

Dear Summer Academy Applicant:

I am thrilled that you are considering coming to Ole Miss for the 2009 Edition of the Summer Academy. Our program offers a unique opportunity to experience advanced learning, surrounded by other gifted students, in a residential setting at the University of Mississippi.

In this application packet, you will find a brief overview of the program, including descriptions of the program's academic offerings, costs, schedule and admissions standards. You will also find all the forms you need to complete your application. **Please note that in many cases, we need information from your parents as well as your school principal, counselor and teachers.** If you find that any of the information is unclear, please do not hesitate to give us a call or send us an email.

Please note, **all of these forms must be returned to us no later than June 1, 2009.** We look forward to reviewing your application.

Jason E. Wilkins
Director of the Summer Academy

THE UNIVERSITY OF MISSISSIPPI
2009 SUMMER ACADEMY FOR RISING 8TH, 9TH, AND 10TH GRADERS
GENERAL PROGRAM INFORMATION

High School Credit

Summer Academy offers students entering the eighth, ninth and tenth grades a taste of college life, gives them new friends and contacts, teaches time management, encourages better study habits and grants possible credit toward high school graduation requirements*. Depending on grade level and session selected, students may explore world culture, flex their imaginations, learn about human behavior, investigate the Earth's delicate balances, conduct science experiments, or publish a literary magazine.

Students selected to attend the program earn ½ Carnegie unit of high school credit. Students may be able to transfer the credit back to their high school, where it is counted as elective credit*. All courses are listed in the Mississippi curriculum framework, but not commonly offered in high school curricula across the state.

*** Whether or not credit is given is determined by the student's high school.**

Admissions Criteria

- The applicant must be a student in good academic and conduct standing in the seventh, eighth, or ninth grade at the time of admission. The school can be public, private, parochial, or even home-educated.
- The applicant must have a **3.5 GPA in all four subject areas of math, science, social studies and English for his or her last three years in school** and also have standardized achievement test scores above the present grade level. Along with the application, please have an official school transcript covering the past three years, including schedule and grades from the most recent academic term, and standardized test scores sent sealed in the provided envelope.
- The applicant must have permission from his or her principal.
- The applicant must have two letters of recommendation from teachers (Envelopes Provided).

Resident/Commuter

Students may choose to be a resident or a commuter. All commuters must live within driving distance (30 minutes or less), as students are to be dropped off each morning by 7:50 a.m. and picked up each evening no later than 5:30 p.m. Resident students will live in a specially designated residence hall during the week. These students can choose to leave on the weekends to return home. However, *if students want to stay for any or all weekends, there is a one-time weekend fee of \$75 for activities. This fee is the same whether or not you stay one weekend or all four.* Commuting students may also participate in weekend activities, but must pay the same \$75 deposit.

Tuition and Costs

All students who apply must send a nonrefundable deposit of \$50 to apply and hold a seat in the program. The students who plan to stay for weekend activities will send an additional \$75 weekend activity fee, which will include at least one meal per weekend plus an activity. Costs will be accrued for tuition, housing and a required meal plan. The costs are as follows:

Cost	Resident	Commuter
Nonrefundable Deposit	\$50	\$50
Tuition for one course	\$250	\$250
Room for one three-week session	\$300	N/A
Meal plans	\$245 (14 meals per week)	\$95 (5 meals per week)
Weekend Deposit (optional)	\$75	\$75
Total Cost Without Weekends (<i>with Weekends</i>)	\$845 (<i>\$920 with Weekends</i>)	\$395 (<i>\$470 with Weekends</i>)

THE UNIVERSITY OF MISSISSIPPI
2009 SUMMER ACADEMY FOR RISING 8TH, 9TH, AND 10TH GRADERS
CURRICULUM AND CONTACT INFORMATION

Curriculum

The following curriculum is grade-specific. Courses have been sequenced so that students may participate in Summer Academy more than one year. Courses are assigned based on grade-level, transcripts, and student preferences. Certified, licensed teachers teach all courses using the curriculum framework designed and approved by the State of Mississippi. Courses are listed below in descending order of difficulty.

