



APPLICATION FOR RISING AND CURRENT GRADUATE STUDENTS

PART 1. ELIGIBILITY AND FACULTY TEAM MEMBER INFORMATION

1. Name: \_\_\_\_\_ (First) (Middle) (Last)

Former Last Name(s): \_\_\_\_\_

2. I will be 18 years or older as of May 6, 2013. \_\_\_\_\_

3. I am a U.S. citizen. \_\_\_\_\_

4. Academic standing as of February 4, 2013: \_\_\_\_\_

5. Enrollment status as of February 4, 2013: \_\_\_\_\_

6. Academic standing as of Fall 2013: \_\_\_\_\_

7. Enrollment status as of Fall 2013: \_\_\_\_\_

8. To apply to the DHS Summer Research Team Program for Minority Serving Institutions, you must apply with a faculty team member. Provide the name of your faculty team member:

Faculty first name: \_\_\_\_\_ Faculty last name: \_\_\_\_\_

9. Describe how long and in what capacity you have known your faculty team member.

Empty rectangular box for describing the relationship with the faculty member.

PART 2. ADDRESS AND CONTACT INFORMATION

10. Contact Information:

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: ( ) - Cell Phone: ( ) -

Primary E-mail: Secondary E-mail: \_\_\_\_\_

The contact information above will be used to communicate with you and must be valid through September 30, 2013. You may use your parents' address if it is less likely to change. If any of the contact information above changes, you must notify us in writing by e-mail to dhsed@orau.org.

Name: \_\_\_\_\_

### **PART 3. EDUCATION AND RESEARCH EXPERIENCE**

**11. Information about the institution from which you will or did receive your bachelor's degree:**

Institution's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Degree Date (*mm/yyyy, expected or received*): \_\_\_\_\_ Cumulative GPA (4.00 scale): \_\_\_\_\_

Dates of Attendance (*mm/yyyy*): From \_\_\_\_\_ To: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

**12. If you have received a master's degree, information about the institution from which you received your master's degree:**

Institution's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Degree Received (ex. MS, MA): \_\_\_\_\_

Degree Date (*mm/yyyy, received*): \_\_\_\_\_ Cumulative GPA (4.00 scale): \_\_\_\_\_

Dates of Attendance (*mm/yyyy*): From \_\_\_\_\_ To: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

**13. If you will be in a graduate program as of February 4, 2013, information about your graduate program:**

Institution's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Degree Expected (ex. MS, PhD): \_\_\_\_\_

Degree Date (*mm/yyyy, expected*): \_\_\_\_\_ Cumulative GPA (4.00 scale): \_\_\_\_\_

Dates of Attendance (*mm/yyyy*): From \_\_\_\_\_ To: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

**14. Information about the institution you hope to or will attend in Fall 2013:**

Institution's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Degree Expected (ex. MS, PhD): \_\_\_\_\_

Degree Date (*mm/yyyy, expected*): \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

**15. Highest academic degree you plan to pursue (ex. MS, PhD): \_\_\_\_\_**

Name: \_\_\_\_\_

**16. List research experiences, beginning with the most recent.**

Position	Dates (mm/yyyy)		Description of Duties Performed (limit of 150 characters for each activity)
	From	To	

**PART 4. EDUCATIONAL AND PROFESSIONAL GOALS**

**17. Describe your educational and professional goals and how your participation in this program will aid in obtaining your goals and contribute to the overall DHS mission. Discuss how your educational and professional goals are relevant to the research project chosen for this program.**

Name: \_\_\_\_\_

## PART 5. ACADEMIC AWARDS, HONORS, AND ACTIVITIES

**18. Awards/Honors.** *List honor societies, scholarship and/or fellowship awards, and other recognition. Include past and current awards and honors.*

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**19. Extracurricular Activities.** *List any current community service organizations, technical societies and campus activities that you work with and/or volunteer with. Include offices held.*

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## PART 6. REFERENCES

**20. List at least two people familiar with your academic preparation and your technical abilities.** Provide each of these individuals with the program reference form to submit by email by the published deadline. *Relatives should not be asked to submit references. Your faculty team member cannot provide a reference for you.*

Name	Title and Organization
1.	
2.	
3.	

Name: \_\_\_\_\_

## PART 7. DEMOGRAPHIC AND OUTREACH INFORMATION

The U.S. Department of Homeland Security is committed to broadening the participation of groups currently underrepresented in science and engineering in DHS activities. In order to accurately gauge our progress in achieving this important goal, we ask that applicants provide the requested demographic information about themselves. Submission of the requested information is voluntary and is not a precondition of award. Nonetheless, we need your cooperation, for information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information we get from others.

### 21. Ethnicity: *(check one response)*

- Hispanic or Latino *(a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)*
- Not Hispanic or Latino
- Decline to answer

### 22. Race: *(check one or more)*

- American Indian or Alaska Native *(a person having origins in any of the original peoples of North, Central and South America and who maintains tribal affiliation or community attachment)*
- Asian *(a person having origins in any of the original peoples of the Far East, South East Asia or the India Subcontinent, including, for example, Cambodia, China, India or Japan)*
- Black or African American *(a person having origins in any of the Black racial groups of Africa)*
- Native Hawaiian or Other Pacific Islander *(a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)*
- White *(a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)*
- Other race: \_\_\_\_\_
- Decline to Answer

23. Gender: \_\_\_\_\_

24. Have you applied to this program before? \_\_\_\_\_

25. Have you participated in this program before? \_\_\_\_\_

Name: \_\_\_\_\_

## **PART 8. CERTIFICATION OF ACCURACY OF INFORMATION PROVIDED**

I am aware that this program is supported by funding from the United States Government and, therefore, is subject to Federal law regarding false statements and fraud, particularly the criminal provisions of 18 U.S. Code Section 1001.

The information requested on the application materials will be used in connection with the selection of qualified applicants and may be disclosed to qualified reviewers, and DHS and ORISE staff as part of the review and selection process; to the institution the applicant is attending or is planning to attend or is employed by for the purpose of facilitating review or award decisions, or administering the awards; to government contractors, experts, volunteers and researchers and educators as necessary to complete assigned work; to other government agencies needing data regarding applicants or as part of the review process, or in order to coordinate programs; and to another Federal agency, court or party in a court or Federal administrative proceeding if the government is a party. Information from this system of records may be merged with other computer files to carry out statistical studies the results of which do not identify individuals. Disclosure may be made of awardees' names, home institutions, and fields of study for public information purposes.

This application will be copied and used solely for the purpose of selecting participants and administering the Program. Disclosure of the information is subject to Public Law 93-579 (Privacy Act of 1974) and Department of Homeland Security regulations.

By signing below, I certify, under penalty of law, that the submitted application contains no false or fraudulent representations, statements, or entries. I further certify that, to the best of my knowledge, all information contained in this application is accurate. I understand that any falsification will render me ineligible for participation and, if found after participation has begun, may require me to reimburse any funds received.

**Signature:** \_\_\_\_\_

**Date (m/d/yyyy):** \_\_\_\_\_

***This form should be submitted to ORISE by email to [dhsed@orau.org](mailto:dhsed@orau.org) by February 4, 2013.***

***If your computer does not support the electronic signature feature,***

- Complete the application. Save an electronic copy of the application on your computer.
- Print out the signature page; sign and date it.
- Scan the signature page ONLY into an electronic document saved on your computer.
- In one email to [dhsed@orau.org](mailto:dhsed@orau.org), send the application file and the signature page file as email attachments.