



THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

PIPES

POSSIBILITIES IN POSTSECONDARY
EDUCATION & SCIENCE

Summer
Program
Student
Application

pipes.utk.edu

APPLICATION DEADLINE:
FEBRUARY 28, 2017

SEPA SCIENCE EDUCATION
PARTNERSHIP AWARD
Supported by the National Institutes of Health

PIPES

Summer Program Student Application

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PART I: STUDENT INFORMATION

Name _____ Phone _____

Preferred Name _____ Did you participate in PIPES? Yes No

Address _____ City _____

State _____ ZIP Code _____ Date of Birth _____

E-mail _____ School Name _____

Cell Phone _____ Can you receive texts? Yes No Grade in School 9 10 11 12

Gender (select one) M F

What grades do you earn? Mostly As As & Bs Mostly Bs Bs & Cs Mostly Cs Lower than Cs

List Career Interest(s) _____

PART II: STUDENT SHORT ESSAY

Please answer the following question in an approximately half-page essay on a separate sheet of paper (type or print). Include the essay in the application packet.

Why would you like to participate in the PIPES summer program?

PART III: REFERENCE FORM

Please have a reference complete the attached reference form and include in the application packet.

PART IV: PARENT INFORMATION AND CONSENT FORM

Please have a parent/guardian complete the attached information and consent form and include in the application packet.

ACKNOWLEDGEMENT

I understand that if selected for the PIPES summer program, I must participate in all program activities June 6-8, 2017, to receive a stipend of \$150 (total). I understand that PIPES will provide all meals and transportation to and from my high school. I understand that I must be covered by health insurance in order to participate in this program. I further understand that I must have a clean disciplinary record to participate. I acknowledge that I have read this application and affirm that the information included is true and may be verified.

Student Signature

Date

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PART III: REFERENCE FORM

Information Provided by Applicant

TO THE APPLICANT: Type or print your name and address below and give this form to a teacher or non-relative who knows you well enough to evaluate your ability and your potential for success as a student. When you pick up your form, make sure it is in a sealed envelope. Return it along with your application.

"I hereby waive any rights I may have to examine this confidential information."

Applicant's Signature

Applicant's Name (please print) _____ Date _____

Current Address _____ Phone _____

City _____ State _____ Zip _____ E-mail _____

Information Provided by Recommender

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

1. I have known the applicant as: student club or team member volunteer other (specify) _____

2. I have known the applicant for a period of ____ years ____ months in my position as _____

3. Applicant's ability to set realistic & attainable goals is: excellent good fair poor

4. Applicant's commitment to his or her education is: excellent good fair poor

5. In my opinion, the applicant's chances of succeeding in college are: excellent good fair poor

6. Relative to most students at this level, I consider the applicant: excellent good fair poor

7. I recommend this applicant: excellent good fair poor

Comments _____

Name (please print) _____ Title _____ Organization _____

Address _____ Phone _____ E-mail _____

Signature of Recommender

Date

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PART IV: PARENT INFORMATION AND CONSENT FORM

Name of person completing form _____

Relationship to student _____ Phone _____

Emergency Contact _____ E-mail _____

Work Phone _____ Cell Phone _____

Is the student covered by health insurance? Yes No Name of Insurance _____

EDUCATION AND WORK BACKGROUND

Because this is a program to encourage students to expand their possibilities for postsecondary education and their openness to jobs they might not have considered before, it is very helpful to us to understand the educational and work background of their immediate family. This information will help us design a summer program that best meets the needs of the students. Please complete the information below for the student's parents, or for the two adults in your student's life who have been most involved in raising them.

