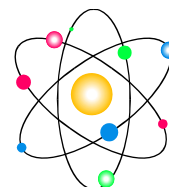


**Upward Bound Math and Science/
PRISM Program
APPLICATION PACKET**



HOW TO APPLY

Complete the entire application packet and supply all information requested. Return the forms and a copy of your high school transcript and test scores (if applicable) by
March 10, 2010.

QUALIFICATIONS

1. Must be enrolled in the 9th, 10th, or 11th grade and must have completed at least Algebra I and one year of high school science;
2. Must have an interest in and an aptitude for science and mathematics;
3. Must meet federal income guidelines and/or be a potential first-generation college student;
4. Must be a resident of Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, or Tennessee.

RETURN COMPLETED APPLICATION TO:

**Clafin University
UBMS/PRISM Program
400 Magnolia Street
Orangeburg, SC 29115**

Phone: (803) 268-1142/268-1143

Fax: (803) 268-1142/ 534-8323

Email: scapers@clafin.edu

Email: epickering@clafin.edu

PRISM

AN UPWARD BOUND SCIENCE & MATH REGIONAL CENTER

An Intensified Experience for High School Students Interested in Science and Math Careers

A Federally Funded TRIO Program

UBMS/PRISM Program

CHECKLIST

To expedite the selection process, please use this CHECKLIST to insure that you have completed ALL forms and included all REQUIRED materials for consideration.

- _____ **Part A:** Personal and Academic Information
- _____ **Part B:** Academic and Career Interests
- _____ **Part C:** Eligibility
 - _____ Director's Statement (for TRIO participants)
- _____ **Part D:** Parent's Statement (for non-TRIO participants)
 - _____ Copy of Parent's Income Tax Form 1040
- _____ **Part E:** Releases and Signatures
- _____ **Part F:** Needs Assessment
- _____ **Part G:** Summer Research Project Summary
- _____ **Part H: Recommendations and Attachments**
 - _____ Teacher Recommendation Form
 - _____ Counselor Recommendation Form
 - _____ Transcript with test scores
 - _____ Current Report Card
 - _____ Copy of schedule

Claflin University does not discriminate on the basis of Race, Color, Religion,
Sex, Handicap/Disability, National Origin or Veteran Status.

NOTE: Incomplete applications will not be considered.

****All forms must be postmarked on or before *March 10, 2010*****

FOR OFFICE USE ONLY:
Date Received _____
Eligibility Code _____

CLAFLIN UNIVERSITY
Upward Bound Math/Science Regional Center
UBMS/PRISM Program

Dates: June 13, 2010 — July 24, 2010

APPLICATION FORM

PLEASE TYPE OR PRINT

PART A

Personal Information

Name: _____
Last First MI

Date of Birth: ____/____/____ Age: ____ Sex: __M __F

Social Security Number: _____ - _____ - _____ Telephone: (____) _____

Address: _____
P. O. Box or Complete Street City/Town State Zip

Physical Handicap/Learning Disability: __Yes __No

U. S. Citizen: __Yes __No Ethnic Origin: African-American____ American Indian____

Asian __ Caucasian __ Hispanic __ Other(specify) _____

Academic Information

Current Grade Level: _____ Cumulative GPA: _____

High School: _____ School Address: _____

Most recent test scores: PSAT: _____ SAT: _____ ACT: _____

Check the appropriate program if any, in which you participate:

____Upward Bound ____Educational Talent Search ____Upward Bound Math/Science

Program Director: _____

College/University: _____

Email Address: _____ Telephone: (____) _____

Part C

ELIGIBILITY

In order to participate in the UBMS/PRISM program, applicants must meet federal income guidelines and/or be a potential first-generation college student.

To establish your eligibility, you **MUST** do **ONE** of the following:

- A. If you are currently a participant in an Upward Bound or Talent Search Program, have your director complete and sign the Director's Statement of Participant Eligibility below.

OR

- B. If you are not a current Upward Bound or Talent Search participant, have your parents/legal guardians complete the Parent's Statement of Participant Eligibility on the following page.

DIRECTOR'S STATEMENT

I certify that _____ is a current Upward Bound/Talent Search participant in the program at _____ in _____, _____ (Institution) (city) (state).

He/She qualifies because he/she:

- _____ Meets economic guidelines
- _____ Meets family educational background guidelines
- _____ Meets both economic and educational background guidelines

If he/she is accepted as a PRISM participant, I am willing to supply copies of documentation used to establish eligibility.

(Signature/Date)

(Director's Name, printed/typed)

Part D

PARENT'S STATEMENT

The following information is provided in order to establish my child's eligibility to participate in an Upward Bound Math and Science Program. I understand that the information concerning my child and me will be kept confidential and will not be revealed to anyone except Upward Bound Math and Science/PRISM personnel in accordance with the Family Educational Rights and Privacy Act.

Applicant's Name: _____

Parent/Guardian Name: _____
(mother) (father)

Parents' Marital Status: Single Married Separated Divorced
 Widowed

Has the parent(s) or guardian(s) with whom the child resides completed a four-year college degree program (Bachelor's Degree)? Yes No

Highest level of education completed by mother/female guardian: _____

Highest level of education completed by father/male guardian: _____

Number of persons in the applicant's immediate family: _____

ATTACH ONE OF THE FOLLOWING TO THIS APPLICATION:

_____ A **SIGNED** copy of your 2009 IRS Form 1040, 1040A, or 1040EZ

Family Taxable Income in 2009 _____

_____ A letter or other agency documentation indicating the amount of total family income from TANF, Social Security, Child Support, etc. received in 2009

(Signature of Parent/Guardian)

(Date)

NOTE: BY SIGNING THIS FORM, I ATTEST THAT ALL INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Part E

RELEASES AND SIGNATURES

We understand that the UBMS/PRISM Program is for students who are interested in math and/or science and who would like to major in a math and/or science related area in college.

We understand that the UBMS/PRISM Program is for students who are able to handle the responsibility of being away from home for six weeks.

We understand that if the applicant is accepted by the UBMS/PRISM Program, he/she will have to adhere to all of the program's rules and regulations concerning student responsibility and behavior in the academic and residential life programs. We understand that the UBMS/PRISM director will have the right to dismiss any student whose behavior is incompatible with the goals and standards of the UBMS/PRISM Program.

We agree that the student, if accepted into the UBMS/PRISM Program, may participate in answering questionnaires and other appropriate and approved research projects done as a part of the program's evaluation. We also agree that photographs of the student taken during the program, papers written by the student during the program, and similar items may be used by the UBMS/PRISM Program in reports and public information materials. We further agree to allow the UBMS/PRISM Program to release for educational purposes, photographs and video recordings, with or without audio, of the PRISM Program's activities and projects involving the student.

Student Signature/Date

Parent/Guardian Signature/Date

ADDITIONAL RELEASES AND SIGNATURES

We recognize that the PRISM Program is a major investment by the United States Department of Education. If the student is accepted and wishes to attend, he/she will be required to be in attendance during the ENTIRE summer program period, except when the university is closed during the July 4th holiday.

We understand that weekend visits home are NOT permitted. Any visitation should be arranged with the program director.

We understand that (ONE ROUND-TRIP) travel expense to and from Claflin University is provided free of charge for the student. We understand that travel arrangements to the student's home or elsewhere for the July 4th holiday must be completed by the parent along with the responsibility of assuming travel expenses and arrangements to and from Claflin University.

Student Signature/Date

Parent/Guardian Signature/Date

NOTE: OUR SIGNATURES INDICATE THAT WE HAVE READ AND AGREE TO THE ABOVE RELEASES.

Part F

**UBMS/PRISM Program
NEEDS ASSESSMENT**

Applicant Name _____

- 1. Have you ever thought about dropping out of school? **Yes or No**
- 2. Are you currently participating in any other programs such as Upward Bound, Educational Talent Search, etc? If yes, give name of program. **Yes or No**

- 3. Do you participate in any extracurricular activities? **Yes or No**
- 4. How often do you meet with your high school counselor per semester?
() one-three times () four or more times () have not met yet
- 5. Do you know the correct high school classes to take to prepare for college? **Yes or No**
- 6. Do you need tutoring? **Yes or No**
- 7. Have you decided on a career? **Yes or No**
If so, your career choice is _____
- 8. Do you know what courses you should take for the career you want to pursue? **Yes or No**
- 9. Are you able to take all the science and math courses you need at high school? **Yes or No**
- 10. Do you need assistance in improving your math skills? **Yes or No**
- 11. Do you need assistance in improving your math skills? **Yes or No**
- 12. Do you need help in "study skills"? **Yes or No**
- 13. Have you begun preparation for the ACT/SAT/PSAT tests? **Yes or No**
- 14. How many years of college do you plan to complete after high school graduation?
() 1-6 months certificate program
() 1-2 years Community College
() 3-5 years with Bachelors Degree
() Six years or more with a Masters or Doctorate Degree
() Undecided
- 15. Have you attempted to contact the college of your choice for information? **Yes or No**
- 16. Do you know the procedures to enroll in the college you plan to attend? **Yes or No**
- 17. Do you need help in applying for college? **Yes or No**
- 18. Do you have information about financial aid programs that may be able to you with continuing your education after high school? **Yes or No**
- 19. Do you need help in applying for financial aid? **Yes or No**
- 20. Do you need help in applying for scholarships? **Yes or No**
- 21. Do you personally know anyone with a career in math or science other than teachers? **Yes or No**

Please tell us about any specific needs that you would like the program to meet. (For example, a desire to visit a career-related institution, a personal desire to learn a new skill, a need to improve writing skills, a need to improve research skills, a computer related desire, etc.)

Part G

UBMS/PRISM Program
SUMMER RESEARCH PROJECT SUMMARY

NOTE: Participants will complete a science ***RESEARCH*** project during the summer program. Complete this form completely. You may ask your science teacher for assistance or use other resources from the library or the internet for ideas.

Student Name: _____

Project Title/Topic: _____

Subject Area of Project (check one): Biology _____ Chemistry _____

Mathematics _____ Physics _____

Other (specify): _____

Question/Problem: _____

Hypothesis: _____

Materials Needed: _____

Procedure: _____

(continue on another sheet if necessary)

Part H

**Clafin University Upward Bound Math/Science Regional Center
TEACHER RECOMMENDATION FORM**

Directions: This form should be completed by a MATH or SCIENCE teacher of the applicant.
As you complete this form, please remember these points:

1. This program is funded by the U.S. Department of Education to help prepare high school participants for college. The ultimate goal of this program is to increase the number of under-represented groups in math and science careers.
2. UBMS/PRISM Program participants will live for six weeks on the Clafin University campus. Although they will have resident advisors, it is very essential that their ability to handle the responsibility of being away from home supervision be considered when making a recommendation.
3. UBMS/PRISM is not a remedial program. It is an intense, technically oriented program. It is essential that participants possess genuine interest, curiosity and potential in mathematics and/or the sciences. Participants will be required to complete a research project. Those accepted must be self-directed and motivated.

Name of student: _____

Capacity in which you know the applicant: _____

Directions: Using a scale of 1 to 5, rate the applicant in relation to statements 1-5. If you have no knowledge of the applicant relevant to a particular statement, enter a 0 next to the statement. Check the appropriate responses for statements 6 and 7.

IN MY OPINION...

	STRONGLY DISAGREE		AGREE		STRONGLY AGREE
1. This student has the internal motivation to be successful in this program.	1	2	3	4	5
2. This student is strongly interested in science and/or mathematics.	1	2	3	4	5
3. This student has a strong background in science and/or math.	1	2	3	4	5
4. This student is self-disciplined enough to work on an independent research project.	1	2	3	4	5
5. This student is responsible enough to attend a six-week residential program away from parental supervision.	1	2	3	4	5
6. Evaluate the student's interest in academic work:	___Excellent		___Above Average		
	___Average		___Below Average		
7. Do you recommend this student for the Upward Bound Math/Science Regional Center?					
___Enthusiastically	___With Reservations		___No		

Please print name/Phone

Signature/Date

Position

High School

Address

City/State

Part H

**Claflin University Upward Bound Math/Science Regional Center
COUNSELOR RECOMMENDATION FORM**

Applicant Name _____ is applying for admission to the Claflin University Upward Bound Math/Science Regional Center.

Please complete this form and submit with a transcript, current report card and a copy of the applicant's current schedule to:

**Claflin University
UBMS/PRISM Program
400 Magnolia St.
Orangeburg, South Carolina 29115
Phone: (803)268-1142**

Is the applicant enrolled in (check one of the following):

___ College Preparatory Curriculum

___ Vocational Curriculum

___ Tech Prep Curriculum

Evaluate the student's potential or desire to continue education beyond high school.

___ Excellent ___ Above Average ___ Average ___ Below Average

Summarize any special circumstances that may have impacted this student's progress.

NOTE: The PRISM Program is not a remedial program. It is an intense, academically focused program. Participants must possess a genuine interest and potential in math and/or the sciences. Participants must also have the ability to handle the responsibility of being away from home supervision and living for six weeks on the Claflin University campus.

Do you recommend this student for the Upward Bound Math/Science Regional Center?

___ Enthusiastically

___ With Reservations

___ No

Counselor

High School

NCES Code

Email Address

Telephone Number

Fax Number