



APPLICATION DEADLINE: FRIDAY MARCH 13, 2009

POSTMARK BY FRIDAY MARCH 13, 2009

The purpose of Young Scholars Academy (YSA) is to expose students who are underrepresented in higher education to a world of opportunities. This non-credit program engages students in an interactive learning environment that stresses creative and innovative leadership experiences for a select group of West Tennessee's best students—students with a potential for leadership in the 21st century.

YSA is a one-week summer residential program designed for students who will be juniors and seniors in fall, 2009 (sophomores and juniors at the time of application). The program provides tuition, room, board, and instructional materials for each student.

COMPLETE THIS CHECKLIST AND THE APPLICATION IS READY TO BE MAILED

A. GUIDANCE COUNSELOR: APPLICATION IS NOT COMPLETE WITHOUT ALL SIGNATURES

- FORM A** **Counselor Recommendation Form**
- FORM B** **Read Instructions & Criteria**
 - List TWO Teachers**
 - Read Frequently Asked Questions**
- FORM C** **Student Completes Application**
- FORM D** **Student Completes Personal Data Form**
- FORM E** **Test Data Form**
- FORM F** **Confidential Teacher Reference Form (2)**
- FORM G** **Medical Information (NOTARIZED)**

In the selection of students and faculty, Young Scholars Academy does not discriminate on the basis of race, color, national origin, sex, religion, or disability. Recognizing the advantages to the student body and to the citizens of Tennessee of a diversified student body, the selection committee shall consider race and sex, along with all other criteria, and shall continually review the admissions policies to yield a student body that tends to reflect the racial, gender, and geographical composition of the state's school-age children. The Young Scholars Academy is committed to affirmative action.

FORM A

CONFIDENTIAL GUIDANCE COUNSELOR RECOMMENDATION FORM

Applicant's Name _____
Last First Middle

Name of School _____

TO THE COUNSELOR: The above named student is applying for selection to Young Scholars Academy. A complete application requires the following information and evaluation from you. Please submit the entire application consisting of Forms A-G with all required attachments and signatures. **Use self-addressed enclosed envelope.** **This form is for the confidential use by Young Scholars Academy officials and will not be released.**

1. Have you reviewed the student's academic records? Yes No
2. Does the student meet the requirements for Young Scholars Academy? Yes No
3. In your opinion, how academically qualified is the student for the Young Scholars Academy experience?
Highly Qualified Qualified Marginally Qualified Not Qualified
4. Do you recommend this student for the Young Scholars Academy to which application is made?
Yes No
5. Is there anything else you would like to add that would better help the school(s) to evaluate this student?
Narrative comments are extremely helpful to the selection committees.

IF THE ABOVE REFERENCED STUDENT DOES NOT MEET THE REQUIREMENTS SET FORTH IN THE APPLICATION PACKET, IS NOT ACADEMICALLY QUALIFIED AND/OR YOU WOULD NOT RECOMMEND THIS STUDENT FOR THE YOUNG SCHOLARS ACADEMY, THEN THE STUDENT IS INELIGIBLE AND AN APPLICATION **SHOULD NOT BE SUBMITTED.**

Your Printed Name

Date

Your Signature

() _____ ext. _____
Counselor Telephone Number

FORM B

COUNSELOR

I. COUNSELOR NOMINATING PROCEDURES AND APPLICATION INSTRUCTIONS

A. NOMINATING CRITERIA:

GENERAL

The students most likely to profit from this unique living/learning experience will be expected to:

1. Meet the prerequisites of the Young Scholars Academy to which application is made.
2. Display a high degree of motivation to participate in the program for the entire week.
3. Possess the ability to cope with an educational experience that stresses creative thinking. He/she also must be willing to expend considerable time and effort in the content area.
4. Complete application materials and return them to the guidance counselor, who will mail the complete application packet to the Office of Student Affairs to be **received** no later than **March 13, 2009**. Guidance Counselors may set earlier deadlines so applications will not be late.

