Jackson State University  
Mississippi Summer Transportation Institute  
Three-Weeks Residential Program  
June 05 – June 24, 2016  
“Inspiring Young Minds Today for Tomorrow”

Program Overview

The Summer Program aims at introducing a diverse group of motivated pre-college students to the transportation industry and encouraging them to pursue transportation related studies and careers. During the three-week residential program, students will participate in academic and enhancement activities designed to improve their skills in mathematics, science, engineering, and leadership. The selected students will live in the university housing for three-weeks and participate on-campus activities. The program strives to:

- Increase students awareness of different transportation modes
- Heighten students’ understanding of the importance of different transportation modes and solutions
- Expose students to a variety of transportation careers
- Improve students’ creativity, analytical, and problem-solving skills
- Develop students’ interpersonal, collaboration, and leadership skills
- Provide college and career guidance

To be eligible applicants must:

- Be a dedicated rising 9th, 10th, 11th, or 12th grade student
- Have a minimum of 2.5 cumulative grade point average
- Be recommended by a teacher or counselor

The application deadline for the program will be May 25th, 2016.
A complete application packet should include the following:

**Part A: Student Section**

1) Cover Sheet

2) A completed application form

3) A current copy of the students’ school transcript

4) A personal statement (250-500 words). In the statement, provides the answers for the following questions: Why are you interested in participating the program? How can it assist you in meeting your career goals? What do you hope to gain from participating?

5) A recommendation letter from a teacher or counselor.

**Part B: Parent Section**

To be completed and signed by parent or guardian

**Part C: Teacher Recommendation**

To be completed and signed by teacher or counselor

**Mailing Address**

IMTRANS, 1230 Raymond Road, Box 900 Jackson MS 39204

Selection will be based on the strength of each candidate’s application packet, including their GPA, personal statement and recommendation.
Jackson State University
Mississippi Summer Transportation Institute
Three-Weeks Residential Program
June 05 – June 24, 2016
“Inspiring young minds today for Tomorrow”
Program Application Packet
Cover Sheet

STUDENT’S NAME ____________________________________________

SCHOOL ______________________________________________________

SCHOOL DISTRICT/COUNTY ____________________________________

_________________________ _________________________________
Signature of Student Date

_________________________ _________________________________
Signature of School Counselor Date
Application Form

PART A: STUDENT SECTION (Please type or print clearly.)

Student’s Name: ______________________ SS#: ______________________

Home address: ______________________ City: __________ State: ______ Zip: ______

Cell phone: ______________________ E-mail: ______________________

Grade for the 2016-2017 School Year: (Check one.) _____9th _____10th _____11th _____12th

Gender: _____Female _____Male Date of Birth: __________ Grade Point Average (GPA): ______

Ethnicity: __Caucasian __Black/African American __Asian __Hispanic __Others ______________________

Name of Parent/Guardian: ______________________

Home address: ______________________ City: __________ State: ______ Zip: ______

Telephone: (Home) ______________________ (Cell) ______________________

School Attending Fall 2016: ______________________

Address of School to be attended in Fall 2016: ______________________________________________________

________________________________________________________

School Telephone Number: ______________________ FAX: ______________________

Do you have a disability or special needs? If so, please describe: ______________________

________________________________________________________

Do you have a dietary restriction? If so, please describe: ______________________

________________________________________________________

Have you participated in MSTI before? (Yes/No) ______________________

Career of Interests: (Circle those of your interest)

1) Civil Engineering 2) Computer Engineering 3) Biomedical Engineering
4) Electrical Engineering 5) Computer Science 6) Sciences 7) Business
8) Urban Planning 9) Pre-Medical Program 10) Others___________(Please specify)
PART B: Parent’s/Guardian’s Information and Permission

Student’s Name: ____________________________________________________________

Parent/Guardian: __________________________________________________________

Address: ______________________ City: __________ State: __________ Zip: ________

Telephone: (Home) ___________________ (Cell) ______________________________

Employer: ______________________________________________________________

Employer Address: ________________________________________________________

Telephone: __________________________ E-mail: ________________________________

Choose the yearly income range that best represents your family (it is NOT related to the final selection of student admission to the MSTI. The data collection is optional, which is confidential and only used for educational research):

