Dear Summer Academy Applicant:

I am thrilled that you are considering Ole Miss for the 2008 Session of Summer Academy. We offer a unique program that gives you an opportunity to experience advanced learning in a fun environment. Included in this packet, you will find a variety of things that will complete your application.

First, there are descriptions of the program’s academic offerings, costs, schedule, and admissions standards. Second, all of the forms for completion of your application are included. Please note that in many cases, we need information from your parents as well as school principal, counselor, and teachers. If you find that any of the information is unclear, please do not hesitate to give us a call.

Remember, all of these forms must be returned to us no later than May 9, 2008. We look forward to reviewing your application.

Jason E. Wilkins
Coordinator for Summer Academy
High School Credit
Summer Academy offers students entering the eighth, ninth, and tenth grades a taste of college life, gives them new friends and contacts, teaches time management, encourages better study habits and grants possible credit toward high school graduation requirements*. Depending on the grade level, students explore the world’s culture, flex their imaginations, learn about human behavior, investigate the Earth’s delicate balances, conduct science experiments, or publish a literary magazine.

Students selected to attend the program can earn as much as a full Carnegie unit toward elective graduation requirements that may be counted in their high schools. The courses are half-unit courses listed in the Mississippi curriculum framework but not generally offered in high school curricula across the state.

* Whether or not credit is given is determined by the student’s high school.

Admissions Criteria
- The applicant must be a student in good academic and conduct standing in the seventh, eighth, or ninth grade at the time of admission. The school can be public, private, parochial, or even home-educated.
- The applicant must have a **3.5 GPA in all four subject areas of math, science, social studies, and English for his or her last three years in school** and also have standardized achievement test scores above the present grade level.
- The applicant must have permission from his or her principal.
- The applicant must have two letters of recommendation from teachers.

Resident/Commuter
Students can choose to be a resident or a commuter. All commuters must live within driving distance as students are to be dropped off each morning by 7:15 a.m. and picked up each evening no later than 5:30 p.m. Resident students will live in a specially designated residence hall during the week. These students can choose to leave on the weekends to return home. However, if students want to stay for any or all weekends, there is a one-time weekend fee of $75 for activities. This fee is the same whether or not you stay one weekend or all four. Commuting students may also participate in weekend activities but must pay the same $75 deposit.
Curriculum

The following curriculum is grade-specific. Courses have been sequenced so that students may participate in Summer Academy more than one year. Courses are assigned based on grade-level but also on transcripts. If a student would be assigned to a class based on grade-level but has already taken that particular class, he or she is moved to the next level of classes. All courses are taught by certified, licensed teachers with curriculum approved and based on state requirements.

Eighth Grade
Rising eighth graders will take Geography and Environmental Science. Students will examine Geography as an all-encompassing discipline that seeks to understand the world, its human and physical features, as well as a discipline of places, peoples, and cultures. Environmental Science is a laboratory-based study that will look at ways the environment shapes living communities. This course is supplemented by lab experiences and a trip to the Biological Field Station. A large component of this course will be learning basic ecological terms, problems, and solutions.

Ninth Grade
Rising ninth graders will take Creative Writing and Botany. In Creative Writing, students will practice processes of composing poetry, descriptive and narrative essays and short fiction. While the course promotes self-expression, it also fosters critical thinking, imagination and development of language and style. The course will culminate with the composition and printing of a literary magazine that students can take home with them and back to school. Botany is a laboratory-based course applying basic biological principles to the study of bacteria, protists, fungi and plants. This course is a step up from basic environmental science and will include visits to the field station, expeditions to research plant life and several experiments in the lab.

Tenth Grade
Rising tenth graders will take Psychology and Mississippi Writers. Psychology is an introductory course in studying human behavior, popular theories about the workings of the human mind, and basic human tendencies that drive all of us through our lives. This course differs from Sociology and other humanities in that it strives to explain the processes of human individual behavior. The course in Mississippi Writers is a language arts elective that emphasizes Mississippi’s rich literary history through the study of fiction, poetry, nonfiction, and drama. Students look at the contribution that Mississippi’s native writers have made by participating in group discussions, individual projects, writing assignments, and reading.