SPECIFIC CRITERIA

1. Nominees should rank in the top of their class in performance/capability. (Upper 20 percent preferably)
2. Nominees should be emotionally mature and possess evidence of many characteristics of a motivated learner. Those attributes include:
 - a. Curiosity as a keen observer, thrives on complexity and gets involved.
 - b. Ability to analyze, synthesize, and evaluate; sees new relationships; is able to generate many alternatives; is self-initiated.
 - c. Ability to learn rapidly, easily, and efficiently; retains and uses information.
 - d. Ability to express himself/herself in writing, orally, and/or artistically.
 - e. Sense of humor.
 - f. Inquisitiveness; asks provocative questions.
 - g. A record of out-of-class learning experiences or projects.
3. An official transcript must be included in the application materials. Honors, advanced placement, or similar courses should be indicated.
4. Teacher and counselor recommendations are to be completed as indicated.

B. COMPLETING THE APPLICATION MATERIALS: Class rank, class size, numerical test scores, etc. must be provided by the counselor, if available. Please note that while standardized test scores are not mandatory for this year's candidates, counselors are strongly encouraged to include this information if it is available. An official transcript must be included in the application packet. On the lines below, students are to list two teachers to complete the Confidential Teacher Reference Forms. The Counselor will need to obtain the completed forms from the respective teachers. There is a space available at the bottom of the teacher reference form to put the name of the counselor to whom the form is to be returned. Additional information about the required forms can be found in the section on "Submitting the complete application".

1. **Application Deadline: March 13, 2009. Earlier applications are preferred.**
2. **Incomplete applications will not be accepted.**
3. Pages must be arranged in numerical order.
4. Include a current official transcript.
5. Guidance Counselor should keep one complete copy.
6. Completed applications should be mailed by the Guidance Counselor to the Office of Student Affairs in the enclosed, **self-address envelope**. Applications submitted directly by students will not be accepted.
7. Class rank, class size, numerical test scores, etc. must be provided by the counselor, if available. Please note that while PSAT, SAT, and ACT scores are not mandatory for this year's candidates, counselors are strongly encouraged to include this information if available.

Please list the two teachers from whom the applicant is requesting confidential teacher references (**Form F**):

1. _____ Subject _____
 Teacher's Name

2. _____ Subject _____
 Teacher's Name

II. YOUNG SCHOLARS ACADEMY CRITERIA, EXPECTATIONS OF STUDENTS AND SELECTION PROCESS

A. CRITERIA: From the total applications received by the Office of Student Affairs, the students selected to attend Young Scholars Academy will be chosen in the following manner:

1. Every effort will be made to include at least one qualified student from each public school system.
2. Criteria for selection are based upon the individual gifts and talents of those high school-age individuals who will be Juniors and Seniors in fall, 2009. Students in a Tennessee public or private secondary school, or are home schooled at that level, are encouraged to apply.

B. EXPECTATION OF STUDENTS: The students most likely to profit from this unique living/learning experience will be expected to:

1. **Complete proper application materials then return the materials to the Guidance Counselor**, who will mail the completed application packet to the Office of Student Affairs, to be **received** no later than **March 13, 2009**. Guidance Counselors may set earlier deadlines.
2. Display a high degree of motivation to participate in the program for the entire one week.
3. Possess the ability to cope with an educational experience that stresses creative conceptual thinking. Prospective students also must be willing to expend considerable time and effort in the content area.

C. YOUNG SCHOLARS ACADEMY SELECTION PROCESS: The selection committees, appointed by the vice chancellor for student affairs, in consultation with Young Scholars Academy faculty and staff, will review each student's completed application (see checklist). The review committees will also select a number of alternates. Students will receive a letter notifying them of acceptance or selection as an alternate.

III. FREQUENTLY ASKED QUESTIONS

1. **Who is eligible?**

The brightest and most talented students who will be juniors and seniors in the fall, 2009 (sophomores and juniors at the time of application).

2. **What does it cost?**

Students who are accepted will receive a full scholarship for program expenses. The only thing students will have to pay for is their transportation to and from the campus and personal items. Everything else – campus housing, tuition, meals, educational trips, lectures, labs, and recreation activities – will be provided. The program is funded by the University of Tennessee Martin. If transportation is a financial problem after a student is selected, students should contact the Office of Student Affairs at 731-881-7710.

3. **When is the deadline for applications?**

March 13, 2009. Early application is encouraged. Late applications will not be accepted. Applications received directly from students will not be considered.

4. **What about the U.S. Postal Service in terms of the deadline?**

Must be postmarked by March 13, 2009.

