



**SUMMER MATHEMATICS INSTITUTE (SMI)  
2012 STUDENT APPLICATION  
(July 8<sup>th</sup> - 28<sup>th</sup>, 2012)**

Attach a school  
photo here.

**Directions:** In order for your application to receive full consideration, you must submit the following information **TOGETHER IN ONE ENVELOPE**. It must be received by 5:00 pm on April 20, 2012. Applications received after this deadline will not be considered!!

- Completed application
- Completed recommendation form from current math teacher in sealed envelope
- Completed parent/guardian recommendation
- 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. Submission of an application does not guarantee admission to the program.

**Part 1 A**

**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: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Student's E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

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

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

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 SMI? \_\_\_\_\_

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

## **STUDENT INFORMATION CONTINUED**

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

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

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 and when did you attend? \_\_\_\_\_

Were you a participant in a TIP Talent Search?  No  Yes If yes, when? '08-'09\_\_\_\_ '09-'10\_\_\_\_ '10-'11\_\_\_\_

*PSAT Scores	Math	_____	Critical Reading	_____	Writing	_____	Test date	_____		
*SAT Scores	Math	_____	Critical Reading	_____	Writing	_____	Test date	_____		
*ACT Scores	Math	_____	English	_____	Reading	_____	Science	_____	Test date	_____

*\*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).*

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

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

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

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? \_\_\_\_\_

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.

***STUDENT INFORMATION CONTINUED***

**Student's Name:** \_\_\_\_\_

Instructions: In the space below, please respond to the following question: **Why do you want to attend the Summer Mathematics Institute?** Your response should include information about your specific interest in mathematics and how attending the SMI program will assist you with developing your interest. We ask that you give considerable thought to your response since this is an important factor in the selection process. You may use **ONLY** the space below to answer this question. Additional pages will not be considered. Please **PRINT** your response.

PARENT OR LEGAL GUARDIAN INFORMATION

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

Guardian 1 Name \_\_\_\_\_

Last

First

MI

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

Street & Number

City

State

Zip Code

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

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_

Last

First

MI

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

Street & Number

City

State

Zip Code

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

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Recommendation (Part 2 B): In the space provided on the next page, please respond to the following question: What would you like for the SMI selection committee to know about your child, and how do you think attending the SMI program will benefit your child?

I (student & parent) have reviewed the above information. Our signatures below indicate that all the information contained in this application is correct and honestly represented. Further, I (parent) 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 (student) 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. Your child MUST WANT to attend.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed forms must be received in ONE ENVELOPE in our office by 5:00 pm on April 20, 2012.

Summer Mathematics Institute
Texas Academy of Mathematics and Science
1155 Union Circle, #305309
Denton, TX 76203-5017

If you have questions, please e-mail Wendy Boyd-Brown at wendy.boyd-brown@unt.edu or Benjamin Owens at benjamin.owens@unt.edu.

*PARENT/GUARDIAN RECOMMENDATION*

**Student's Name:** \_\_\_\_\_

**What would you like for the SMI selection committee to know about your child, and how do you think attending the SMI program will benefit for your child?** Use only the space below to respond. Additional pages will not be considered.



**CONFIDENTIAL FINANCIAL AID FORM  
2012 SUMMER MATHEMATICS INSTITUTE**  
**Complete only if applying for a 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) \$ \_\_\_\_\_ 2011      \$ \_\_\_\_\_ 2012 estimated

B. **You must attach a copy of the parents/guardians' most recent federal income tax return AND copies of the 2011 W-2 form(s)**

C. \_\_\_\_\_

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

E. 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. You may attach a separate sheet if needed.

F. 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 reason other than illness.***

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

\_\_\_\_\_  
Date

Return this form and all supporting documents with the student application to the following address by **APRIL 20, 2012**

Summer Mathematics Institute  
Texas Academy of Mathematics and Science  
1155 Union Circle, #305309  
Denton, TX 76203-5017

If you have questions, please e-mail Wendy Boyd-Brown at [wendy.boyd-brown@unt.edu](mailto:wendy.boyd-brown@unt.edu) or Benjamin Owens at [benjamin.owens@unt.edu](mailto:benjamin.owens@unt.edu)