



FLORIDA A&M UNIVERSITY
 REGIONAL INSTITUTE FOR MATH/SCIENCE
 TRIO ACADEMIC SUPPORT CENTER
 TALLAHASSEE, FLORIDA



FORM CHECKLIST

Please type the application and make sure that all forms are complete prior to submission.

Student's Name	High School
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APPLICATION FORM

_____ **Part A: Student Information**
(Please submit a copy of your most recent transcript)

_____ **Part B: Placement Information**
 _____ Self, Academic and Career Interests

_____ **Part C: Family Information**
 _____ Current Year Tax Documents (IRS 1040 Form)

_____ **Part D: Student & Parent Release**
 (*Please note: all parties that are required to sign Part D must do so in the presence of a Notary Public)

_____ **Letters of Recommendation**
 (*Please note that two (2) of the recommendation letters must be completed by your current science and math instructors.)
 _____ Letters of Recommendation (3)

*Student and parent(s)/guardian read carefully and fill out completely. Please attach a copy of your social security card.

Please return this application to your guidance counselor, or mail to the following address:
 Florida A&M University- TRIO Academic Support Center
 Regional Institute for Math and Science
 640 Gamble Street-Old Physical Plant
 Tallahassee, Florida 32307-5800
 (850) 561-2109

Part B: Self, Academic and Career Interests *(Please type where possible)*

1. Why would you like to participate in the RIMS Program?
2. What do you hope to gain from your participation in the program?
3. What do you consider to be your strengths and weaknesses?
4. Tell us about some of your hobbies and/or activities that you like to do.
5. What do you want to do after high school?
6. What are your favorite subjects in school? What are least favorite subjects? Please explain why.
7. If you could choose any career, what would it be?

Part C. Family Information (To Be Completed By the Student's Parent and/or Guardian)

Statement of Confidentiality:

The information contained in this application is for the purpose of determining applicant's eligibility for the Regional Institute for Math and Science. Federal Regulations require that we verify income data for all applicants.

1. Name of Parent(s) or Guardian(s): _____ Phone: Home: _____
(Living with Student) Last First (Area Code)
Number

*Emergency Contact Number: _____ Work: _____
(Area Code) Number (Area Code) Number

2. Mailing Address: _____
(P.O. Box or Complete Street or RR address) City State Zip

3. Do the parent(s) or guardian(s) with whom the student resides have a baccalaureate degree? _____

4. What is the total number of persons living in your household? _____

5. Income Information (**Required**):

Indicate whether you receive any of the following and the amount.

A. Aid to Families with Dependent Children (AFDC) _____ yes _____ no \$ _____ (yearly)
Case # _____

B. Social Security _____ yes _____ no \$ _____ (yearly)

C. Veterans Benefits _____ yes _____ no \$ _____ (yearly)

D. Food Stamps _____ yes _____ no \$ _____ (yearly)
Case # _____

E. Unemployment Compensation _____ yes _____ no \$ _____ (yearly)

F. Child Support _____ yes _____ no \$ _____ (yearly)

6. Total family taxable income for the current tax year: \$ _____ (include all sources of income)
(Attach a copy of your most recent completed income tax forms and copies of your social security cards)
(If on public assistance, attach a signed and notarized statement of income from your caseworker.)

7. Do you live in public housing? _____ yes _____ no

My signature below certifies that the information provided is correct and verifiable.

Signature of Parent/Guardian

Parent/Guardian's Social Security

Information Provided Regarding Income is Confidential.