5. **How will the students be selected?**

The selection committees, appointed by the vice chancellor for student affairs, in consultation with Young Scholars Academy faculty and staff, will review each student's completed application (see checklist). The review committees will also select a number of alternates. Students will receive a letter notifying them of acceptance or selection as an alternate.

6. **What about activities outside of class?**

The University offers many options. For details, click on these links ([student activities](#), [recreation](#)) or go to UTM.edu

7. **Who are the instructors?**

Highly qualified University of Tennessee Martin faculty.

8. **Does an up-to-date transcript need to be included?**

Yes.

9. **Can students with disabilities apply?**

Yes, if the student meets all criteria.

10. Must a student stay for the entire week?

Yes. NO EXCEPTIONS. NO GUESTS ALLOWED.

11. How many students will be selected?

Forty-two (42) students will be selected for the one week program for **2009**.

12. When will students be notified of selections?

Notifications will be mailed to all students no later than **March 31, 2009**. Student will have until noon, April 6 to accept the invitation to participate.

13. Once a student is notified of being selected as an alternate, when should the student expect the Young Scholars Academy to contact alternates?

On **April 13, 2009**, the Young Scholars Academy will begin contacting alternates for any available openings. Alternates must accept or decline the invitation by **Friday, April 17** in order for Young Scholars Academy to proceed with contacting other alternates if necessary. There is a possibility that alternates will be contacted until the program(s) begin on June 21, 2009.

14. Why is an e-mail address important to the application process?

An e-mail address is important so Young Scholars Academy may communicate quickly with applicants.

15. What if Young Scholars Academy dates conflict with other activities?

It is unfortunate that dates conflict; however, students must make a choice.

16. Will students' home schools be notified?

Yes. By the third or fourth week in April, lists of all students accepted up until that point will be mailed to the Guidance Counselors.

17. Are there opportunities for visitation by interested teachers and/or counselors?

No.

18. If test scores are not available for sophomores, what should be used?

Indicate type of test taken and anticipated date of receipt. Include any available standardized test scores on the Test Data Form.

19. Are students permitted to bring communication devices, such as cellular phones and PDAs?

Cell phones and PDAs may be brought to the Young Scholars Academy **but** they must be kept in the silent mode and they may not be used during supervised activities and classes. This includes meals.

20. Other than grades, test scores, etc., what will raters look at in this application?

The recommendations from teachers are very important. For instance, if two applications are otherwise given the same rating, what the teachers have said may result in a higher score. Out-of-class service activities are also important.

21. Is the application confidential?

Consistent with applicable law, no personal identification information will be released to non-authorized individuals.

FOR ADDITIONAL APPLICATIONS: make your own copies or contact the Office of Student Affairs at (731) 881-7710

ALL MATERIALS SUBMITTED BECOME THE PROPERTY OF THE YOUNG SCHOLARS ACADEMY

SPONSORED BY THE UNIVERSITY OF TENNESSEE MARTIN

FORM C
STUDENT APPLICATION

STUDENT

I have not previously attended Young Scholars Academy, and I affirm, agree and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of material facts may result in my being disqualified or my being terminated should I already be enrolled Young Scholars Academy.

By making this application, my parent/guardian and I agree to the release of any necessary school records to the Young Scholars Academy for the purpose of determining my eligibility. I/we understand and agree that such school records will be kept confidential and used only for determining admissibility to the Young Scholars Academy. **STUDENTS WHO DO NOT AGREE TO THE RELEASE OF SUCH SCHOOL RECORDS FOR DETERMINING ADMISSIBILITY WILL NOT BE CONSIDERED FOR THE YOUNG SCHOLARS ACADEMY.**

I certify that to the best of my knowledge all of the information provided in this application is correct. I acknowledge that information about me may be used for publicity purposes if I am selected to attend Young Scholars Academy.

Applicant's Printed Name

Applicant's Signature

Date

I have carefully reviewed the information on this application and give my permission for my son/daughter to proceed with application procedures. I authorize the school and its employees to release any information necessary for this application.

Parent's or Guardian's Printed Name

Parent's or Guardian's Signature

Date

I recommend the applicant listed above for the summer 2009 Young Scholars Academy and certify that the applicant meets the criteria set by the University's Young Scholars Academy to which application is made.