• Less than $15,000; • $15,000-$29,999; • $30,000-$44,999; • $45,000-$59,999; • $60,000-$74,999; • $75,000+

WE/I permit ________________________________________________ (student’s name) to be considered for participation in the JSU, Summer Transportation Institute Program. I understand that, if he/she is selected to participate, the program is residential therefore transportation to and from the University on Friday and Sunday evenings will be the responsibility of the parent/guardian and student. Meals including breakfast, lunch and dinner are provided. I further understand students are required to abide by JSU rules and regulations and that failure to abide by such rules and regulations will be cause for immediate dismissal. I also understand that parents/guardians of student participants are required to attend the opening and closing session of the program.

Signed: _______________________________ Date______________________________

Parent/Guardian

Signed: _______________________________ Date______________________________

Student
PART C: TEACHER RECOMMENDATION

This section is to be completed by the teacher who is recommending the student whose name is shown below.

Student’s Name: _______________________________________________________________________

Teacher’s Name: _______________________________________________________________________

Subject(s) taught student: _______________________________________________________________________

Please estimate the extent to which the student has demonstrated the qualities listed below when compared with other superior and/or creative students you have taught by checking (X) your response according to the following scale:

1-5 Scaling: 5 is the Highest and 1 is the Lowest

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<th>Qualification</th>
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<td>Potential to cope in a college environment for a 3-weeks period</td>
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In the space below, please provide additional comments which you believe would be helpful to the screening and selection committee for student participation in the Program.

_____________________________________________________________________

Signature of Teacher

Date
JACKSON STATE UNIVERSITY
STUDENT RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of the opportunity to participate and/or travel for ______________________ and to receive the benefit of services rendered by the Administrators, faculty, staff, agents, and other representatives of Jackson State University, the undersigned hereby acknowledges and agrees as follows:

I acknowledge that activities conducted in the course of the program, event, activity, or travel may entail known or unanticipated risks which could result in harm to me or third parties or damage to property.

I certify that I have no medical physical conditions which could interfere with my safety or the safety of others in connection with my participation in the activity, and I hereby assume and agree to bear the costs of all risks that may be created, directly or indirectly, by any such condition, whether or not disclosed to the University. My participation in the activity is purely voluntary.

I understand that this release is related to non-essential services, and I have the choice not to sign the release. However if I choose not to sign it, I cannot participate in the non-essential activity or program. Non-essential activities include those which a person has or had the option not to participate, and this specifically includes transportation provided by anyone, including myself. I agree that other options are available to me aside from the one that requires this release. Potential other options include, but are not limited to, finding alternate forms of transportation, not participating in the nonessential event, and purchasing insurance for personal property or other harm rather than attempting to hold Jackson State University or its employees responsible for any such damages.

***I HEREBY VOLUNTARILY RELEASE, INDEMNIFY, AND FOREVER DISCHARGE THE UNIVERSITY, AS WELL AS ALL COMMUNITY PARTNER AGENCIES, THEIR EMPLOYEES, OFFICERS, AGENTS, AND ASSIGNS, ON BEHALF OF MYSELF, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, AND ESTATE FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION WHICH IN ANY WAY RELATE TO OR ARISE OUT OF MY PARTICIPATION IN THE PROGRAM/ACTIVITY OR MY USE OF THE UNIVERSITY’S EQUIPMENT OR FACILITIES, INCLUDING ANY SUCH CLAIMS ALLEGING NEGLIGENT ACTS OR OMISSIONS OF THE UNIVERSITY.*** I AGREE NOT TO DEMAND OR BRING ANY LEGAL ACTION, ON BEHALF OF MYSELF OR ANY DEPENDENT, AGAINST THE UNIVERSITY OR ITS AGENTS ARISING FROM MY PARTICIPATION IN THE EVENT, ACTIVITY, OR PROGRAM.