Mississippi Writers – Available in SA 2nd Session (July 5 – July 24) Rising 10th Grade Students Only

Mississippi Writers is a language arts elective that emphasizes Mississippi's rich literary history through the study of fiction, poetry, nonfiction and drama. Students look at the contribution that Mississippi's native writers have made by participating in group discussions, individual projects, writing assignments and reading.

Psychology – Available in SA 1st Session (June 14 – July 3) Rising 10th Grade Students Only

Psychology is an introductory course in studying human behavior, popular theories about the workings of the human mind and basic human tendencies that drive all of us through our lives. This course differs from Sociology and other humanities in that it strives to explain the processes of human individual behavior.

Creative Writing – Available in SA 1st Session (June 14 – July 3) Rising 9th or 10th Grade Students

In Creative Writing, students will practice processes of composing poetry, descriptive and narrative essays and short fiction. While the course promotes self-expression, it also fosters critical thinking, imagination and development of language and style. The course will culminate with the composition and printing of a literary magazine that students can take home with them and back to school.

Botany – Available in SA 2nd Session (July 5 – July 24) Rising 9th or 10th Grade Students

Botany is a laboratory-based course applying basic biological principles to the study of bacteria, protists, fungi and plants. This course is a step up from basic environmental science and will include visits to the field station, expeditions to research plant life and several experiments in the lab.

Environmental Science – Available in SA 1st Session (June 14 – July 3) Rising 8th, 9th, or 10th Grade Students

Environmental Science is a laboratory-based study that will look at ways the environment shapes living communities. This course is supplemented by lab experiences and a trip to the Biological Field Station. A large component of this course will be learning basic ecological terms, problems and solutions.

Geography – Available in SA 2nd Session (July 5 – July 24) Rising 8th, 9th, or 10th Grade Students

Geography as an all-encompassing discipline that seeks to understand the world, its human and physical features, as well as a discipline of places, peoples and cultures.

Deadlines

All applications must be complete by June 1, 2009. Enrollment will be capped at 20 students per course. Classes generally start to fill up in early April, so be sure to get your application in as soon as you can! If you have any questions, please feel free to contact us at:

Pre-College Programs
SUMMER ACADEMY
P. O. Box 9
The University of Mississippi
University, MS 38677

Phone: (662) 915-7621
Email: umsummer@olemiss.edu
Website: www.outreach.olemiss.edu/summer -or-
www.outreach.olemiss.edu/youth/summer_academy

THE UNIVERSITY OF MISSISSIPPI
2009 SUMMER ACADEMY FOR RISING 8TH, 9TH, AND 10TH GRADERS
APPLICATION FOR ADMISSION

To apply, please mail completed application and supporting documents listed below:

- Application for Admission (pages 4 & 5)
- Two sealed Teacher Recommendation Forms (Pages 6 & 7; envelopes provided)
- An official school transcript cover the past three years, including schedule and grades from the most recent academic term, and standardized test scores (sealed in envelope provided)
- Medical Form (pages 8 & 9)
- Financial Aid Application (optional; pages 10 & 11)
- Recent photograph

Please return forms to:
Pre-College Programs
Summer Academy
P. O. Box 9
The University of Mississippi
University, MS 38677-0009

PERSONAL INFORMATION

Student's Name _____
Last First Middle Name Preferred

Social Security No. _____ Birth Date _____ Male Female

E-mail _____ Race (optional) _____

Permanent Mailing Address _____
No. and Street City State/ZIP

Phone Numbers _____
Student Home Phone Student Cell Phone

I plan to be a: Resident Student Commuting Student

In the Fall of 2009, I will be in the: I would like to attend the following session(s):

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Eighth Grade | <input type="checkbox"/> First Session (June 14 – July 3) |
| <input type="checkbox"/> Ninth Grade | <input type="checkbox"/> Second Session (July 5 – July 24) |
| <input type="checkbox"/> Tenth Grade | <input type="checkbox"/> Both (June 14 – July 24) |

I would like take the following course(s):