	PARENT 1	PARENT 2
Name		
Current employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Not employed at this time	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Not employed at this time
Job title(s)		
What is your highest level of education?	<input type="checkbox"/> Less than high school <input type="checkbox"/> High school graduate or GED (and did not go to any college or training after high school) <input type="checkbox"/> Some college but no degree (took some courses but did not finish) <input type="checkbox"/> Postsecondary certificate (specialized training such as cosmetology, HVAC, or police academy) <input type="checkbox"/> Two-year college graduate (from a school such as Walters State or Pellissippi State Community College) <input type="checkbox"/> Four-year college graduate (from a school such as UT or ETSU) <input type="checkbox"/> Graduate school (college beyond the four-year college degree such as law school or medical school)	<input type="checkbox"/> Less than high school <input type="checkbox"/> High school graduate or GED (and did not go to any college or training after high school) <input type="checkbox"/> Some college but no degree (took some courses but did not finish) <input type="checkbox"/> Postsecondary certificate (specialized training such as cosmetology, HVAC, or police academy) <input type="checkbox"/> Two-year college graduate (from a school such as Walters State or Pellissippi State Community College) <input type="checkbox"/> Four-year college graduate (from a school such as UT or ETSU) <input type="checkbox"/> Graduate school (college beyond the four-year college degree such as law school or medical school)

ACKNOWLEDGEMENT

I understand that if my child is selected for the PIPES summer program, he/she must participate in all program activities June 6-8, 2017, to receive a stipend of \$150 (total). I understand that PIPES will provide all meals and transportation to and from my student's high school. I understand that my student must be covered by health insurance in order to participate in this program. I further understand that my student must have a clean disciplinary record to participate. I acknowledge that I have read this application and affirm that the information included is true and may be verified.

Parent Signature

Date

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Frequently Asked Questions



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WHAT IS THE PIPES SUMMER PROGRAM?

This three-day summer experience focuses on introducing participants to STEMM and demonstrates tools to prepare for college. This global approach consists of academic and life-skills activities. The academic activities include an introduction to STEMM, lab tours, and college life preparation courses. The life-skills activities take place during the afternoon hours at various campus locations.

WHAT IS THE DEADLINE TO APPLY?

Applications are due February 28, 2017.

WHO CAN APPLY?

The summer camp is open to current 10th-graders with an interest in STEMM and attending college.

WHY SHOULD I ATTEND?

PIPES incorporates programs designed to assist and support participants throughout their education. The program nurtures global development of participants and substantially increases retention.

WHAT WILL I BE DOING THERE?

The academic activities include an introduction to STEMM, lab tours, and college life preparation courses. Participants will receive a complete schedule upon arrival.

HOW LONG IS THE PROGRAM?

Three days (June 6–8, 2017)

WHAT IS THE COST?

Students selected to attend do so at no major cost to their families. Participants are provided with meals, transportation, supplies, and a stipend for completing the program.

DO I HAVE TO ATTEND ALL THREE DAYS?

Yes, attendance for the entire Summer Program is mandatory.

WHAT ARE THE REQUIREMENTS TO ATTEND?

Attendance to all assigned classes and activities is mandatory. Excused absences are only given for illness (confirmed by a doctor's excuse). Students are expected to be on time for all events. An accumulated number of tardies will result in expulsion.

WHAT DO I DO WITH MY COMPLETED APPLICATION?

Applications will be collected by your school counselor.

HOW DO I GET THERE?

Transportation will be provided by PIPES.

WHAT SHOULD I WEAR?

1. Neat and attractive apparel of tasteful styles are acceptable.
2. Closed-toe shoes.
3. Long pants during program activities.

UNACCEPTABLE DRESS

1. See-through clothing, midriffs must not be exposed.
2. Inappropriate patches, labels, or quotes.
3. Clothing advertising alcohol, cigarettes (including vapor), snuff, chewing tobacco, or other drugs.

IS FOOD PROVIDED?

Breakfast, lunch, and dinner will be provided each day.

WHO TEACHES THE PIPES SUMMER PROGRAM?

UT faculty, staff, and students provide presentations, the length of which may vary. Each presentation has been thoroughly researched and will be interactive and informative. Program staff work with student support teams and tutorial sessions during the academic year.

WHO SUPERVISES THE STUDENTS?

Undergraduate students will serve as counselors and assist with the program at the university.