Principal's or Guidance Counselor's Printed Name

Principal's or Guidance Counselor's Signature

Date

FORM D

STUDENT PERSONAL DATA FORM

PLEASE TYPE OR PRINT IN BLACK INK.

1. Name _____
Last First Middle Preferred

2. Address _____

City State Zip Code County

3. Home Telephone () _____ 4. Cellular Phone () _____ 5. Gender: M F

6. Age _____ 7. Birth Date MM___/DD___/YY___ 8. Grade (2008-9): 10 11

9. Name of School _____

10. Address of School _____

City State Zip Code County

11. School Telephone () _____ 12. Student E-mail _____

13. Counselor _____ 14. Counselor Telephone () _____ ext. _____

15. Counselor Fax () _____ 16. Counselor E-mail _____

17. Parents'/Guardians' Names _____
Parents'/Guardians' Cell Phone () _____ Parents'/Guardians' E-mail _____

18. Relationship to Applicant _____

List all physical disabilities (e.g., visual, auditory, respiratory). Circle those which might in any way limit your capacity. (This will not affect your selection. This information is needed to enable us to provide appropriate facilities/services.)

Which of the phrases below best describes your racial/ethnic background? Please select only one response.

- African-American/Black
- American Indian, Alaskan Native
- Asian-American, Pacific Islander
- Caucasian/American/White
- Mexican-American/Chicano
- Multiracial
- Puerto Rican, Cuban, other Hispanic origin
- Other _____
- Prefer not to respond.

FORM E

TEST DATA FORM

Principal or Guidance Counselor

While information pertaining to some of the following items may not be available for all students, please include all available information. Record requested scores on this sheet only if they do not appear on the official transcript. Use the latest scores available. If your school does not rank, write "do not rank" or "none."

Student's Name _____ Student is currently: Sophomore Junior

Class Size _____ Class Rank _____ GPA _____ Cumulative GPA _____ Please select scale: 4.0 5.0

Does this student meet the GPA and other prerequisites set forth by Young Scholars Academy in the application packet? Yes No If no, do not submit an application for this student.

I. ACHIEVEMENT TESTS

TCAP Writing Assessment Score _____ Grade Administered _____

OTHER ACHIEVEMENT TESTS

Full Name of Test _____ Grade Administered _____
Percentile Rank (Verbal) _____ Stanine Score (Verbal) _____
Percentile Rank (Math) _____ Stanine Score (Math) _____

II. APTITUDE TESTS

TEST	YEAR TAKEN	SCORE	PERCENTILE
PLAN COMPOSITE	_____	_____	_____
ACT COMPOSITE	_____	_____	_____
PSAT Critical Reading	_____	_____	_____
PSAT Math	_____	_____	_____
PSAT Writing	_____	_____	_____
SAT Verbal	_____	_____	_____
SAT Math	_____	_____	_____
SAT Writing	_____	_____	_____
SAT II - specify test(s)	_____	_____	_____

III. INTELLIGENCE TESTS OR TESTS OF COGNITIVE ABILITY

Full Name of Test _____ Grade Administered _____
Total Score _____ Percentile Rank _____
Verbal Score _____ Percentile Rank _____
Quantitative Score _____ Percentile Rank _____

IV. ANY OTHER RELEVANT TEST SCORES _____

I certify that to the best of my knowledge the above results are accurately reported.

Principal's or Guidance Counselor's Printed Name

Position/Title

Principal's or Guidance Counselor's Signature

Date

FORM F

CONFIDENTIAL TEACHER REFERENCE FORM

Applicant's Name _____
Last First Middle

Name of School _____

INSTRUCTIONS TO THE TEACHER: The above referenced student is applying to attend Young Scholars Academy, an intensive one-week residency program for mature, gifted, and talented students. This applicant has designated you as one of his or her teachers of reference. Please complete this confidential reference form and **return it to the applicant's school Guidance Counselor. Please do not return to the student. This form is for the confidential use by Young Scholars Academy officials and will not be released.**

This reference form is a critical part of the student's application and will have a significant role in the selection process. Therefore, it is extremely important that you provide us with a candid and complete assessment of this student's maturity, attitude, work commitment, and motivation to learn. This form will not become a part of the student's regular school records; it will be used solely by officials of Young Scholars Academy to aid the Committee in the selection process. The contents of this form will not be disclosed to the applicant or his/her parents/guardians. Young Scholars Academy officials greatly appreciate your help in this selection process.