- Mississippi Writers (2nd Session; 10th Grade Only)
- Psychology (1st Session; 10th Grade Only)
- Creative Writing (1st Session; 9th and 10th Graders)
- Botany (2nd Session; 9th and 10th Graders)
- Environmental Science (1st Session; 8th, 9th, & 10th Graders)
- Geography (2nd Session; 8th, 9th, & 10th Graders)

T-Shirt Size S M L XL XXL XXXL

FAMILY INFORMATION

Father's Name _____ Living? _____ Occupation _____
Last First Middle

His Address _____
No. and Street City State/ZIP

His Phone Numbers _____
His Home Phone His Work Phone His Cell Phone

His Educational Background: High School Graduate College Graduate Ole Miss? _____attended _____graduated

Mother's Name _____ Living? _____ Occupation _____
Last First Middle

Her Address _____
No. and Street City State/ZIP

Her Phone Numbers _____
Her Home Phone Her Work Phone Her Cell Phone

Her Educational Background: High School Graduate College Graduate Ole Miss? _____attended _____graduated

THE UNIVERSITY OF MISSISSIPPI
2009 SUMMER ACADEMY FOR RISING 8TH, 9TH, AND 10TH GRADERS
TEACHER RECOMMENDATION FORM

TO THE TEACHER:

This student is applying for admission to The University of Mississippi's Summer Academy. Your evaluation of the student will be considered by the admission committee to determine the student's eligibility for the program. Your responses are confidential, so please be candid. Please return this form in a signed and sealed envelope (provided) to the student, who will mail all forms together.

STUDENT'S NAME _____
Last First Middle

1. What words come to your mind to describe the student's academic ability?
2. What specific strengths and weaknesses have you seen in the student?
3. Have you observed or had to handle any behavior problems from this student?
4. This is a rigorous academic program, which requires lots of studying. Do you feel this student will be able to handle the demands of the course?

Teacher's Name _____

Position _____

School _____

School Address _____
No. and Street City State/ZIP

MODIFIED RENZULLI-HARTMAN SCALE

DIRECTIONS: Please read the statements carefully and score according to the scale locate to the right of these directions:

Seldom or never observed this characteristic, score:	1
Observed this characteristic occasionally, score:	2
Observed this characteristic to a considerable degree, score:	3
Observed this characteristic almost all of the time, score:	4
IF UNSURE of characteristic's presence, score as:	X

STATEMENT	SCORE
1. Displays a great deal of curiosity about many things; constantly asking questions.	
2. Generates a large number of ideas or solutions to problems and questions; often offers unique, clever responses.	
3. Is uninhibited in expression of opinion; is tenacious.	
4. Displays intellectual thoughtfulness; is often concerned with adapting, improving, and modifying institutions, objects, and systems.	
5. Becomes absorbed and truly involved in certain topics or problems; is persistent in seeking task completion.	
6. Needs little external motivation to follow through in assignments.	
7. Strives toward perfection; is not easily satisfied.	
8. Is interested in many "adult" problems such as religion, politics, gender, race - more than usual for age level.	
9. Has an advanced vocabulary; verbal behavior characterized by richness of expression, elaboration, and fluency.	
10. Has rapid insight into cause-effect relationships; tries to discover the how and why of things; asks many provocative questions.	
11. Is a keen and alert observer; usually "see more" or "gets more" out of a story, film, etc., than others.	
12. Reads a great deal on his/her own; does not avoid difficult material.	
13. Carries responsibility well; can be counted on to do what he/she has promised.	
14. Adapts readily to new situations; flexible in thought and action; not disturbed when the normal routine is changed.	
15. Tends to lead others; generally directs the activity in which he/she is involved.	
16. Participation in activities connected with the school; can be counted on to be there if anyone is.	

