**
One recommendation should come from a math faculty and one from another school official or community member (e.g. church, counselor, etc).

CONFIRMATION

I certify by signing this application that the information provided here is true. I authorize the Tennessee State University Regents Summer Math Academy administration to verify any information submitted.

Student Applicant Signature

Date

Parent/Guardian Signature

Date



TSU Regents Summer Math Academy

Tennessee State University
P.O. Box 9536
3500 John A. Merritt Blvd.
Nashville, TN 37209-1561

Telephone: (615) 963-5762; Fax (615) 963-5747 (Dr. John Robinson)

To Parents and/or Guardians:

Your student will be participating in the Summer Math Academy at Tennessee State University during **July 9-21, 2017**. The purpose of the Summer Math Academy is to expose students to collegiate life and to provide an opportunity to recognize the benefits of a college education.

One way of assessing and confirming our intended success of this program is to track the participants after high school graduation to determine whether they choose to attend a college or university. **Participants will be tracked through the National Student Clearinghouse using only your child's name and birthdate. The institution and the Tennessee Board of Regents will use this information for this purpose only.**

If you and your student are willing to participate to assist us, please sign and provide the consent information below:

I consent to the use of my child's name and birth date.

Parent / Guardian Signature

Date

Student Name _____ Student Date of Birth _____

Thank you for your assistance. We look forward to seeing your student at this year's Summer Math Academy.

Sincerely,

John T. Robinson, Jr., Ph.D., Director
Tennessee State University Regents Summer Math Academy

STUDENT INFORMATION
TENNESSEE STATE UNIVERSITY
REGENTS SUMMER MATH ACADEMY
JULY 9-21, 2017

Complete (print legibly) front and reverse side

STUDENT NAME _____
Last First Middle Initial

1. **T-shirt size (this will be the T-shirt size issued to you during the academy—all sizes are mens sizes):**

S _____ M _____ L _____ XL _____
2X _____ 3X _____ Other _____

2. We will provide you with at least three meals a day, plus snacks. Please let us know if you have a food allergy or if you are a vegetarian, so we can plan appropriately.

Please check all that apply:

_____ I can eat just about anything! _____ Yes, I am a vegetarian.

_____ Yes, I am allergic to some food (List types of food below)

3. Parents, we will need to know about any medications or special emergency information that pertains to your child's health. For your child's well-being, please list all medications below, and information regarding your child's condition. ALSO, list your doctor and preferred hospital information. Please feel free to use an additional sheet if necessary.

Medicine

Name _____

Use _____

Taken when _____

Other Information _____

Doctor's Information

Name _____

Phone _____

Address _____

Hospital _____

List Special Medical Conditions

Complete and Sign Next Page (Page 2)

Health Insurance Company _____

Policy Number _____ Policy Group Number _____

4. You will have the opportunity to participate in recreational activities indoor and outdoor. Please let us know your swimming ability and movie preference.

Please check all that apply

_____ Yes, I can swim. _____ PG rated movies
_____ No, I cannot swim. _____ PG 13 movies

5. I understand that I will be provided a room in **Hale Residence Hall** at Tennessee State University from **July 9-21, 2017** I realize the responsibility to take care of my room during this period. If any damages should incur, I will take full responsibility.

Student Signature _____

Parent Signature _____

Date _____

6. **Please update emergency contact phone numbers:**

Parent/Guardian Home Phone: (_____) _____
Area

Parent/Guardian Work: (_____) _____
Area

Parent/Guardian Cell: (_____) _____
Area

Congratulations! We are really looking forward to meeting you this summer. Please return this form, along with the others required forms to the following complete address by Wednesday, May 31, 2017:

Dr. John Robinson
TSU Regents Summer Math Academy
Tennessee State University
Department of Biological Sciences
PO Box 9536, 3500 John A. Merritt Blvd
Nashville, TN 37209-1561

or

**FAX to: (615)963-5747
c/o Dr. John Robinson**

(make sure both pages of this form are copied, scanned and/or faxed)

Scan and E-mail to: jrobinson@tnstate.edu

or

Deliver to: Room 110, McCord Hall *(Biological Sciences Office/TSU Main Campus)*



Regents Summer Math Academy

Parent Consent Form

This is a legally binding agreement executed by:

Name of Student Participant: _____

Street Address: _____

City, State, Zip: _____

(Hereinafter referred to as "Participant"), and by,

Name of Parent or Guardian: _____

Street Address: _____

City, State, Zip _____

(hereinafter referred to as "Parent/Guardian), to Tennessee State University (hereinafter, "University"), a public university within the Tennessee Board of Regents System of the State of Tennessee.

