



# SUMMER MATH INSTITUTE 2008 STUDENT APPLICATION

(July 6<sup>th</sup> -26<sup>th</sup>, 2008)

Attach photo here

**In order for your application to receive full consideration, you must submit the following information TOGETHER IN ONE ENVELOPE to our office by 5:00 pm on April 18, 2008. Applications received after this deadline will not be considered!!**

- Completed application
- Completed recommendation form from current math teacher in sealed envelope
- Official copy of your transcript or most recent grade report
- Head and shoulders photo in space provided above, and
- Confidential financial aid form and supporting documents *ONLY* if applying for a need-based scholarship.

*Incomplete packets will not be considered. Make a copy of the completed application for your records. Since we use a rolling admissions process, spaces will be filled on a first-come first-served basis for qualified students; therefore, we strongly encourage students to apply as early as possible.*

## STUDENT INFORMATION

Please type or PRINT clearly in pen

Name \_\_\_\_\_ Gender:  Male  Female  
*Last First M.I.*

Name you prefer to be called: \_\_\_\_\_

Address \_\_\_\_\_  
*Street & Number City State Zip Code*

Home Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Ethnic Description: (this is used only for statistical purposes)

American Indian  Hispanic  Asian  White  Black  Other, \_\_\_\_\_

Please check which course you are applying for enrollment in (Please check only one):

Algebra I  Algebra II  Geometry  Precalculus

How did you learn about the Summer Math Institute? \_\_\_\_\_

Current Grade \_\_\_\_\_ Current Age \_\_\_\_\_

Current School \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_

Name of Teacher Completing *Teacher Recommendation Form* \_\_\_\_\_

(Application Continued on Back)

# STUDENT INFORMATION CONTINUED

Have you ever attended SMI before?  No  Yes If yes, when? \_\_\_\_\_

Are you currently in an academic program for gifted students?  Yes  No

Are you currently taking honors courses?  No  Yes If yes, what courses? \_\_\_\_\_

Have you ever attended a summer program?  No  Yes If yes, what was the name of the program?

If yes, what was the name of the program and when did you attend? \_\_\_\_\_

Were you a participant in a TIP Talent Search?  Yes  No If yes, when? '04-'05 \_\_\_\_\_ '05-'06 \_\_\_\_\_ '06-'07 \_\_\_\_\_

\*PSAT Scores: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Writing \_\_\_\_\_ Date Taken \_\_\_\_\_

\*SAT Scores: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Writing \_\_\_\_\_ Date Taken \_\_\_\_\_

\*ACT Scores: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Date Taken \_\_\_\_\_

*\*If you haven't taken the PSAT, SAT, or ACT, please provide evidence of your mathematics ability (off-level test scores, awards, contests won, or grades or classes skipped, etc).*

**Please answer the following questions to better assist our staff in getting to know you. Please PRINT your answers.**

Have you ever participated in a camp or program in which you had to share space ((i.e. share a room) with someone you didn't know? If yes, please describe the experience.

How many brothers and sisters do you have? \_\_\_\_\_

What kind of music do you enjoy listening to? \_\_\_\_\_

What is your favorite movie? \_\_\_\_\_

What is your favorite TV show? \_\_\_\_\_

What is your favorite food? \_\_\_\_\_

What would you like to be when you grow up? \_\_\_\_\_

What extra-curricular activities are you involved in at your school? \_\_\_\_\_

What do you enjoy doing in your free time? \_\_\_\_\_

Is there anything else you would like for us to know about you?

# PARENT OR LEGAL GUARDIAN INFORMATION

With whom do you live?  Father  Mother  Both Parents  Other; who \_\_\_\_\_

Father's/Male Guardian's Full Name \_\_\_\_\_

*Last*

*First*

*MI*

Home Address \_\_\_\_\_

*Street & Number*

*City*

*State*

*Zip Code*

Occupation \_\_\_\_\_ Business Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mother's/Female Guardian's Full Name \_\_\_\_\_

*Last*

*First*

*MI*

Home Address \_\_\_\_\_

*Street & Number*

*City*

*State*

*Zip Code*

Occupation \_\_\_\_\_ Business Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

*I have reviewed the above information. My signature below indicates that all the information contained in my application is correct and honestly represented. Further, I give permission for the SMI/TAMS Program to publish photographs of my child and provide information to news agencies for any purpose the SMI deems appropriate. I relinquish all rights, title and interest in the finished photographs and news releases. If accepted to the SMI, I understand that I will be required to attend classes 6 hours per day during the week and 3 hours on Saturday mornings. I further understand that I will be required to attend a 1 hour study/tutorial session on weekday evenings. Special Message to Parents: Since this is a 3 weeks residential camp that requires students to be in class for 6 hours a day on Mondays – Fridays and 3 hours on Saturday mornings, this program is designed for students who truly enjoy math and have a strong desire to learn more math. Therefore, we ask that parents please discuss this with their child before applying.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

All completed forms must be received in ONE ENVELOPE in our office by 5:00 pm on April 18, 2008

Summer Math Institute  
Texas Academy of Mathematics and Science  
P.O. Box 305309  
Denton, TX 76203-5309

If you have questions, please call Wendy Boyd-Brown at (940) 565-4033 or e-mail me at [wendy.boyd-brown@unt.edu](mailto:wendy.boyd-brown@unt.edu)

**NOTE: If applying for a need-based scholarship, please complete the attached financial aid form.**



## CONFIDENTIAL FINANCIAL AID FORM

### 2008 SUMMER MATH INSTITUTE

Complete only if applying for need-based scholarship

***This application must be completed by the parents/guardians of students seeking a need-based scholarship. This form must be submitted with the student application. EARLY APPLICATION IS RECOMMENDED SINCE SCHOLARSHIP FUNDS ARE LIMITED.***

Name of Student (last, first, middle) \_\_\_\_\_

Parent's Marital Status:  Single  Married  Divorced  Separated  Widowed

Number of children in family (including applicant) \_\_\_\_\_

Are any children in college or private school:  No  Yes If so, how many? \_\_\_\_\_

What college or private school are they attending \_\_\_\_\_

Do they receive financial aid?  No  Yes

#### FINANCIAL INFORMATION

A. Total Family Income (gross before taxes) \$ \_\_\_\_\_ 2007 \$ \_\_\_\_\_ 2008 estimated

B. Attach a copy of the parents/guardians' most recent federal income tax return AND copies of the 2007 W-2 form

C. What additional, non-taxable income (if any) have you received? \$ \_\_\_\_\_ \$ \_\_\_\_\_

D. Explain any financial or family circumstances which we should consider when awarding scholarship funds in the space below. Examples are extended family responsibilities, unusual medical or educational expenses, changes in employment, and other family needs and responsibilities.

E. What is the amount your family will contribute for this student's education this summer? \$ \_\_\_\_\_

***NOTE: Failure to submit complete tax forms and other requested information will delay award notification. All financial information will be kept confidential; no personal financial information is entered on computer records. IMPORTANT: By signing below, I am agreeing to repay the Summer Math Institute any scholarship funds my son/daughter receives in the event that my student withdraws from the program at any time for any other reason other than illness.***

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Return this form and supporting documents with the student application to the following address by **APRIL 18, 2008**

Summer Math Institute  
Texas Academy of Mathematics and Science  
P.O. Box 305309  
Denton, TX 76203-5309

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