

JACKSON STATE UNIVERSITY
BRIDGE TO THE FUTURE (B2F)
 2017 Application

Due to the competitive nature of the selection process, you will be notified personally by the Bridge to the Future Staff if you are selected

STUDENT	Last Name: _____		First Name: _____		Middle Name: _____	
	Date of Birth: / /		Gender: ___ Male ___ Female		GPA: _____	
	Home Address: _____ <div style="text-align: center;">Street Number & Name</div> _____					
	City		State		Zip	
Home Phone: _____		Cell Phone: _____		Email: _____		
HIGH SCHOOL	High School Name: _____					
	School Address: _____ <div style="text-align: center;">Street Number & Name</div> _____					
	City		State		Zip	
	ACT English: _____	ACT Math: _____	ACT Reading _____	ACT Science: _____	ACT Composite: _____	
	SAT Verbal: _____	SAT Math: _____	SAT Composite: _____	Are you scheduled to retake the ACT/SAT? ___ Yes ___ No If you checked "yes", what is your testing date? _____		
	Club & Organization Involvement: _____ _____ _____		Dual Enrolled College Courses: _____ _____ _____		Completed College Courses: _____ _____ _____	
COLLEGE	What is your intended major? _____			Have you been admitted to JSU? ___ Yes ___ No If you checked "yes", what is your J#? _____		
	Are you interested in applying to the W. E. B. Dubois Honors College? ___ Yes ___ No			Are you interested in experiencing our summer research opportunities? ___ Yes ___ No		
	Can your grades, financial aid, and other pertinent information be discussed with your parent / guardian? ___ Yes ___ No					
CONTACTS	#1: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name Relationship Phone # Email </div>					
	#2: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name Relationship Phone # Email </div>					

PERSONAL	<p><u>Optional</u></p> <p style="text-align: center;">Do you have any of the following? (Check all that apply)</p> <p style="text-align: center;">Visual Impairment ___ Hearing Impairment ___ Learning Disability ___ Physical Disability ___ Medical Disability ___</p> <p style="text-align: center;">**Should you need assistance, please contact the Office of Disability Services at (601) 979-3704**</p>
FOR THE STUDENT	<p>I understand that as a participant in the Bridge to the Future program, I have the responsibility to work to the best of my ability in all activities and classes associated with Bridge to the Future. I understand that I must conduct myself appropriately and follow all rules, regulations and policies of the Bridge to the Future program as well as Jackson State University. I understand that I must provide proof of personal health insurance, prior to the program start date. I understand that I must support the efforts of the Bridge to the Future staff and participants, and preserve the cleanliness and beauty of the campus. I understand that I must respect the property of others and respect the rights and privileges of all Bridge to the Future students, faculty, staff and others of the campus community. I understand that failure to comply with the above, may lead to dismissal from the program.</p> <p>I am the participant, and I fully agree to the above statement.</p> <p>Student Signature: _____</p>
FOR THE PARENT / GUARDIAN	<p>I hereby grant permission for my child to participate in the Bridge to the Future program at Jackson State University. I hereby agree to hold harmless and release the University, its officers, trustees, agents, students and employees from any claims of damage arising from my child's participation in the program. I hereby agree to provide proof of personal health insurance for my child, prior to the program start date. I am signing this release with full recognition and appreciation of the risks of such activities, including risks associated with transportation to and from Jackson State University. I understand that Jackson State University has no medical personnel on the Bridge to the Future staff. I hereby agree that Jackson State University personnel assigned to the Bridge to the Future program are granted permission to authorize emergency medical treatment if necessary, and that such action by persons shall be subject to the terms of this release. I understand that if my child fails to follow the Bridge to the Future program rules and regulations, he or she will be dismissed from the program. <u>I understand that Bridge to the Future does NOT cover out-of-state fee costs.</u></p> <p>I am a legal Parent / Guardian of the participant, and I fully agree to the above statement.</p> <p>Parent Signature: _____</p>
	<p>NOTE:</p> <ul style="list-style-type: none"> • Application Deadline: <u>May 17, 2017 or until all slots have been filled.</u> • A selection panel will be utilized in the identification and selection of participants. • Bridge to the Future does NOT cover the cost of out-of-state fees. • For information about out-of-state waivers, call and submit waiver application to JSU's Financial Aid office (601) 979-2221. • Student must attend both summer sessions: Session I: (May 31, 2017-June 28, 2017) - Session II: (July 3, 2017-August 4, 2017) • Student must attend orientation on May 30, 2017. • Student must attend awards ceremony on August 4, 2017. • Student must attend JSU during the fall 2017 semester. <p>I certify the above information is complete and correct. We have read and understand the above consent and release statement and agree to the program's policies and procedures.</p> <p>Signature of Student: _____ Date: _____</p> <p>Signature of Parent / Guardian: _____ Date: _____</p>