We, the undersigned, request that Participant be granted permission to participate in the TSU Regents Summer Math Academy (hereinafter, "Activity") to be conducted in Nashville, Tennessee on the following dates: **July 9-21, 2017.**

Participants' involvement in Activity will include, but is not limited to, the following activities: Math courses and educational courses, campus recreational activities, (i.e., swimming, field sports, etc.) campus tours, movies and off campus filed trip(s), (bus transportation will be provided).

We release Tennessee State University, its officials, program representatives, and all persons assisting with any phase of the program from all liability due to accident, property loss or injury to said student Participant. In the event of illness, I authorize the securing of necessary treatment.

In case of an emergency, the following person should be contacted:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Other Phone: _____

Complete page 2, sign & date and return both pages



Regents Summer Math Academy

Medical Information on Student:

Allergies: _____

Medical Insurance Company _____

Policy Number: _____

Doctor Name: _____ Address: _____

Office Phone: _____

The University reserves the right to cancel any activity or event included as part of Activity or prevent Participant from participating in such activities or events if, in the University's sole judgment, Participant's participation in such activities may seriously endanger Participant, other participants, or otherwise be harmful or inconsistent with the rules and regulation of University and all applicable policies and guidelines of the Tennessee Board of Regents.

We further agree that any and all claims against University, the Tennessee Board of Regents, the State of Tennessee, its officers, agents, and employees for personal injury and /or property damage shall be submitted to the Board of Claims or the Claims Commission of the State of Tennessee. Damages recoverable against the State of Tennessee shall be limited to claims paid by the Board of Claims or the Claims Commission, pursuant to Tennessee law. This Agreement shall be governed and construed in accordance with the laws of the State of Tennessee without regard to its conflict of laws.

Parent/Guardian further states that I/We am/are the Participant's legal parent or guardian, and am fully competent to sign this Agreement; and that I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by the terms herein.

IN WITNESS WHEREOF, we have executed this release this _____ day of _____, **2017**.

BOTH PARTICIPANT AND PARENT/GUARDIAN MUST READ BEFORE SIGNING.

PARENT OR GUARDIAN

(Signature of Parent Guardian)

Date

PARTICIPANT

(Signature of Participant)

Date



REGENTS SUMMER MATH ACADEMY

Student Consent Form

This is a legally binding agreement executed by:

Name of Participant Student: _____

Street Address: _____

City, State, Zip: _____

(Hereinafter referred to as "Participant"), and by,

Name of Parent or Guardian: _____

Street Address: _____

City, State, Zip: _____

(Hereinafter referred to as "Parent/Guardian), to Tennessee State University (Hereinafter, "University"), a public university within the Tennessee Board of Regents System of the State of Tennessee.

Parent/Guardian, the undersigned, grants Participant permission to participate in Math Academy Summer program (hereinafter, "Activity") to be conducted in Nashville, Tennessee on the following dates: **July 9-21, 2017**.

Participant and Parent/Guardian, evidenced by the signatures below, agree that participant will adhere to the following University policies:

1. No alcohol/drug possession
2. No firearms
3. No heat producing appliances
4. No motorized / unmotorized vehicles
5. No smoking
6. No guests other than parent/legal guardian in dormitory or in your dormitory room.
7. No cursing and/or disruptive behavior.
8. No leaving campus without permission from the one of the program coordinators.

Additionally, Participant and Parent/Guardian, as evidenced by signatures below agree that Participant:

1. Must participate in all scheduled activities.
2. Must be on time for all scheduled activities.
3. Must be in assigned dorm room no later than 10:30pm and adhere to the University quiet and courtesy policies.
4. Must abide by the stated dress code:
 - a. No shorts higher than 3 inches above the knee.
 - b. No mid sections exposed.
 - c. No underwear exposed.
 - d. No low cut shirts/blouses.
 - e. **No bikini swimwear**
5. Must work cooperative with and show respect for program coordinators, instructors, guides and conference housing staff.

