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APPLICANT INFORMATION

Last Name _____ First Name _____ M.I. _____

Home Address _____ Apartment/Init# _____

City _____ State _____ Zip Code _____

Telephone/Home _____ Cellular _____ email _____

Date of Birth _____ Gender: Male ___ Female ___

Name of current School and District _____

Current Grade Level: 8 ___ 9 ___ 10 ___ 11 ___ 12 ___ GPA (4.0 scale) ___ Math ACT/SAT score ___

(Enclosure: Student must provide an official copy of ACT score report and GPA report, and a recommendation letter from his/her teacher). Only rising 9th-grade students will be considered for admission.

Anticipated College Major _____ Anticipated Future Career _____

Visa Status: US Citizen ___ Permanent Resident ___ Other _____

Race/Ethnicity: Latino/Hispanic ___ African-American ___ American Indian ___

Low Income (by Federal Standards) ___ Asian ___ Other _____

Criteria to define underrepresented/underserved as provided by USAEOP (www.usaeop.com)

(Respond by circle around yes or no) *

1. Student qualifies for free or reduced-price lunch: Yes ___ No ___
2. Student attends a rural, frontier, or other Federal-targeted outreach school: Yes ___ No ___
3. Student is a racial or ethnic minority historically underrepresented in STEM: Yes ___ No ___
Circle which of the following is applicable:
(Alaska Native, Native American, Black or African American, Hispanic, Native Hawaiian or other Pacific Islander)
4. Student is a female in specific fields – physical science, computer science, mathematics, engineering
Yes ___ No ___
5. Student receives special education services or attends a school that operates targeted assistance program:
Yes ___ No ___
6. Student is learning English as a second language: Yes ___ No ___
7. Student is a first-generation college-bound candidate: Yes ___ No ___
8. Student is a dependent of a military service member veteran: Yes ___ No ___

(* Applicants with incomplete information will not be processed for reviewing)

Registration number provided by UNITE program website of USAEOP:

(To get a number, register at their website <https://www.usaeop.com/program/unite/>)

PERSONAL STATEMENT (limit to 200 words addressing the following questions: why are you applying to the UNITE summer program? How will this experience help you meet your goals to pursue higher education/profession in STEM disciplines? Include important membership in clubs, community organizations, etc. – Attach a separate sheet, if more space is required)

Give a brief description of science/mathematics activities you have participated in (clubs, science fair, engineering fair projects or other competitions).

Place/award received _____

Name of the project _____

EMERGENCY CONTACT INFORMATION

Full Name _____ Relationship _____

Primary Telephone Number with area code _____

Alternative Telephone Number with area code _____

Alternative Emergency Contact Information

Full Name _____ Relationship _____

Primary Telephone Number with area code _____

Alternative Telephone Number with area code _____

INSURANCE PROVIDER INFORMATION:

SIGNATURES

Applicant Signature _____ Date _____

Print Name _____

Parent Signature _____ Date _____

Print Name _____

All correspondence must be addressed to the following by post or electronically:

Dr. Francis Tuluri, Program Coordinator and Manager

Check List

UNITE site @ Jackson State University

Application/Registration Packet

Jackson State University, P O Box 18480

Online Registration Form at USAEOP

Jackson, MS 39217

Student commitment Form

Telephone (601) 979-8262/2467 - Fax (601) 979-3238

Emergency Contact Form

Email: francis.tuluri@jsums.edu

GPA/ACT score (official)

Teacher Recommendation Letter

Application materials will be reviewed beginning the first week of May, and the status (accepted or rejected) will be sent by post or by email by the third week of May. For additional information please contact, Dr. Francis Tuluri at 601 979 8262 or via email at francis.tuluri@jsums.edu

Emergency Contact Form

Please complete the information on this form as completely and as accurately as possible. It will be used in the event of an accident or injury. *(Please type or print in black or blue ink).*

Participant's Name _____

Last

First

Middle

Name of Parent(s) Guardian(s) _____

Address of Parent(s) Guardian(s) _____

Street Name/Number

City/State

Zip code

Contact Numbers:

Home _____

Cell _____

Work _____

PARENT/GUARDIAN

In the event of an emergency and neither parent/guardian can be reached, I give my permission for the following individual(s) to pick-up my child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In the event the individual's I have listed above can't be reached, UNITE JSU is authorized to transport (my child) _____

to the emergency room at _____ and/or contact,

Doctor whose name and phone number is _____

for further instructions.

