

The All-Star Mathematics Institute

RETURN THIS APPLICATION to:

The All-Star Mathematics Institute

Attn: ASMI Team

Tennessee State University 3500 John A. Merritt Blvd Nashville, Tennessee 37209-1561 For Office Use Only

DATE

TIME

E-mail: allstarmath@tnstate.edu; Phone: (615) 963 - 5767

Student Personal Data				
	Last Name	F	irst	M.I.
Date of Birth (MM/DD/YYYY)	Local Address			
Gender Race	City	Sta	te	Zip
Email Address	Parent/Guardian	Name(s)		
Parent/Guardian Email Address	Name of School		verall GPA Con hool unofficial transcript)	duct Grade (2022 - 2023)
Cell Phone (Area Code and Number)	9 th 10 th	11 th 12 th		
Emergency Contact Phone Number () Parent/Guardian Contact Phone Number	What year will yo (Circle (u be Spring 2023? One)		Your interested college major?
ELIQIDII ITV		001	FIDMATION	
ELIGIBILITY	CONFIRMATION			

An applicant for this program MUST

- Be a full-time high school student in the Spring term of 2023; and a first-time participant in the ASMI;
- Provide an unofficial transcript indicating a minimum GPA of 2.5 (on a 4.0 scale);
- 3) Have completed Algebra I or Integrated Math I;
- Submit one recommendation letter (from a recent math teacher);
- Submit a personal statement indicating how your participation in the program will benefit you (< 300 words).

(Incomplete applications will not be accepted)

I certify that the information provided is true. I authorize Tennessee State University All-Star Mathematics Institute administration to verify any information submitted.
Student Signature
Date
Parent/Guardian Signature
Date