Continue to and complete pages 2 and 3



Violation of any of these above rules, regulations, or policies will result in Participant's immediate dismissal from the Summer Math Academy Program.

IN WITNESS WHEREOF, we have executed this release this _____ day of _____, **2017**.

BOTH PARTICIPANT AND PARENT/GUARDIAN MUST READ BEFORE SIGNING.

PARENT OR GUARDIAN

PARTICIPANT

(Signature of Parent Guardian)

(Signature of Participant)

Date

Date

Continue to Page 3, Read and Sign.



Tennessee State University (hereinafter referred to as "University"), through its Division of Academic Affairs, will hold a **Math Academy Summer Program, July 9-21, 2017**. As part of this program, I understand and acknowledge that my participation in this event is voluntary.

1. I PROMISE NOT TO SUE THE UNIVERSITY, THE TENNESSEE BOARD OF REGENTS (TBR), AND/OR THEIR OFFICERS OR EMPLOYEES FOR ANY INJURIES OCCURRING WHILE I AM A PARTICIPANT IN THIS ACTIVITY:

In consideration for receiving permission to participate in this event, I release and covenant not to sue University, TBR, and/or their officers or employees (all hereinafter referred to as Releasees) from all claim related to any loss that may be sustained by me, including, but not limited to, loss of life, or to any property belonging to me, whether caused by negligence of the Releasees or otherwise, while participating in activity.

2. I AM AWARE OF THE RISKS OF CHOOSING TO PARTICIPATE IN THIS ACTIVITY, AND I ACCEPT RESPONSIBILITY FOR THESE RISKS:

The event has been explained to me, including the risks involved in participating, and I understand these risks. These risks include, but are not limited to, loss of the items I will be displaying as well as any other injuries sustained by me during the event. I voluntarily choose to participate in the event and voluntarily assume full responsibility for any risks of loss, property damage, personal injury, including death that may be sustained by me as a result of my participation in this event, whether caused by negligence of the Releasees or otherwise.

3. I WILL REIMBURSE RELEASEES FOR ANY COSTS THEY INCUR BECAUSE OF MY PARTICIPATION IN THIS EVENT:

I agree to indemnify the Releasees for any loss of costs, including medical bills, court costs and attorneys' fees, that they may incur due to my participation in this event, whether this loss is a result of the negligence of Releasees or otherwise.

4. THIS AGREEMENT WILL ALSO PREVENT MY FAMILY OR THEIR REPRESENTATIVES FROM SUING RELEASEES:

It is my intent that this agreement shall bind members of my family and spouse, if I am alive, and my heirs, assigns, and personal representative, if I am deceased. This Agreement shall be deemed as a Release and consent not to sue regarding any claims these parties may have against Releasees relating to my participation in this event, whether these claims arise out of the negligence of Releasees or otherwise.

5. IN THE EVENT THAT ANY PROVISION IN THIS AGREEMENT IS DEEMED TO BE UNENFORCEABLE, THE REMAINING PROVISIONS SHALL CONTINUE IN FULL FORCE AND EFFECT. THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TENNESSEE WITHOUT REGARD TO ITS CONFLICT OF LAWS.

6. I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND THAT I SIGN VOLUNTARILY.

| | | | |
|-------------------------------|-------|--------------------|----------------|
| _____ | _____ | _____ | ____/____/____ |
| Student Participant Signature | Date | Student Print Name | Date of Birth |

| | | |
|---------------------------|-------|----------------------------|
| _____ | _____ | _____ |
| Parent/Guardian Signature | Date | Parent/Guardian Print Name |

| | | |
|---------------------------|-------|----------------------------|
| _____ | _____ | _____ |
| Parent/Guardian Signature | Date | Parent/Guardian Print Name |



**Tennessee State University
Student/Program Participant Medical Treatment Notice**

For a child's well-being, it is important that only designated and authorized persons administer medication to them. This avoids repetitive doses, misadministration and the possibility of an overdose. Because TSU is concerned about the welfare of our campus's students/program participants, this notice is being provided to parents, relatives and guardians. Your child, with your approval, has voluntarily decided to participate in a camp or program and related activities housed at or administered by Tennessee State University ("TSU") and located at Tennessee State University, 3500, John A. Merritt Boulevard, in Nashville, Tennessee, during summer 2017.