1. How long have you known and worked with this applicant? _____

2. In what situations have you served as this applicant's teacher? _____

3. Please evaluate this applicant in the areas below comparing him or her with similar outstanding students you have had in the past:

Attitude Toward Work

- Outstanding
- Above Average
- Average
- Can be indifferent
- Lacks commitment

Initiative

- Self-directed/motivated
- Usually independent
- Completes work assigned
- Needs some prodding
- Very hesitant

Maturity

- Extremely mature
- Above average
- Average teenager
- Somewhat mature
- Very immature

Ability to Work

- Learns very quickly
- Learns readily
- Average
- Must work hard to learn
- Does not learn easily

Quality of Work

- Excellent
- Very good
- Average
- Below average
- Very Poor

Quantity of Work

- Unusually high output
- Above average
- Average output
- Not a great producer
- Low output, slow

Dependability/Consistency

- Always dependable
- Above average
- Average
- Occasionally unreliable
- Usually unreliable

Relations with Others

- Exceptionally good
- Generally very good
- Average
- Occasional conflicts
- Many conflicts

Judgment

- Exceptionally good
- Above average
- Average for a teenager
- Occasional poor judgments
- Frequent poor judgments

4. How would you describe the applicant's attendance? Regular Irregular

5. How would you describe the applicant's punctuality? High Average Low

6. What is your best judgment about this applicant's emotional maturity and stability to deal with a one-week intensive residency program in which he/she will meet new people, face new situations, and encounter new challenges?

- Will adapt readily to the changes and challenges and will be a successful participant
- Should be able to adapt to the changes and challenges with a minimum of adjustment
- Should succeed but will have some difficulty dealing with the stress
- This applicant may have some difficulty dealing with the stress and may not be successful
- This applicant will have great difficulty dealing with new situations and challenges.

6. This applicant's outstanding personal qualities are: _____

7. The personal qualities this applicant should strive most to improve are: _____

9. Please indicate your overall judgment about this applicant:

- Very highly recommended. An outstanding student who will do well in Young Scholars Academy.
- Highly recommended. A very good student who will be successful in Young Scholars Academy.
- Recommend. A good student who will participate effectively in Young Scholars Academy.
- Recommend with reservations. A good student but he/she may present some problems.
- I do not recommend this student.

10. SUMMARY COMMENTS. We must select a relatively small number of students from a large pool of exceptional applicants. Can you tell us something about this student that is not reflected in any of the above ratings that will help us make a decision? What makes this applicant truly exceptional? Summary comments are extremely important to the selection committees, and reference letters are acceptable. If you need more space, you may attach another sheet.

Your Signature and Subject Area

Date

Your Printed Name

() _____ ext. _____
Telephone Number & Extension

Your School (Please also supply address if different than applicant's current school address.)

Please return this form by _____ to the applicant's Guidance Counselor, _____, who must mail the complete application packet to Young Scholars Academy to be *received* no later than **Friday, March 13, 2009**. Guidance Counselors may set an earlier deadline. Thank you for your help.

FORM F

CONFIDENTIAL TEACHER REFERENCE FORM

Applicant's Name _____
Last First Middle

Name of School _____

INSTRUCTIONS TO THE TEACHER: The above referenced student is applying to attend Young Scholars Academy, an intensive one-week residency program for mature, gifted, and talented students. This applicant has designated you as one of his or her teachers of reference. Please complete this confidential reference form and **return it to the applicant's school Guidance Counselor. Please do not return to the student. This form is for the confidential use by Young Scholars Academy officials and will not be released.**

This reference form is a critical part of the student's application and will have a significant role in the selection process. Therefore, it is extremely important that you provide us with a candid and complete assessment of this student's maturity, attitude, work commitment, and motivation to learn. This form will not become a part of the student's regular school records; it will be used solely by officials of Young Scholars Academy to aid the Committee in the selection process. The contents of this form will not be disclosed to the applicant or his/her parents/guardians. Young Scholars Academy officials greatly appreciate your help in this selection process.

