The College of Engineering at the University of Tennessee in Knoxville is implementing a summer engineering program for students during the summer of 2016 entitled “Engineering VOLunteers for Tenth Graders (E-VOL10).” E-VOL10 is a one week residential program for rising tenth-grade students. All students are encouraged to apply. Our mission is to provide students who show an interest in engineering studies and chemistry an early exposure to and preparation for scientific study and research.

Why Should I Attend E-VOL10?
- Learn engineering fundamentals
- ACT preparation
- Compete in engineering challenges
- Cultivate new friendships
- Intro to chemistry
- Spend a week living on a college campus
- Design/build an engineering project

Thirty-two students will be selected to participate in the program to be held June 5-11, 2016. Hands-on activities will spark an interest in the world of engineering and allow students to explore career opportunities. Throughout the program, participants will be challenged to apply what they have learned in engineering competitions. Participants will receive room and board at no cost. All applicants must have taken the PSAT, ACT Explore, or ACT Aspire. Counselors will assist with program activities and supervision of participants.

NO FAXES OR EMAILS WILL BE ACCEPTED.

Applications must be received by Friday, March 4, 2016
Part I: Personal Background Information
Name: ____________________________ Phone: ____________________________
Address: __________________________ City: ____________________________
State: ___________ ZIP Code: ___________ Gender (select one): ___ M ___ F
Date of Birth: ________________________ U.S. Citizen: _____Yes_____ No
Email: ______________________________
School Name: __________________________ GPA: __________
Shirt size (select one): __S __M __L __XL __2XL __3XL
Parent/Guardian Name: ________________ Home Phone: __________________________
Employer: ____________________________ Work Phone: __________________________
Anticipated Major: ____________________ Are you interested in attending UT: ________

Part II: Academic Information
Please include in the application packet a copy of your high school transcript and PSAT, ACT Explore, or ACT Aspire scores.

Part III: Math and Science Teacher Reference Forms
Please have teachers complete the attached reference forms, and include the forms in the application packet.

Part IV: Short Essay
Please answer the following questions in a 300 minimum word essay on a separate sheet of paper (type only). Include the essay in the application packet.

Discuss a technical/scientific event or experience that caused you to have an interest in engineering. Please discuss three personal goals you hope to reach by participating in E-VOL10. For example, what experiences, knowledge and skills do you hope to get out of the program? Where do you see yourself in ten years and what goals have you set to prepare for college? Which engineering career are you planning to pursue and why?

Part V: Acknowledgement
I understand that if I am selected for the E-VOL10 program, my parent/guardian and I must attend orientation on Sunday, June 5, 2016. I acknowledge that I have read this application and affirm that the information included is true and may be verified.

__________________________________________________
Student Signature Date

__________________________________________________
Parent/Guardian Signature Date

Please complete all sections before submitting; incomplete applications and applications submitted by fax or e-mail will not be accepted. All application packets must be received by mail only no later than Friday, March 4, 2016.
9th Grade Science Teacher Recommendation Form
Confidential

Information Provided by Applicant

TO THE APPLICANT: Type or print your name and address below and give this form to a science teacher from your school who knows you well enough to evaluate your ability and your potential for success as a student. Be sure to pick your form up in a sealed envelope and mail it with your application.

“I hereby waive any rights I may have to examine this confidential information.” ____________________________

Applicant’s Signature

Student Applicant’s Name (printed) __________________________________________ Date ________________
Current Address __________________________________________________________ Telephone ________________
City __________________ State _______ Zip _______ E-mail __________________

Information Provided by Recommender

TO THE RECOMMENDER: Please complete the form and enclose in a signature sealed envelope. Please return to applicant once completed.

1. I have known the applicant as: ____student ____research assistant ___other-specify: ______________
2. I have known the applicant for a period of ____ years ____ months in my position as__________________.
3. Rate the applicant on the characteristics (A-N) by inserting a number (0-9) corresponding to the appropriate point on the scale.

No Basis for Judgment Low Average High
0 123 456 789
A. ____ Motivation for course work
B. ____ Intellectual ability
C. ____ Creativity/ingenuity
D. ____ Breadth of general knowledge
E. ____ Oral expression
F. ____ Written expression
G. ____ Initiative
H. ____ Resourcefulness
I. ____ Emotional maturity
J. ____ Cooperation
K. ____ Interest in math
L. ____ Interest in science
M. ____ Promise as a future scientist
N. ____ Promise as a future engineer researcher

4. Applicant’s ability to set realistic & attainable goals is
5. Applicant’s commitment to his or her education is
6. In my opinion, the applicant’s chances of succeeding in college are:
7. Relative to most students at this level, I consider the applicant:
8. I recommend this applicant

___ excellent ___ good ___ fair ___ poor

Comments __________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Signature of Recommender __________________________________________ Date ______________
Name (please print) __________________________________ Title ____ Organization ______________
Address __________________________________________ Phone ______________ E-mail __________________
9th Grade Math Teacher Recommendation Form
Confidential

Information Provided by Applicant
TO THE APPLICANT: Type or print your name and address below and give this form to a math teacher from your school who knows you well enough to evaluate your ability and your potential for success as a student. Be sure to pick your form up in a sealed envelope and mail it with your application.

“I hereby waive any rights I may have to examine this confidential information.” ____________________________
Applicant’s Signature

Student Applicant’s Name (printed) ________________________________ Date ________________
Current Address ______________________________________________ Telephone _____________
City _______________________ State _____________  Zip _________    E-mail _______________

Information Provided by Recommender
TO THE RECOMMENDER: Please complete the form and enclose in a signature sealed envelope. Please return to applicant once completed.

1. I have known the applicant as: ____student ____research assistant ___other-specify: ____________
2. I have known the applicant for a period of ____ years ____ months in my position as____________________.
3. Rate the applicant on the characteristics (A-N) by inserting a number (0-9) corresponding to the appropriate point on the scale.

No Basis for Judgment Low Average High
0 123 456 789
A. ___ Motivation for course work  H. ___Resourcefulness
B. ___ Intellectual ability  I. ___Emotional maturity
C. ___ Creativity/ingenuity  J. ___Cooperation
D. ___ Breadth of general knowledge  K. ___Interest in math
E. ___ Oral expression  L. ___Interest in science
F. ___ Written expression  M. ___Promise as a future scientist
G. ___ Initiative  N. ___Promise as a future engineer researcher

4. Applicant’s ability to set realistic & attainable goals is ___excellent ___good ___fair ___poor
5. Applicant’s commitment to his or her education is ___excellent ___good ___fair ___poor
6. In my opinion, the applicant’s chances of succeeding in college are: ___excellent ___good ___fair ___poor
7. Relative to most students at this level, I consider the applicant: ___excellent ___good ___fair ___poor
8. I recommend this applicant ___moderately ___enthusiastically ___very enthusiastically

Comments ___________________________________________________________________________
___________________________________________________________________________________

Signature of Recommender ______________________________________________ Date ____________
Name (please print) ________________________________________ Title_________ Organization __________________
Address ____________________________________________________ Phone ___________ E-mail ___________________