Please be advised of the following:

TSU's employees are not trained to administer or to supervise the administration of medication and cannot administer medication, whether non-prescription or prescription medication, to program participants. Therefore, TSU and its employees cannot assume responsibility for providing medication, medical treatment or medical coverage if your child is ill or becomes ill, is injured, or injures someone else. In the event of an injury to your child, TSU's employees will notify emergency medical personnel by calling 9-1-1. If your child is acutely ill (for example, with a severe cold, the flu, or an eye infection) and requires medication, please allow him/her to remain at home where you can ensure that medication will be administered as needed. In the event of a program participant's illness, injury, or need for emergency medical intervention or medical care, paramedics will be summoned to provide treatment, and notice will be provided to the parent, relative or guardian listed on the child's contact listing.

If you have any questions, please contact: Dr. John Robinson at (615) 963-5762; or (615) 963-5681

KEEP THIS FORM FOR YOUR RECORDS.

HALE HALL RESIDENCE CENTER--Tennessee State University

Accepted Math Academy participant will live in Hale Hall Residence Center

Check-in will be Sunday, July 9, 2017 at 3:00-4:15 pm

Directions to Hale Hall Residence Center

From I-40 West toward Nashville

1. Take 28th Avenue exit (Exit 207)
2. Straight through light onto Albion to 35th Avenue North (4-way stop).
3. Turn right onto 35th Avenue North and travel one block to Alameda Street (4 way stop)
4. Turn left on Alameda (past traffic booth).
5. Travel past faculty parking lot and Performing Arts Center (both on the left) and take the 1st left. You are now at Hale Hall

From I-40 East toward Nashville

1. Take Jefferson Street Exit (Exit 207)
2. Turn left onto Jefferson Street and travel through traffic light at 28th Avenue onto TSU campus (Jefferson Street becomes John Merritt Blvd) to 3-way stop.
3. Turn left onto 35th Avenue North (past jet airplane) to 4-way stop at Alameda Street.
4. Turn right into campus (past traffic booth).
6. Travel past faculty parking lot and Performing Arts Center (both on the left) and take the 1st left. You are now at Hale Hall.

From I-65 North toward Nashville

1. I-65 North to I-40 West past downtown toward Memphis.
2. Take 28th Avenue exit (Exit 207)
3. Straight through light onto Albion to 35th Avenue North (4-way stop).
4. Turn right onto 35th Avenue North and travel one block to Alameda Street (4 way stop)
5. Turn left on Alameda (past traffic booth).
7. Travel past faculty parking lot and Performing Arts Center (both on the left) and take 1st left. Travel past faculty parking lot and Performing Arts Center (both on the left) and take the 1st left. You are now at Hale Hall.

From I-65 South toward Nashville

1. I-65 South to Nashville to I-40 West (toward Memphis)
2. Take 28th Avenue exit (Exit 207)
3. Straight through light onto Albion to 35th Avenue North (4-way stop).
4. Turn right onto 35th Avenue North and travel one block to Alameda Street (4 way stop)
5. Turn left on Alameda (past traffic booth).
6. Travel past faculty parking lot and Performing Arts Center (both on the left) and take the 1st. You are now at Hale Hall



To learn more about Hale Hall Residence Center go to :
<http://www.tnstate.edu/housing/hale.aspx>

Hale Hall Residence Center

Hale Hall is a gender neutral/co-ed facility housing students participating in the Honors Program. Each room is semi-private suite style room. The facility is equipped with a key-less entry system, barber/beauty salon, on site laundry room, and computer lab. On the first floor, Hale Hall boasts a state of the art lounge area for programming and recreational use. Each room is equipped with internet connection (including Wi-fi), and cable television service and local phone service.

KEEP THIS FORM FOR YOUR RECORDS.