



Application/Summer Math Academy

www.columbiastate.edu

(931) 540-2644

The Summer

MATH FOR LIFE MATHEMATICS ACADEMY

Grant funded by the Tennessee Board of Regents

APPLICATION

Please **type or print** all information requested below. **Your legal guardian's signature is REQUIRED.**

Personal Information

Name: _____ SS#: _____
(Last) (First) (Middle)

Student Email Address _____

Local Phone: _____ Other Phone: _____

Gender: Male ___ Female ___ Date of Birth: _____ Race: _____

Complete Mailing Address:

(Number and Street/Apt)

(City) (State) (Zip Code)

Parent (legal guardian) Name: _____
(Last) (First) (Middle)

Parent (legal guardian) Email Address _____

Parent (legal guardian) Work Numbers: _____

Middle School: _____
(Name) (Phone: include area code)

Middle School Address:



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Favorite Subjects:

Pre-Algebra ___	Music ___	Science ___	Other (specify) _____
Algebra ___	History ___	Physical Edu. ___	Other (specify) _____
Reading ___	Social Studies ___		Other (specify) _____
Language Arts ___	Computer ___		Other (specify) _____

What is your current grade (2010-2011 school year)? Circle One: 6th 7th 8th

School or Community Involvement

Please list all middle school organizations and any office held.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Awards/Honors

_____	_____	_____
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Questions

(100 words or less, complete the following statement on a separate sheet of paper).

I should be chosen to be a part of this program because

Eligibility

The applicant for the program must:

- currently be a 6th 7th or 8th grader.
- have a **75 or above math class grade average.**
- have **no disciplinary action taken against them by the school in the past year;**
- have a **recommendation letter from their middle school math faculty.**
- **be processed, if qualified, by the Math Academy selection committee.**

* **Students identified as underrepresented (first generation to attend college, low-income, minority) are encouraged to apply.**

Please **choose the program location** that you will be attending. (Choose only one)

- _____ **June 13-16 2011** from 8:30AM to 2:30PM - **Lawrence County Campus**, 1620 Springer Road, Lawrenceburg, TN 38464
- _____ **June 20-23 2011** from 8:30AM to 2:30PM - **Columbia Campus**, 1165 Hampshire Pike, Columbia, TN 38401
- _____ **June 27-30 2011** from 8:30AM to 2:30PM - **Wayne County Campus**, 795 Main Street, Clifton, TN 38425
- _____ **July 11-14 2011** from 8:30AM to 2:30PM - **Marshall County Campus**, 980 South Ellington Parkway, Lewisburg, TN 37091
- _____ **July 18-21, 2011** from 8:30AM to 2:30PM - **Williamson County Campus**, 104 Claude Yates Drive, Franklin, TN 37064



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Confirmation

I certify that all information provided on this application is complete, accurate, and honestly presented. I authorize the Math Academy selection committee to verify any information submitted.

Signature of Applicant

Date

Parent/Guardian Signature (required)

Date

All forms should be completed before turning them in. If the forms are incomplete when the committee meets to view applications for acceptance into the academy, your child will not be considered.

One way of confirming success of this program in achieving this purpose is to track the participants after high school graduation to determine whether they choose to attend a college or university. Participants will be tracked through the National Student Clearinghouse by social security number. **The institution and the Tennessee Board of Regents will use the Social Security number this purpose only.**

If you and your student are willing to participate, please sign the consent information below:

I consent to use my child's social security number for the above mentioned purpose.

Parent/Guardian Signature

Date

Please return the original application by May 30, for Lawrence and June 6, for Columbia, Wayne, Marshall and Williamson to:

**Mrs. Christa Martin
Assistant to the President, Access & Diversity
Columbia State Community College
1665 Hampshire Pike
Columbia, TN 38401
Fax: 931-560-4114**