



Tennessee Louis Stokes Alliance For Minority Participation

APPLICATION FOR THE ALLIANCE

TLSAMP SUMMER BRIDGE PROGRAM

June 3rd-June 25th, 2012

☐ LeMoyne-Owen ☐ Univ. of Memphis ☐ MTSU ☐ TSU ☐ UT-Knoxville ☐ Vanderbilt

The applicant is responsible for submission of the application form. **Please complete and have this postmarked no later than April 30th, 2012.** This program is only for graduating high school students who will be enrolled in science, technology, engineering, or mathematics at one of the above institutions for fall 2012.

(Please type or print in black ink.)

Name	Last	First	M.I.	
Address	Street	City	State	Zip
Phone	()	Emergency Number	()	
E-mail	Preferred	Alternate		
Gender	Male Female	Date of Birth	/ /	
High School	Name	Location		
Race/Ethnicity	Native American	African American	Hispanic	Other

The *TLSAMP* summer bridge program is a four week academic enrichment program. Students will be in class daily with some time spent on tours. *If you are selected to participate in this program, you must attend all classes.*

CAN YOU MAKE THIS FOUR-WEEK COMMITMENT? YES _____ NO _____

Please explain any possible schedule conflicts that you are currently aware of which may interfere with your attendance:

Only 50 students will be selected to participate in *TLSAMP program*. Please write a short essay explaining why you would like to participate in the *TLSAMP* summer program. Use additional paper if needed.

STUDENT AGREEMENT

I, _____, as a student applicant to the TLSAMP Summer Bridge program, agree to the terms and conditions listed below:

1. I agree to attend all four weeks of the program which will be held Monday through Friday, June 3 – June 25, 2012.
2. I agree that I am a graduating high school student who will be enrolled in science, technology, engineering, or mathematics at one of the above institutions for fall 2012 and that I will attend
3. I agree that I am attending one of the following universities during the fall 2012 semester.

Check the box of the University you have been accepted to and will attend:

☐ LeMoyne-Owen ☐ Univ. of Memphis ☐ MTSU ☐ TSU ☐ UT-Knoxville ☐ Vanderbilt

4. I will actively participate in the discussions and experiments which will be part of this program; and
5. I will act properly and represent myself, my parents, my school, and the TLSAMP program in the best light at all times.

Furthermore, I understand that not all participants may be accepted to this program. By applying to the TLSAMP program, I am stating that I am truly interested in the subjects that will be covered and that I will do everything I possibly can to learn from this program.

Student Signature: _____ Date: _____

PARENT AGREEMENT

As a parent, I support my child's application to the *TLSAMP* summer program.

I agree that my child will attend all four weeks of the *TLSAMP* summer program, June 3 – June 25, 2012, Monday through Friday (including field trips).

I agree that my child will be enrolled in science, technology, engineering, or mathematics at one of the above institutions for fall 2012 and that I will attend

I agree my child will be attending one of the following universities, during the fall 2012 semester: Check the box of the University you have been accepted to and will attend:

☐ LeMoyne-Owen ☐ Univ. of Memphis ☐ MTSU ☐ TSU ☐ UT-Knoxville ☐ Vanderbilt

Should there be any problem with attendance or participation by my child, I agree to contact the *TLSAMP* program at _____ as soon as possible.

PARENT APPROVAL OF STUDENT PARTICIPATION

_____ is my child and is now under my control and in my custody.

I want (Print Name of Student)

my child to participate in *the TLSAMP program*. In consideration of my child being permitted to take part in *TLSAMP* activities and the instruction my child will receive by reason thereof, I, for myself and on behalf of my child, hereby relieve and release the University of Memphis, and participating employees, and agents, together with all those persons assisting with any phase of the program and all program activities (excluding paid certificate carriers) from and against any and all actions, liability, causes of actions, claims and demands of any character *TLSAMP* should be aware?

☐ Yes ☐ No If so, please describe:

Please list any allergies:

Please list any medication the student is currently taking:

Insurance Company:

Policy #:

I authorize the staff of the University of Memphis program to secure medical care at a local medical facility for my son/daughter while he/she is participating in the <i>TLSAMP</i> Summer Bridge Program. This authorization is required in order to provide emergency care to a student participating in the <i>TLSAMP</i> Summer Bridge Program.
--

Parent/Guardian Signature _____ Date _____