I am eighteen (18) years of age or older and am competent to execute this agreement. If the participant is not eighteen (18) years of age, this release must also be signed by a parent or guardian.

Print Name: _________________________________ Date: ______________

Signature: ___________________________________

Parent/Guardian Printed Name: ____________________ Date: ___________

Parent/Guardian Signature: _______________________
(Only if Student is not eighteen (18) years of age)
Jackson State University

The following information is requested to provide the MSTI program staff with information necessary in the event of an accident or emergency or other medical health problems.

Participant Name: ____________________________  Age ___  Sex ___

Emergency Contact Name: _____________________ Relationship: _____________________

Emergency Contact Telephone:__________________

Primary Physician or Clinic Name, Address, and phone number: ____________________________

Health Insurance Company: ______________________

Policy in name of: ______________________________

Policy Number: ________________ Client ID Number: ______________________

Medical Card Information: ______________________

HEALTH HISTORY

Please complete this section so that we can be aware of any specific health issues that may affect you at UW. Use an additional sheet to complete answers if necessary. All information is confidential.

1. Have you ever been hospitalized?  ___Yes  ___No
   If yes, please give details and dates____________________________________________________________
   ______________________________________________________

2. Have you ever had surgery?  ___Yes  ___No
   If yes, please give details and dates____________________________________________________________
   ______________________________________________________

3. Do you take any medication (prescription, nonprescription, herbal, etc.) on a regular basis?  ___Yes
   ___No
   If yes, please list medication and dosage_________________________________________________________
   ______________________________________________________

4. Do you have any allergies to medication, food, environment, or other substances?  ___Yes
   ___No
   If yes, please list allergies and reaction_________________________________________________________
   ______________________________________________________

5. Do you smoke or chew tobacco?  ___Yes  ___No
   If yes, age began________________
   How many cigarettes do you smoke each day_________ How many cans of tobacco do you use each week____

6. Are there any limitations on participation in physical activities?  ___Yes  ___No
   If yes, please explain___________________________________________________________

7. Do you have any emotional problems?  ___Yes  ___No
   If yes, please explain___________________________________________________________

8. Do you have any significant medical conditions?  ___Yes  ___No
If yes, please give details, including treatment__________________________________________________________
__________________________________________________________
__________________________________________________________

9. Do you require a special diet? _____Yes _____No
   If yes, please give details__________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
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   __________________________________________________________________________

MEDICAL TREATMENT CONSENT

I, ________________________________________________________ (name), give my permission to urgent care clinic/hospital/health center employees to treat me in case of medical emergency. I also give employees of Jackson State University of permission to escort me to an urgent care clinic/hospital/health center, and to receive emergency medical care as a MSTI participant from June 05 – June 24, 2016 in the event of sickness or emergency. I understand that if treatment is rendered, any charges will be at my expense and I will hold the MSTI Program, Jackson State University, and all affiliated individuals harmless from liability for the decision to seek such treatment.

__________________________________________________________
Signature

__________________________________________________________
Date
JACKSON STATE UNIVERSITY
MISSISSIPPI SUMMER TRANSPORTATION INSTITUTE

Student Agreement Form

I ____________________________, agree to participate in the summer transportation Institute program from June 05 – June 24, 2016 without interruptions.

_____________________________  ______________
Signature                      Date

This form should be returned on or before June 05, 2016.
It can be email to lin.li@jsums.edu, or dropped off or mailed at 1230 Raymond Road, Box 900 Jackson MS 39204
JACKSON STATE UNIVERSITY
MISSISSIPPI SUMMER TRANSPORTATION INSTITUTE

Liability Release Form

In consideration of acceptance by JACKSON STATE UNIVERSITY as a participant in the MS Summer Transportation Institute, I do hereby release, forever discharge, and agree to hold harmless the director, staff, employees and agents from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while the participant is involved in the above-mentioned program. The undersigned further hereby agrees to hold harmless and indemnify Jackson State University, MSTI director, staff, employees and agents for any liability sustained by said acts of said participant, including expenses incurred thereto.

Signed this________________ day of____________________, 2016

It is understood that JACKSON STATE UNIVERSITY does not provide medical insurance covering injury of any nature incurred during the program activity or transportation to or from MSTI program activity and Engineering Building suggests that the child be covered by medical insurance while participating in the program.

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify JACKSON STATE UNIVERSITY, the MS Summer Transportation Institute, its director, employees and agents from any acts of malfeasance, and/or failure to act on the part of those choose to administer medical care on behalf of the participant.

I, the undersigned, hereby release JACKSON STATE UNIVERSITY, IMTrans, assignees, agents and employees from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from my child participating in the program associated with JACKSON STATE UNIVERSITY.

Print Child/Participant's Name: ________________________________________________

Participant Signature (Parent or legal guardian, if a minor): ________________________

Home Telephone: ____________________ Work Telephone: ________________________

Cell Phone: ________________________ E-mail: _________________________________
JACKSON STATE UNIVERSITY
MISSISSIPPI SUMMER TRANSPORTATION INSTITUTE
Emergency Contact Form

Please complete this form as accurately as possible, attach a copy of your insurance card (front & back) and bring it with you on June 5, 2016

Participant’s Name______________________________________________________________

Father’s name/Guardian(s) ___________________________ Employer’s Name: _________________

Phone #:_________________________ Cell #: ______________________

Mother’s Name/Guardian(s) ___________________________ Employer’s Name: _________________

Phone #:_________________________ Cell #: ______________________

In the event of an emergency and neither parent/guardian can be reached, permission is given to the following for pick-up of participant:

Name_________________________ Relationship________________ Phone______________________

Name_________________________ Relationship________________ Phone______________________

Health Information: (Include allergies, chronic health conditions): __________________________________________________________

__________________________________________________________________________________

Does your child take any medication on a daily basis at home (prescription/non-prescription)? If yes please the name and dosage of the medication.

__________________________________________________________________________________

EMERGENCY TREATMENT AUTHORIZATION AND RELEASE

I hereby authorize necessary medical treatment in the event I cannot be reached and a medical emergency exists.

____________________________________  ____________________________
Signature of Parent/Guardian               Date
The Seatbelt Convincer was developed to illustrate the beneficial use of seatbelts even when involved in a low speed collision. The Convincer simulates a low impact crash and the benefit of seatbelts and airbags. The participant/passenger is restrained and sits in a carriage at the top of a slide. The slide is released, allowing gravity to pull the carriage forward, eventually reaching a speed of at least 5 miles per hour before colliding with bumpers at the front of the system. The Convincer allows riders to experience the force generated in a low speed collision.

**Special Considerations and Restrictions**

Do **NOT** ride the Convincer if you:

- Have any heart condition
- Have any head, neck, leg, spine, or back problem
- Have had any recent surgery or long-term illness
- Have any physical injury or problem known to you that will or may be affected by participation
- Have any history of a heart condition
- Have high blood pressure
- Have a hernia
- Have ever been treated for cancer
- Are pregnant or think you might be pregnant
- or Are recovering from any recent injury, illness, surgery, or medical procedure.

**Age/Weight/Height Restrictions:**

To ride the Convincer you:

- Must be at least 80 pounds in weight and Must be at least 4’9” in height.

**STATEMENT OF INFORMED CONSENT AND RELEASE**

**AND WAIVER OF LIABILITY AGREEMENT**

**CONVINCER**

**ASSUMPTION OF RISK AND RELEASE OF CLAIMS**
In consideration for the offer and permission by the Mississippi Department of Transportation (MDOT) to participate in a demonstration of and to ride in or upon the Convincer, the undersigned voluntarily assumes all risks in connection with such participation. As further consideration for such participation, the undersigned hereby exempts, releases, and discharges MDOT and the Mississippi Transportation Commission, their owners, directors, officers, trustees, employees, and agents from and against any and all liability, costs, damages, expenses, claims, demands, actions, or causes of action whatsoever arising out of any damage, loss, or injury to the person or property of the undersigned or the undersigned’s child or ward caused either directly or indirectly or arising in any way out of participation in or through the use or operation of the Convincer.