Tuition and Costs
All students who apply must send a nonrefundable deposit of $50 to apply and hold a seat in the program. The students who plan to stay for weekend activities will send an additional $75 weekend activity fee which will include at least one meal per weekend. Costs will be accrued for tuition, housing and a required meal plan. The costs are as follows:

<table>
<thead>
<tr>
<th>Cost</th>
<th>Resident</th>
<th>Commuter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonrefundable Deposit</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Tuition for two courses</td>
<td>$410</td>
<td>$410</td>
</tr>
<tr>
<td>Room for one four-week session</td>
<td>$350</td>
<td>N/A</td>
</tr>
<tr>
<td>Meal plan (estimated)</td>
<td>$386</td>
<td>$155</td>
</tr>
</tbody>
</table>

  **Resident: 14 meals per week**

  **Commuter: 5 meals per week**

| Total Cost (not counting weekends)        | $1196    | $615     |
| Weekend Deposit (optional)                | $75      | $75      |
| Total Cost (counting weekends)            | $1271    | $690     |

Deadlines

All applications must be complete by May 9, 2008. Enrollment will be limited to 20 students per grade level. Classes generally start to fill up in early April, so be sure to get your application in as soon as you can! If you have any questions, please feel free to contact us at:

**Summer Accelerated Studies**
SUMMER ACADEMY
P. O. Box 9
The University of Mississippi
University, MS 38677

Phone: (662) 915-7621
Email: umsummer@olemiss.edu
Website: www.outreach.olemiss.edu/summer
Application for Admission
Summer Academy
July 6 - August 2, 2008

<table>
<thead>
<tr>
<th>Student Name: First</th>
<th>Middle</th>
<th>Last</th>
<th>Preferred</th>
</tr>
</thead>
</table>

In the fall of 2008, I will be in the (please check)*:

- [ ] Eighth Grade
- [ ] Ninth Grade
- [ ] Tenth Grade

*Curriculum is based on grade-level and transcripts from your current school.

<table>
<thead>
<tr>
<th>Home Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>ZIP Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Email Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Home Phone</th>
<th>Student Cell Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

*This is for medical records only and will not be given out.

<table>
<thead>
<tr>
<th>Student T-shirt Sizes (adult):</th>
<th>S</th>
<th>M</th>
<th>L</th>
<th>XL</th>
<th>XXL</th>
<th>XXXL</th>
</tr>
</thead>
</table>

| I will be applying as (please check): | Resident Student | Commuter Student |

<table>
<thead>
<tr>
<th>Mother’s (Guardian’s) Name: Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mother’s (Guardian’s) Address: No. &amp; Street (Apt. No)</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mother’s (Guardian’s) Telephone: Home Number</th>
<th>Work Number</th>
<th>Cell Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Father’s (Guardian’s) Name: Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Father’s (Guardian’s) Address: No. &amp; Street (Apt. No)</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Father’s (Guardian’s) Telephone: Home Number</th>
<th>Work Number</th>
<th>Cell Number</th>
</tr>
</thead>
</table>

Please mail all documents to:
Summer Accelerated Studies
Summer Academy
P. O. Box 9
The University of Mississippi
University, MS 38677

Student Application
Parent Statement and Consent
This section is required—not optional.

TO THE PARENT: Please tell us about your child. What characteristics does your child have that you consider important for the Admissions Committee to know? Why do you want your child to participate in this program?

Parent Consent

Do you give permission for your child to be photographed and/or videotaped for instruction and publicity (please check)?

☐ YES  ☐ NO

Do you give permission for your child to take field trips with teachers and counselors who are sponsored and employed by Summer Accelerated Studies (please check)?

☐ YES  ☐ NO

Parent Signature  Date

Name of Local Newspaper

Address of Local Newspaper:  City  State  ZIP Code

In case of emergency, we always contact the parents. However, should the parents not be available, please notify:

Name  Relationship to student

Address

Phone Numbers:  Home  Work  Cell

Parent Statement and Consent
Medical Form
Summer Academy

This form grants permission to Summer Accelerated Studies and the University of Mississippi for the student to receive medical treatment in the case of any such emergency or need to see a physician. A copy of all insurance forms and proof of immunization must be included with this form.