EMERGENCY TREATMENT AUTHORIZATION AND RELEASE

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

Signature _____

Date _____

Condition of Health – QUESTIONNAIRE

(To be completely and accurately by parent and participant)

Name _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____
Street # (Apt. #) City State ZIP CODE

Home telephone no. _____ Cell # _____

Birth Date _____ (mo/date/year) GENDER () Male () Female

CURRENT HEALTH STATUS (Please check appropriate response).

HEALTH QUESTION	YES	NO
1. Are you generally in good health? If no, please explain		
2. Are you exposed to COVID?		
3. Are you having symptoms of COVID?		
4. Are you tested positive for COVID?		
5. Are you currently taking prescribed medication? If so, please list the prescribed medication(s) and any special precautions that you may have been advised to take with respect to this prescription.		
6. Have you had major surgery or prolonged treatment for an illness in the last (6) months that might require special follow-up? If so, please describe.		
7. Are you allergic to certain medications, foods, or chemicals? If so, please describe.		
8. Do you have special dietary needs? If yes, please describe your needs.		
9. Do you have any eating disorders or digestive problems? If so, please explain.		
10. Do you have asthma or any respiratory problems? If so, please explain.		
11. Are you diabetic? If so, is it controlled by diet or insulin?		
12. Are there other facts about the condition of your health of which we should be aware? If so, please describe.		

Certification:

I certify that the statements given above are accurate to the best of my knowledge and Jackson State University will not be held accountable for any medical information that is not given.

UNITE Student Signature

Date

Parent/Guardian's Signature

Date

Type or Print legibly

COMMITMENT TO THE PROGRAM

Student Consent: If selected, I agree to participate in the UNITE 2022 Summer Program as indicated by my signature below from **June 1 - 29, 2022** without interruptions and absences. If selected, I agree to follow the guidelines of the JSU COVID-19 Plan of Jackson State University, Mississippi (<https://www.jsums.edu/jsusafe/>).

- | | |
|---|---|
| <input type="checkbox"/> I will participate | <input type="checkbox"/> I will not participate |
| <input type="checkbox"/> I will need a parking permit | <input type="checkbox"/> I will not need a parking permit |
| <input type="checkbox"/> I am currently a student of a grade and school as specified in my application. | |
| <input type="checkbox"/> I am not currently enrolled in any school. | |

Applicant Signature

Date

Print Name

Parent Consent: If selected, I agree to provide transportation arrangements to my ward to participate in the UNITE summer program at Jackson State University during June 1 - 29, 2022.

Parent/Guardian Signature

Date

Print Name

All correspondence must be addressed to the following by post or electronically:

Dr. Francis Tuluri, Program Coordinator and Manager
UNITE site @ Jackson State University
Jackson State University, P O Box 18480
Telephone (601) 979-8262/2467 - Fax (601) 979-3238
Email: francis.tuluri@jsums.edu

UNITE Summer Program: Food Requirements
(June 1 - 29, 2022)

Student Participant:

If selected, I hereby declare my willingness to bring a lunch box and eat at the designated place in the Engineering Building, Jackson State University, MS. I also agree that during the working days of the program during June 1 - 29, 2022, I bring my lunch from home and do not go out from the location of the program training facility at Engineering Building, Jackson State University, MS. I refrain from taking food or drinks into the classroom.

Signature of the Student Participant

Date

Name of the Student

Signature of the Parent/Ward

Date

Name of the Parent

**UNITE Summer Program: Refrain from using electronic devices.
(June 1 -29, 2022)**

Student Participant:

If selected, during the lecture or lab sessions of the UNITE program, I hereby accept my willingness NOT to use any electronic devices (like smartphones, tablets, video games, etc) or any other devices **in the classroom**, unless it is required for class instruction.

Signature of the Student Participant

Date

Name of the Student

Signature of the Parent/Ward

Date

Name of the Parent

2022 UNITE Summer Program: Program Schedule Timings (Tentative Schedule)

Student Participant: If selected, during the lecture or lab sessions of the UNITE program, I hereby accept my willingness to strictly follow the program schedule to attend the classes promptly at the stipulated time and follow strictly the lecture break and lunch break intervals. I will be available at the program venue all the time. See the weekly schedule of the program.