I certify that I have carefully read this document, that I fully understand its terms and conditions, and that I have signed it voluntarily and willingly. THIS RELEASE AND WAIVER OF LIABILITY SHOULD NOT BE SIGNED IF YOU DO NOT UNDERSTAND IT OR DO NOT AGREE WITH ITS TERMS.

I acknowledge and understand that the Convincer simulates a motor vehicle collision by means of a static impact and I further acknowledge that I have been advised that when riding in or upon the Convincer, the participant:

- Should not have any objects in his/her pockets
- Should not be wearing eyeglasses
- Should keep his/her mouth closed and head back against the seat and be facing forward during the entire demonstration
- Is at least 18 years of age or is at least 12 years of age and have the permission of a parent or a guardian to participate
- Is of sufficient height and weight as determined herein for proper adjustment of the seatbelt.

I hereby represent to MDOT that I do comply or will comply with the above-referenced Special Considerations and Restrictions and with all requirements for participation that are presented herein. I further represent that my child/ward complies or will comply with the above-referenced Special Considerations and Restrictions and with all requirements for participation that are presented herein.

I give my permission for my child/ward to participate in a demonstration of the Convincer, sponsored by MDOT. I understand that participation is a voluntary opportunity for my child/ward to gain instruction and awareness of the responsibilities of wearing seatbelts. I hereby acknowledge and agree that such participation has inherent risks which may range in levels of severity from physical injury to emotional trauma.

I certify that, to the best of my knowledge, I (or my child/ward) have (has) no physical ailment or physical condition (see Special Considerations and Restrictions) that could either be further aggravated or be adversely affected by riding the Seatbelt Convincer.

I acknowledge that the participant is riding the Seatbelt Convincer of my/his/her own free will, assumes the risk of any injuries to my/his/her person or property that may be sustained from this ride, and will not hold MDOT or the Mississippi Transportation Commission, or their agents and employees, liable or permit anyone or any entity to bring action on my/his/her behalf for any injury or damage caused by the Seatbelt Convincer.

**PHOTOGRAPH RELEASE**
I hereby grant the Mississippi Department of Transportation ("MDOT") and the Mississippi Transportation Commission ("MTC") the absolute right and permission to use my photograph and/or photographic image, my likeness in a photograph, and/or any digital or other reproduction thereof regarding my participation or presence in or at a Convincer event or an event demonstrating the Convincer ("photograph(s)”) in any and all of its publications and promotions and for any of its official purposes, including use in print, electronic media, and Internet, Intranet, and website entries ("materials"), without payment or any other consideration in perpetuity.

I understand and agree that the photograph(s) and the materials will be the property of the MTC and will not be returned and that the MTC will own the copyright thereto with full right of lawful disposition in any manner.

I hereby irrevocably authorize the MTC to modify, edit, alter, copy, exhibit, publish, and/or distribute the photograph(s) and the materials for purposes of publicizing MDOT and MTC programs and for any other lawful purposes. I waive the right to inspect or approve any finished product, including written or electronic copy, wherein the photograph(s) or my likeness appears. I waive any right to royalties or any other compensation arising from or related to the use of the photograph(s) and/or the materials.

I hereby hold harmless and release and forever discharge the MDOT and the MTC, and their directors, officers, trustees, employees, agents, and designees, from any and all liability, claims, demands, damages, and causes of action whatsoever which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization and release including, but not limited to, any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said photograph(s) or production or use of the materials or in any subsequent processing or publication thereof.

I hereby certify that I have read this release before signing below and I fully understand the contents, meaning, and significance of this release.

Participant Name: (printed) _____________________________________________________________

Address: ____________________________________________________________________________

Signature: ____________________________________________  Date: ____________________________

Signature of Parent or Guardian if under 18, or Guardian of Ward: ________________________________________________________________

Operator’s Name: ____________________________   Location: ______________________________