1. How long have you known and worked with this applicant? _____

2. In what situations have you served as this applicant's teacher? _____

3. Please evaluate this applicant in the areas below comparing him or her with similar outstanding students you have had in the past:

Attitude Toward Work

- Outstanding
- Above Average
- Average
- Can be indifferent
- Lacks commitment

Initiative

- Self-directed/motivated
- Usually independent
- Completes work assigned
- Needs some prodding
- Very hesitant

Maturity

- Extremely mature
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- Recommend. A good student who will participate effectively in Young Scholars Academy.
- Recommend with reservations. A good student but he/she may present some problems.
- I do not recommend this student.

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Your Signature and Subject Area

Date

Your Printed Name

() _____ ext. _____
Telephone Number & Extension

Your School (Please also supply address if different than applicant's current school address.)

Please return this form by _____ to the applicant's Guidance Counselor, _____, who must mail the complete application packet to Young Scholars Academy to be *received* no later than **Friday, March 13, 2009**. Guidance Counselors may set an earlier deadline. Thank you for your help.

FORM G

STUDENT

NOTE: THIS FORM MUST BE **NOTARIZED**. MUST SUBMIT A COPY OF INSURANCE CARD **FRONT AND BACK**

MEDICAL INFORMATION FORM – Page 1 of 2

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Emergency contacts (in case parents cannot be reached):

Name: _____ City: _____

Relationship to Student: _____ Phone Numbers: Day/Cell _____ Night _____

Name: _____ City: _____

Relationship to Student: _____ Phone Numbers: Day _____ Night _____

STUDENT'S PHYSICIAN INFORMATION

Physician: _____ Office Phone: _____

Address: _____

Answering Service/Alternate Contact Number: _____

MEDICAL INSURANCE THROUGH WHICH STUDENT IS COVERED

Primary Insurance Company: _____ Phone: _____

Address: _____

Name of Policy Holder: _____ Policy Holder's ID #: _____

Employer: _____ Policy/Group #: _____

Additional policy information needed: _____

STUDENT'S MEDICAL HISTORY

(1) Does this student wear eyeglasses? _____ Contact lenses? _____ Dental Appliances? _____

(2) Has this student ever been treated for any of the following? (Please check as appropriate and explain below.)

Asthma _____	Heart Disease _____	Allergies _____	Emphysema _____
Diabetes _____	Seizures _____	High Blood Pressure _____	

(3) Does this student take any prescription medications regularly? _____ If so, note any special instructions if applicable:

Please be sure to bring an adequate supply of any prescription medicines.

(4) Does this student have any physical impairments, limitations, dietary needs, etc., about which we should know? If so, or if you checked any responses to Question 2 above, please explain. Continue on separate page if necessary.

I certify that the information provided above is complete and accurate.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

MEDICAL AUTHORIZATION AND ASSUMPTION OF RISK/RELEASE

(Printed Name) _____ will be a student with the Young Scholars Academy at The University of Tennessee at Martin from June 21 – June 27, 2009. I realize that an accident or injury might occur to this student while participating in the activities of, or traveling with, this school. I also realize that such an injury could require diagnosis, emergency medical and/or surgical treatment. I understand that should a health emergency arise, I will be notified if at all possible. If I cannot be reached by telephone, however, I authorize such medical treatment as is deemed necessary by competent medical personnel. I hereby voluntarily consent to such diagnostic procedures; hospital care; and medical, surgical or X-ray treatment as may be requested by such medical personnel, except as noted below. Other than medical emergency, I authorize the University to examine and treat this student consistent with the procedures used by the University for its other students, with notification of parents dependent upon the judgment of the Student Health staff. I authorize the use of such medications and release such information as may be specified on the Medical Information Form (Side A).

Please list any restrictions or limitations to this authorization here. If none, please enter "None."

FURTHER, in consideration of my son's/daughter's participation in the Young Scholars Academy and its authorized field experiences, I hereby release and agree to indemnify and hold harmless the State of Tennessee and The University of Tennessee, its successors, assigns, officers, agents and employees from all claims, including liability for bodily injury of whatever kind—including loss of life or property—arising out of such participation. I understand and acknowledge that there are risks inherent in my son's/daughter's participation in this program, and I fully assume, for myself and anyone entitled to act on my behalf, all such risks, hazards and losses connected with such activities.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Notary Public

NOTARY ACKNOWLEDGMENT

Subscribed and sworn to before me, a Notary Public
in and for

_____ County, Tennessee

on this _____ day

of _____, 2009.

My commission expires:
