



**TLSAMP ALLIANCE SUMMER BRIDGE PROGRAM
July 20th – August 8th, 2008**

Last Name	First Name	SS#
Address	City	State, Zip
Phone #	Emergency#	Date of Birth
E-mail	High School	Location
<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<input type="checkbox"/> Native American or Alaskan	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Pacific Islander		

College/University: LeMoyne-Owen University of Memphis MTSU
 UT Knoxville TSU Vanderbilt

Major Area: Science Technology Engineering Mathematics Biology Computer Science

Name of Major: _____

The TLSAMP Alliance Summer Bridge Program is a three-week academic enrichment program. Students will be in class from 8:00 a.m. – 5:00 p.m., Monday-Friday with weekend activities. There is **no cost** to the student except laundry, personal items, and a \$65.00 registration deposit to be returned after completing the three week program. If you are selected to participate in this program, you **MUST** attend all classes and stay on campus both evenings and weekends.

CAN YOU MAKE THIS THREE-WEEK COMMITMENT? YES _____ NO _____

<i>Please explain any possible schedule conflicts that you are currently aware of which may interfere with your attendance:</i>

Student Agreement:

I, _____ as a student applicant to the TLSAMP Summer Bridge Program, agree to the terms and conditions listed below:

1. If I am accepted into the *TLSAMP Bridge Program*, I agree to attend all three weeks of the program.
2. If I am accepted into the *TLSAMP Bridge Program*, I will actively participate in the discussions and experiments which will be part of this program; and
3. I agree that I will act properly and represent myself, my parents, my school, and the TLSAMP Program in the best light at all times.

Furthermore, I understand that not all participants may be accepted to this program. By applying to the TLSAMP Bridge Program, I am stating that I am truly interested in the subjects that will be covered and I will do everything to learn from this program.

Student Signature: _____ Date: _____

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PARENTS DATA FORM

Did either of your parents earn a Bachelor's degree?

Father Major: _____ Mother Major: _____ Neither

Did either of your parents graduate from The University of Tennessee, Knoxville?

Father Mother Neither

Father's Name _____

Address _____

Zip Code _____

Telephone (____) _____ Work Phone: (____) _____

Citizenship: U.S. Citizen Permanent Resident

Email _____

Mother's Name _____

Address _____

Zip Code _____

Telephone (____) _____ Work Phone: (____) _____

Citizenship: U.S. Citizen Permanent Resident

Email _____

ESSAY

On a separate sheet of paper, write a brief essay (no more than one page typed) describing why, in your view, it is important to have a diverse composition of engineers who practice in industry or who function as engineering faculty.

CERTIFICATION

I certify that all information that I have provided is accurate. I also certify that I accept full responsibility for any vehicle that I will bring to campus.

Student's Signature _____ Date _____

TLSAMP Alliance Summer Bridge Program

RULES & REGULATIONS

All actions taken by the TLSAMP Bridge Program will be presented in writing to you. You and your child must agree with the guidelines as stipulated by UTK-TLSAMP Office in order to be enrolled as a TLSAMP student. Although your son or daughter is a college student, he/she is the responsibility of the TLSAMP Office during this period. Thus, compliance with these rules is **required**; and you, the parent, **agree** to pickup your child immediately should the office contact you and request that you do so. Failure to complete the entire three weeks will also result in loss of the stipend. Please sign and return this form to the TLSAMP Office, indicating that you have read the rules, understand them, and will comply with them.

Student's Signature

Date

Parent's Signature

Date

Program Rules and Regulations:

- ◆ At all times be respectful. All spaces will be left “clean and in a respectful manner” – in most cases this means “better than they were found.”
- ◆ After registration, each participant is to report to his/her room and do the following:
 1. Check the room for problems (i.e. do the lights work, phone, etc.)
 2. Report all problems to the front desk IMMEDIATELY.
- ◆ Follow the schedule, including meal times. Mr. Pippin, Mrs. Clark, or a counselor needs to know where you are at all times. Failure to follow the schedule will result in loss of stipend for the Fall Semester.
- ◆ NO co-ed visitations are allowed in dorm rooms.
- ◆ Classes start at 8:00 a.m. and end at 5:00 P.M. All classes are mandatory.
- ◆ No headphones are allowed in class; if seen, they will be confiscated and returned at CURFEW.
- ◆ No cell phones are allowed in class. Any out during class will be confiscated and returned at CURFEW. (You may return missed calls during the BREAKS.)
- ◆ You are responsible for your room. Do not move or damage furniture. Upon checkout, your room must look as it did on check-in. You must also turn-in your key at check-out. **If you lose it, you must immediately pay \$30 at the desk. Stipends will be adjusted for room damage.**
- ◆ A telephone will be available in each room; long distance calls may be placed collect or by use of telephone credit cards. **Stipends will be adjusted for any long-distance calls from room phone.**
- ◆ The following will result in expulsion from the program:
 - ◆ Items thrown from class or dorm window;
 - ◆ Use of drugs or alcohol;
 - ◆ Unexcused class absence or repeated tardiness;
 - ◆ Fights (all involved parties); and
 - ◆ Disruptions of class (all involved parties)
 - ◆ Being disrespectful to program staff and counselors

Please note – expulsion from the program requires immediate check-out from the dorm.

*Emergency messages for participants may be handled through the dorm front desk or
TLSAMP Office (110 Estabrook Hall)*

TLSAMP Office: 974-1931 (Mr. Pippin or Mrs. Valeria Clark)

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MEDICAL RELEASE FORM

I, _____, the parent/guardian of _____, acknowledge that my child will be a student participating in the TLSAMP Alliance Summer Bridge Program with the University of Tennessee during the Summer of 2008. I realize that an accident or injury may occur while traveling or participating in the activities of this Summer Program. I also realize that such an injury or medical treatment could require diagnosis, emergency medical and/or surgical treatment. Should a medical emergency arise, I hereby consent to such diagnostic procedures, hospital care and/or medical, surgical and/or X-ray treatments as may be requested by competent medical personnel, and I release The University of Tennessee from any obligation associated with medical costs not covered by my insurance. I also authorize full medical care be given to my son/daughter and, if needed, to transport my son/daughter to the University of Tennessee Medical Center and notify me as soon as possible. I authorize the use of medications and the release of information as may be specified on the medical information form.

List any restrictions or limitations to this release form: (If NONE, please write "NONE.")
My insurance information is as follows:

Please complete:

Insurance Company Name & # _____

Signature of Student: _____

Social Security Number of Student: _____

Signature of parents/guardian: _____

Address of parents/guardian: _____

Phone # of parent/guardian _____

Cell # _____ Cell #2 _____

Date: _____

Please attach a copy of Insurance Card (*Front and Back*)

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MEDICAL INFORMATION FORM

Please complete this form and return it with your other forms.

PLEASE TYPE OR PRINT CLEARLY

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ SSN _____ Date of Birth _____

IN CASE OF EMERGENCY

Notify: _____ Relationship: _____

Address, if different from above: _____

Home Phone: _____ Work Phone: _____

IN THE EVENT OF HOSPITALIZATION OR MAJOR MEDICAL TREATMENT

Physician: _____

Address: _____ Office Phone: _____

Medical Insurance Company: _____ Phone: _____

Policy Holder: _____ **Policy Number:** _____

Employer: _____ **Insurance ID #:** _____

PRIOR TREATMENT FOR ANY OF THE FOLLOWING (PLEASE CIRCLE)?

Asthma Allergies Diabetes Emphysema Heart Disease High Blood Pressure
Seizures

Please list prescription medications being taken (Be sure to bring your medications.)

Please list any drug allergies:

Do you wear (please circle) Eyeglasses Contact Lenses Dental appliance

Please list any other serious physical impairments or limitations:

Signatures:

Student: _____

Parent: _____

Date: _____

Date: _____

TLSAMP Alliance Summer Bridge Program 2008

Authorized Picture Release Form

Please Note: Must be filled out by parent or guardian if student is under the age of 18.

I authorize the TLSAMP Office with UTK's College Of Engineering to utilize pictures or the likeness of _____ for use in various promotional activities, including:

- News releases to the media and public (television, newspaper, magazine, brochures, etc.);
- Reproduction in UTK Engineering Diversity Programs and TLSAMP publications; and
- Use on the official UTK TLSAMP and UTK Engineering Diversity Programs websites.

The only information that will be released will be a students name and age.

If you accept these terms and conditions, please sign this form.

Students Name _____

Student's Age _____ Grade _____ Gender: M F

Student's Signature _____ Date _____

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____

(if student is a minor) Today's Date _____

**Engineering Diversity Programs
College of Engineering**



University of Tennessee, Knoxville