THE UNIVERSITY OF MISSISSIPPI
2009 SUMMER ACADEMY FOR RISING 8TH, 9TH, AND 10TH GRADERS
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The University of Mississippi
2009 SUMMER ACADEMY FOR RISING 8TH, 9TH, AND 10TH GRADERS
2009 Medical Form

This form grants permission to the Summer Academy and the University of Mississippi for the student to receive medical treatment in the case of any such emergency or need to see a physician arises. **A copy of all insurance forms must be included with this form.**

Student Name _____ Birth Date _____ Social Security Number _____

Custodial Parent or Guardian Name _____

Place of Employment _____

Parent Home Phone _____ Parent Cell Phone _____

Insurance Company _____
** Please attach a copy of the card.*

If this child is covered by Medicaid, when does the current policy expire? _____

Insurance Policy Number _____

Name of Person Carrying Insurance _____

Family Physician _____

Physician's Office Telephone _____ Fax _____

Date of Last Tetanus Immunization or Booster Shot: _____
**Please attach a copy of this from your doctor's office.*

Please list any medical condition for which your child is being treated at this time: _____

Is your child under the care of a psychologist/psychiatrist, or being treated for any emotional or mental issues? Yes No
If yes, please make sure that you have seen the physician to have your child cleared for participation in this program.

Also if yes, please list any medication taken _____

List any other medications taken: _____

List any food or medications to which your child is allergic: _____

List any restrictions of physical activity that may apply to your child: _____

Are there any disabilities or conditions that would prevent your child from participating in this program without special accommodations? If yes, what kinds of accommodations are needed? _____

Students who are enrolled in the Summer Academy are considered special visitors of the University of Mississippi. They do not have access to the University Student Health Center. If medical assistance is needed, students are taken to the Urgent Care Clinic of Oxford (during regular hours of operation) or the Baptist Memorial Hospital Emergency Room. If you have questions, you may call our office.

Medical Treatment Consent and Liability Release

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter/ward to receive necessary medical treatment in the event of an injury or illness while attending the Summer Academy at The University of Mississippi. Furthermore, I accept responsibility for full payment of such medical treatment. I hereby hold The University of Mississippi and its representatives harmless in the exercise of this authority.

Parent/Guardian Signature

Date

The University of Mississippi
2009 SUMMER ACADEMY FOR RISING 8TH, 9TH, AND 10TH GRADERS
2009 Financial Aid Application (optional)

The Summer Academy has limited funds available to assist families that cannot meet the cost of the program. Aid is awarded based on need and academic achievement. Aid will only be awarded to U.S. citizens and permanent residents as outlined by the Federal Department of Education's guidelines for federally eligible students. Because our funds are limited, we encourage you to talk with your guidance counselor and seek funding help from the community for additional aid (including civic groups, churches, and local philanthropists).

If you think you might be eligible for aid and would like to request assistance review from our committee, please have your parent or guardian complete this financial aid application and return it with your application for admission to the program. Our committee for financial assistance is independent of that for Admissions; this application will have no bearing on whether or not you are admitted to the Summer Academy program. An application for financial aid will not guarantee an award.

Deadline for financial consideration is May 15, 2009. All materials must be received prior to that date for consideration.

Note: A photocopy of the parent/guardian 2008 income tax return MUST accompany this application.

First Name	Middle Name	Last Name
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Permanent Mailing Address

City	State	ZIP Code
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Please check the following regarding your family's circumstances:

- | | | |
|---|--|---|
| <input type="checkbox"/> Parents Married | <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Mother Deceased |
| <input type="checkbox"/> Parents Separated | <input type="checkbox"/> Parents Divorced | <input type="checkbox"/> Single-parent |
| <input type="checkbox"/> Parent on Disability | <input type="checkbox"/> Both Parents Disabled | <input type="checkbox"/> Grandparent-raised |

Custodial Parent

Address	City	State	ZIP Code
---------	------	-------	----------

Employer's Name

Occupation

Non-Custodial Parent

Address	City	State	ZIP Code
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Employer's Name

Occupation

Legal Guardian (if applicable)

Address City State ZIP Code

Employer's Name

Occupation

LIST DEPENDENTS UNDER THE AGE OF 24

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>School Tuition Paid</u>

Please explain any unusual circumstances that might affect your ability to pay the entire cost of the program. Attach additional pages if necessary: **leaving this section blank makes your child ineligible for financial aid.**

CERTIFICATION

I (we) certify that the information furnished in this statement is complete and correct to the best of my knowledge. I further certify that I have not made any false statements in an effort to obtain aid for my child.

Custodial Parent/Guardian Signature (Required) Date

Non-Custodial Parent/Guardian Signature (Optional) Date