



Special Skills and Abilities (i.e., technical computer skills, software applications, web knowledge, programming languages, management/organization skills)

Citizenship: Are you a U.S. Citizen? (Requirement for some programs) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, are you a Lawful Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If LPR, Country _____	LPR Number _____
Country of Birth _____	Port of Entry _____
If not a U.S. citizen, please rate your fluency in English on a scale of 1 to 5 with 1 being the least fluent and 5 being the most fluent.	
Read	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Write	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Speak	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

Résumé: Please include a current copy of your résumé with this application.

Employment Experience

Employer	Position/Title	Nature of Work	Dates - From/To

How did you hear about this program?

<input type="checkbox"/> ORISE Web Site	<input type="checkbox"/> ORISE Catalog of Programs	<input type="checkbox"/> ORISE Advertisement	<input type="checkbox"/> ORISE Flier
<input type="checkbox"/> ORISE Poster	<input type="checkbox"/> School Newspaper	<input type="checkbox"/> Word-of-Mouth	<input type="checkbox"/> Other

I understand that all information (including transcripts) supplied in support of this application will be transmitted to the various internship sites.

Signature _____ Date _____

Return to: Barbara Dorsey, Senior Program Specialist
Science and Engineering Education, MS 36
Oak Ridge Institute for Science and Education
P.O. Box 117
Oak Ridge, Tennessee 37831-0117
Telephone: (865) 576-9975
Fax: (865) 574-2846
E-mail: dorseyb@ornl.gov



Description of Academic Interests and Career Plans

Print or Type

Name _____
Last First Middle Initial

Description of Academic Interests

Description of Career Plans



REFERENCE FORM

Applicant's Name _____

Last

First

Middle Initial

How long and in what association have you know this applicant?

In a group of 100 students, how would you rate the applicant with respect to the following:

PERSONAL CHARACTERISTICS	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Motivation toward a productive career						
Growth during total period observed						
Imagination and originality of thought						
Emotional maturity and stability						
Ability to work with others						
Independence and self-reliance						
Leadership potential						

In a group of 100 students, how would you rate the applicant with respect to the following:

CAPABILITIES	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Mastery of fundamentals						
Skill/originality of special projects						
Ability to communicate (written/oral)						

Add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential. Use Additional sheets if necessary.

Signature _____ Department _____

Typed/Printed Name _____ Date _____

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E-mail: dorseyb@ornl.gov



Applicant Data

Applicant data is important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your completion and submission of this form will assist us in this regard; however, if you decide not to do so, your choice will not affect our decision regarding your application. We appreciate your cooperation.

Name _____ Date _____
Last First MI

Citizenship: USA Lawful Permanent Resident
 Foreign National - Country _____

If US citizen, please complete:
Race and/or Ethnic Origin (check one)

- Caucasian American
- African American
- