Dear Prospective Participant:

Thank you for your interest in the Upward Bound Math and Science Program, also known on the campus of Claflin University as the P.R.I.S.M. Program. P.R.I.S.M. is an acronym for Pursuing Rewards in Science and Mathematics. This program is federally funded by the U. S. Department of Education. It consists of two components, the 2017 Summer Component and the 2017-2018 Academic Component. Each person who is accepted is expected to fully engage in both components.

The Summer Component consists of an intense, six week, summer residential session spent on the campus of Claflin University, June 11, 2017 through July 21, 2011. No school course credit is given for the courses taken during this component. However, participants will be exposed to coursework that should be beneficial upon returning to their respective high school during the 2017-2018 Academic Year.

During the Academic Component, one school visit will be conducted with each participant by one or more of the UBMS/PRISM Program staff. When completing the acceptance packet prior to attending the 2017 Summer Component, each participant will select a mentor (preferably a mathematics or science teacher), from his/her high school. Upon returning to school for the 2017-2018 Academic Component/Year, the participant is expected to meet with his/her mentor at least twice a month. The mentor will receive a form to complete and return each month or every other month, outlining what took place during the meetings. Additionally, each participant will be asked to complete and return one assignment each month, as well as have a conversation with one of the program’s staff members each month.

I look forward to receiving your completed application. Best wishes on your acceptance to the program.

Respectfully,

Sharon M. Capers
Director of UBMS/PRISM
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 3, 2017.

QUALIFICATIONS

1. Must be enrolled in the 9th, 10th, or 11th grade and must be enrolled in or have completed at least Algebra I and one year of high school science;
2. Must have an interest in and an aptitude for mathematics and science;
3. Must have a genuine interest in pursuing a career in mathematics or science related field not other career fields;
4. Must meet federal income guidelines and/or be a potential first-generation college student;
5. Must be a U. S. citizen who is a resident of Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, or Tennessee.

RETURN COMPLETED APPLICATION TO:
Claflin University
UBMS/PRISM Program
400 Magnolia Street
Orangeburg, SC 29115

Phone: (803) 535-5063/5062/5057
Fax: (803) 534-8323

Email: scapers@claflin.edu
Email: sprioleau@claflin.edu
Email: cjacobs@claflin.edu

UBMS/P. R. I. S. M.
AN UPWARD BOUND SCIENCE & MATH REGIONAL CENTER
An Intensified Experience for High School Students Interested in Science and Math Careers
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: Parent’s Statement

_____ Copy of Parent’s 2016 Income Tax Form 1040

_____ Letter documenting other sources of income for 2016

_____ Part D: Releases and Signatures

_____ Part E: Needs Assessment

_____ Part F: Summer Research Project Summary

_____ Part G: Recommendations and Attachments

_____ Teacher Recommendation Form

_____ Counselor Recommendation Form

_____ Transcript with high school graduation test scores (if applicable)

_____ Current Report Card

_____ Current schedule

NOTE: Incomplete applications will not be considered.

**All forms must be postmarked on or before March 17, 2017**
APPLICATION FORM

PART A

Personal Information

Name: ____________________________  ____________________________  MI

Address:  ____________________________  ____________________________  State  Zip

P. O. Box or Complete Street  City/Town

Home Telephone: (____)____________ Email Address: ____________________________

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

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

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 4.0 GPA:__________

High School: ________________________  School Address:_______________________

Most recent test scores: PSAT: __________  SAT:___________  ACT:__________

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

_____Upward Bound  _____Educational Talent Search  _____Upward Bound Math/Science

Program Director:___________________________________________________________

College/University:________________________________________________________

Director’s Email Address:________________________________ Telephone: (____)____________
Part B: Academic and Career Interests

Please answer the following questions. If needed, you may use additional paper.

1. Why do you want to participate in the UBMS/PRISM program? How will it benefit you?

2. What is your math or science career goal?

3. Describe your interests and hobbies.

4. What are your favorite subjects in school? What are your least favorite subjects? Please explain your choices.

5. What do you think are your strengths and weaknesses? Why?

6. List organizations, honors, awards, community service activities:
Part C

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

(ONLY RESPOND FOR THE CUSTODIAL PARENT(S) OR GUARDIAN(S))

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 (household): __________

ATTACH ALL HOUSEHOLD INCOME (FOR BOTH PARENTS IF MARRIED) OF THE FOLLOWING THAT APPLY TO THIS APPLICATION:

_____ A signed copy of your 2016 IRS Form 1040, 1040A, or 1040EZ

_____ Family Taxable Income in 2016  Taxable Income $ ____________

_____ A letter or other agency documentation indicating the amount of total family income from TANF, Social Security, Child Support, SNAP, etc. received in 2016

__________________________________________
(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 D

RELEASES AND SIGNATURES

We understand that the UBMS/P.R.I.S.M. 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, not for other majors unless they are technology, engineering or social sciences.

We understand that the UBMS/P.R.I.S.M. 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/P.R.I.S.M. 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/P.R.I.S.M. Director will have the right to dismiss any student whose behavior is incompatible with the goals and standards of the UBMS/P.R.I.S.M. Program.

We agree that the student, if accepted into the UBMS/P.R.I.S.M. 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/P.R.I.S.M. Program in reports and public information materials. We further agree to allow the UBMS/P.R.I.S.M. Program to release for educational purposes, photographs and video recordings, with or without audio, of the UBMS/P.R.I.S.M. Program’s activities and projects involving the student.

____________________________  _____________________
Student Signature/Date          Parent/Guardian Signature/Date

ADDITIONAL RELEASES AND SIGNATURES

We recognize that the UBMS/P.R.I.S.M. 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 during the university closure for the July 4th holiday.

We understand that if accepted, weekend visits home are NOT permitted. Any visitation should be arranged with the program director a WEEK in advance. Unless it is a case of an emergency, students will not be excused without the aforementioned advanced notification.

We understand that (ONE ROUND TRIP) travel expense to and from Claflin University, via one method of travel, is provided free of charge for the student or one round trip mileage reimbursement will be provided. 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 E

UBMS/PRISM Program
NEEDS ASSESSMENT

Applicant’s 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 or Technical College
    ( ) 3-5 years Bachelors Degree
    ( ) Six years or more 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 help 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 F

UBMS/PRISM Program
SUMMER RESEARCH PROJECT SUMMARY

NOTE: Participants will complete a RESEARCH project during the summer program. Complete this form completely. You may ask your science teacher for assistance or use other resources from 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 back or on another sheet if necessary)
Part G

Claflin University Upward Bound Math/Science Regional Center
TEACHER RECOMMENDATION FORM

Directions: This form should be completed by a MATH or SCIENCE teacher. 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 underrepresented groups in math and science careers.

2. UBMS/PRISM Program participants will live for six weeks on the Claflin 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 applicant: ____________________________

Capacity in which you know the applicant: ________________________

Directions: Using a scale of 1 to 5, rate the applicant in 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...

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<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>1. This student has the internal motivation to be successful in this program.</td>
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<td>2. This student is strongly interested in science and/or mathematics.</td>
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<td>3. This student has a strong background in science and/or math.</td>
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<td>4. This student is self-disciplined enough to work on an independent research project.</td>
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<td>5. This student is responsible enough to attend a six-week residential program away from parental supervision.</td>
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<tr>
<td>6. Evaluate the student’s interest in academic work: Excellent Above Average Average Below Average</td>
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<td>7. Do you recommend this student for the Upward Bound Math/Science Regional Center?</td>
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<td></td>
<td>Enthusiastically</td>
<td>With Reservations</td>
<td>No</td>
<td></td>
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</tbody>
</table>

Please print name/Phone number

_______________________________

Signature/Date

_______________________________

Position

_______________________________

Address

_______________________________

City/State/Zip Code
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, high school graduation test scores, 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)535-5063

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

___ IB Program or College Preparatory Curriculum (Honors/AP)
___ Tech Prep Curriculum
___ Vocational 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.

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

___ Enthusiastically  ___ With Reservations  ___ No

NOTE: The UBMS/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.

Counselor ___________________________     High School ___________________________    *NCES Code ___________________________

*Note: NCES Code may be found at http://nces.ed.gov/ccd/schoolsearch/

Email Address ___________________________     Telephone Number ___________________________     Fax Number ___________________________