Student Name
Birth Date

Social Security Number

Custodial Parent or Guardian Name

Insurance Company
*Please attach a copy of the card.

If this child is covered by Medicaid, when does the current policy expire? ______________________________________
*If the student is covered by Medicaid, all visits must be to the Emergency Room of the local hospital. They will file the necessary papers. However, any needed medication will not be covered if the policy has lapsed.

Policy Number

Name of Person Carrying Insurance

Family Physician

Office Telephone Fax

Date of Last Tetanus Immunization or Booster Shot _______________________________________________________
*Please attach a copy of this from your doctor’s office.

Please list any medical condition for which your child is being treated at this time.

Is your child under the care of any psychologist or psychiatrist, or being treated for any emotional or mental issues? ☐ YES ☐ NO
If yes, please list any medication taken. __________________________________________________________________
*If yes, please make sure that you have seen the physician to have your child cleared for participation in this program.

List any other medications taken.

List any food or medications to which your child is allergic.

List any restrictions of physical activity that may apply to your child.

Medical Form
Teacher Recommendation Form
Summer Academy

TO THE TEACHER: This student is applying for admission to the Summer Academy Program at the University of Mississippi. Your candid evaluation of the student will be considered by the Admissions Committee to determine the student's eligibility for the program. We also ask for your email in case we have further questions. Please return this form to the student or counselor so that it can be included in the application packet.

__________________________________________________________________________________________________

Student Name (PRINT)

As the student or parent of student, I hereby waive my right to review this recommendation before it is sent to the University.

__________________________________________________________________________________________________

Student or Parent Signature

1. How would you describe the student’s academic ability?

2. How would you describe the student’s social interaction with his or her peers?

3. What specific strengths have you seen in this student?

4. Have you observed or had to handle any behavior problems from this student?

5. This is an extremely rigorous academic load for these students to take during the four weeks. How do you feel that this student will handle the demands of studying?

6. What is your area of instruction? How long have you known this student?

__________________________________________________________________________________________________

Teacher Name (PRINT)  Email

Teacher Signature  Date

__________________________________________________________________________________________________

School  Position

School Mailing Address

City  State  ZIP Code

Teacher Recommendation 1
Teacher Recommendation Form
Summer Academy

TO THE TEACHER: This student is applying for admission to the Summer Academy Program at the University of Mississippi. Your candid evaluation of the student will be considered by the Admissions Committee to determine the student’s eligibility for the program. We also ask for your email in case we have further questions. Please return this form to the student or counselor so that it can be included in the application packet.

__________________________________________________________________________________________________

Student Name (PRINT)

As the student or parent of student, I hereby waive my right to review this recommendation before it is sent to the University.

__________________________________________________________________________________________________

Student or Parent Signature

1. How would you describe the student’s academic ability?

2. How would you describe the student’s social interaction with his or her peers?

3. What specific strengths have you seen in this student?

4. Have you observed or had to handle any behavior problems from this student?

5. This is an extremely rigorous academic load for these students to take during the four weeks. How do you feel that this student will handle the demands of studying?

6. What is your area of instruction? How long have you known this student?

__________________________________________________________________________________________________

Teacher Name (PRINT) Email

Teacher Signature Date

__________________________________________________________________________________________________

School Position

__________________________________________________________________________________________________

School Mailing Address

__________________________________________________________________________________________________

City State ZIP Code

Teacher Recommendation 2
Principal’s Consent and School Information Request

Completed by Parent
I give my permission for the release of my child’s transcripts, test scores and academic information to be released to the Summer Accelerated Studies Program at the University of Mississippi.