Program Duration: June 1 - 29, 2022; Five sessions/day during 8:30 am to 1:00 noon

Location: Room #278, Engineering Building, Jackson State University, Jackson, Mississippi

UNITE 2022: Program Schedule (Tentative)*					
(In the event of COVID pandemic, the program may be switched to Virtual (online))					
Day	8:30 - 9:20	9:30 - 10:20	10:30 - 11:20	11:30 - 12:20	12:30 - 1:00
	am	am	am	noon	noon
Monday	Lecture/Activity	Lecture/Activity	Lecture/Activity	Lecture/Activity	Discussion
Tuesday	Lecture/Activity	Lecture/Activity	Lecture/Activity	Lecture/Activity	Discussion
Wednesday	Lecture/Activity	Lecture/Activity	Lecture/Activity	Lecture/Activity	Discussion
Thursday	Lecture/Activity	Lecture/Activity	Lecture/Activity	Lecture/Activity	Discussion
Friday	Lecture/Activity	Lecture/Activity	Lecture/Activity	Lecture/Activity	Discussion
Week 1: Electronics Technology/ Math			Week 2: 3D/App Design/Math		
Week 3: MicroController/Robotics/Math			Week 4: : Technology Workshop/Math		
*Lecture is class instruction; Activity is hands-on activity or lab; Discussion is questions and answers/quizzes/lab reports					
Each session Class or Lab Activity is 50 minutes duration with 10 minutes break for each session; some sessions may be either lecture or hands-on based on the duration					
The sequence of topics may change as appropriate to real time; additional topics include guest lectures					
Some highlights of the topics include Electronics and Microcontroller Projects; Robotics; 3D printing;					
1. Every day ends with Discussion, Lab Reports, and Questions					
2. 06/01/2022: opening ceremony (8.30 – 9.30 am);					
3. 06/08/2022: Chemistry Lab Tour, JSU (10 am - 11 am);					
4. 06/15/2022: Meteorology Lab Tour, JSU (10 am - 11 am);					
5. 06/17/2022: ERDC, Vicksburg, Educational Tour					
6. 06/22/2022: Virtual and Augmented Reality Tour, JSU (9 am - 11 am)					
7. 06/23/2022: ERDC Scientists/Engineers Presentation, JSU (8.30 am - 10 am)					
8. 06/24/2022: Guest Lectures; JSU Career Service Presentation, (11 am - 12 noon)					
9. 06/29/2022: closing ceremony (8.30 – 9.30 am);surveys & post-test (9.30 – 10.30 am); presentations (10.30 – 12.00 noon); Certificate distribution; program ends					

Signature of the Student Participant/Date

Name of the Student:

Signature of the Parent/Ward/Date

Name of the Parent:

UNITE is a program of the Army's Youth Science Cooperative Outreach Agreement (YSCOA), a subset of the Army Educational Outreach Program (AEOP). UNITE is coordinated by the Technology Student Association (TSA)

Type or print legibly

Student Name _____

Teacher Name* _____

email:

Address of the teacher giving recommendation:

*Your recommendation and/or comments are vital in the decision as to whether the student above is admitted to the JSU/UNITE summer program. Please complete this form and return it by email attachment at francis.tuluri@jsu.edu, and send the hard copy to Dr. Francis Tuluri, UNITE Program Coordinator and Manager, Jackson State University, P.O. Box 18480, Jackson, MS 39217

Please rate this student in his/her behavior and attitude on a scale from 1 to 5 (with 5 being the highest)

Classroom Behavior	1	2	3	4	5
Effort	1	2	3	4	5
Oral Participation	1	2	3	4	5
Written Expression	1	2	3	4	5
Intellectually Curiosity	1	2	3	4	5
Ability to Work Independently	1	2	3	4	5
Reading Comprehension	1	2	3	4	5
Relations with Peers	1	2	3	4	5
Ability to Cope with Academic Pressure	1	2	3	4	5
Math Skills, Concepts, and Reasoning	1	2	3	4	5
Attendance	1	2	3	4	5
Responsibility – completes tasks on time and comes to class prepared	1	2	3	4	5

How long have you known the student? _____

Would you recommend this student for the UNITE site at JSU summer program? _____

Comments (add an extra page if required)

Signature: _____

Date: _____

Print Name: _____