BRIDGE TO THE FUTURE

TEACHER RECOMMENDATION FORM (1)

Bridge to the Future provides academically talented students with opportunities to excel in college credit courses while living on JSU campus for the following periods: May 31, 2017 - June 28, 2017 and July 3, 2017 – August 4, 2017. Students will be provided: room, board, books, tuition, college credit courses, tutoring, technology assisted teaching and learning, mentoring, and field trips.

To be considered for participation in the Bridge to the Future program, each student is required to submit two teacher recommendations.

STUDENT NAME (FIRST/LAST)

GRADE

TEACHER NAME (FIRST/LAST)

TITLE/DEPARTMENT

SCHOOL NAME AND ADDRESS

CITY

STATE

ZIP

OFFICE PHONE

EMAIL ADDRESS

Please rate this student in the following categories by checking the box that best reflects his/her skills:

Qualities of Students	Above Average	Average	Below Average	Not Applicable
Motivation				
Maturity				
Consistency				
Ability to learn independently				
Academic achievement				
Leadership ability				
Interest in service/social issues				
Ability to work at high levels of study				
Writing ability				

Please rank the student's likelihood of succeeding in the Bridge to the Future program:

Very Likely Likely Somewhat Likely Not Likely

Teacher Signature: _____

Thank you for agreeing to submit a recommendation in support of this applicant for admission to the 2017 **Bridge to the Future** program at Jackson State University. Please place this form and any additional letter(s) of recommendation (if needed) in a sealed envelope with your signature over the flap and return to the student. If this is not possible, mail, email, or fax the recommendation directly to:

Josie Latham
JSU Box 17007
Jackson, MS 39217-0198
josie.h.latham@jsums.edu
Phone: 601-979-0562
Fax: 601-979-2025

BRIDGE TO THE FUTURE

TEACHER RECOMMENDATION FORM (2)

Bridge to the Future provides academically talented students with opportunities to excel in college credit courses while living on JSU campus for the following periods: May 31, 2017 - June 28, 2017 and July 3, 2017 – August 4, 2017. Students will be provided: room, board, books, tuition, college credit courses, tutoring, technology assisted teaching and learning, mentoring, and field trips.

To be considered for participation in the Bridge to the Future program, each student is required to submit two teacher recommendations.

STUDENT NAME (FIRST/LAST)

GRADE

TEACHER NAME (FIRST/LAST)

TITLE/DEPARTMENT

SCHOOL NAME AND ADDRESS

CITY

STATE

ZIP

OFFICE PHONE

EMAIL ADDRESS

Please rate this student in the following categories by checking the box that best reflects his/her skills:

Qualities of Students	Above Average	Average	Below Average	Not Applicable
Motivation				
Maturity				
Consistency				
Ability to learn independently				
Academic achievement				
Leadership ability				
Interest in service/social issues				
Ability to work at high levels of study				
Writing ability				

Please rank the student's likelihood of succeeding in the Bridge to the Future program:

Very Likely Likely Somewhat Likely Not Likely

Teacher Signature: _____

Thank you for agreeing to submit a recommendation in support of this applicant for admission to the 2017 **Bridge to the Future** program at Jackson State University. Please place this form and any additional letter(s) of recommendation (if needed) in a sealed envelope with your signature over the flap and return to the student. If this is not possible, mail, email, or fax the recommendation directly to:

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