__________________________________________________________________________________________________

Student Name  (PRINT)

__________________________________________________________________________________________________

Parent Name  (PRINT)

__________________________________________________________________________________________________

Parent Signature Date

Principal’s Permission
I, _______________________________________________ give my permission for this student to attend the University of Mississippi’s Summer Academy for 2008. I certify that this student is in good standing academically and does not have a record of behavior that will create problems for any other student while at Summer Academy. I further understand that this student will receive up to one unit of credit during the program to which we may be able to give credit. That decision will be up to the school board and this office. I have included all necessary documents with this permission form.

__________________________________________________________________________________________________

Principal Name  (PRINT)

__________________________________________________________________________________________________

Principal’s Signature Date

__________________________________________________________________________________________________

Name of School

__________________________________________________________________________________________________

Name of Counselor

__________________________________________________________________________________________________

School Address

City State ZIP Code

(_______) __________________________ Fax

Phone

* PLEASE ATTACH A COPY OF THE STUDENT’S TEST SCORES AND TRANSCRIPT FROM THE LAST THREE YEARS. THIS SHOULD BE INCLUDED WITH THE APPLICATION AND CAN BE GIVEN TO THE STUDENT TO MAIL OR SENT DIRECTLY TO: 

Summer Accelerated Studies
Summer Academy
P. O. Box 9
The University of Mississippi
University, MS 38677
Summer Accelerated Studies  
Summer Academy  
Financial Aid Application  
OPTIONAL  
(We cannot consider applications with incomplete or unexplained items.)

Summer Academy has limited funds available to assist families that cannot meet the cost of the program. Aid is awarded based on need and academic achievement. Aid will only be awarded to US citizens and permanent residents as outlined by the Federal Department of Education’s guidelines for federally eligible students. Because our funds are limited, you should talk with your guidance counselor and seek funding help from the community for additional aid.

If you think you might be eligible for aid and would like to request assistance review from our committee, please have your parent or guardian complete this financial aid application and return it with your application for admission to the program. Our committee for financial assistance is independent of that for Admissions; this application will have no bearing on whether or not you are admitted to the Summer Academy. An application for financial aid will not guarantee an award.

Deadline for financial consideration is May 2, 2008. All materials must be received prior to that date for consideration. 

Note: A photocopy of the parent/guardian 2007 income tax return must accompany this application.

Name  

Permanent Mailing Address  

City  
State  
ZIP Code  

Please check the following regarding your family’s circumstances:

☐ Parents Married  
☐ Father Deceased  
☐ Mother Deceased

☐ Parents Separated  
☐ Parents Divorced  
☐ Single-parent

☐ Parent on Disability  
☐ Both Parents Disabled  
☐ Grandparent-raised

Custodial Parent  

Full Address  

Employer’s Name  

Occupation  

Non-Custodial Parent  

Full Address  

Employer’s Name  

Occupation
Legal Guardian (if applicable)

Full Address

Employer’s Name

Occupation

**Dependents under the age of 24**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
<th>School/Tuition Paid?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Please explain any unusual circumstances that might affect your ability to help pay for the program. Attach additional pages if necessary.

**Certification**

I (we) certify that the information furnished in this statement is complete and correct to the best of my knowledge. I further certify that I have not made any false statements in an effort to obtain aid for my child.

Signature  Date

Signature  Date

*Financial Aid Application -- Optional*
Application Checklist for Students

1. ☐ Application for Summer Academy, including Parent Statement and Consent

2. ☐ Medical Form and required documentation

3. ☐ Two Teacher Recommendation Forms (Envelopes enclosed)

4. ☐ Principal’s Consent and School Information Request

5. ☐ Financial Aid Application (optional)

6. ☐ Transcripts from the last three years of school, plus transcripts from this year through December 2007 (Envelope enclosed)

7. ☐ $50 Nonrefundable Deposit for holding seat in Summer Academy

8. ☐ Recent Photograph

Please mail all documents to:

Summer Accelerated Studies
SUMMER ACADEMY
P. O. Box 9
The University of Mississippi
University, MS 38677

Phone: (662) 915-7621
Email: umsummer@olemiss.edu
Website: www.outreach.olemiss.edu/summer

The University complies with all applicable laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, sexual orientation, handicap, or status as a veteran or disabled veteran.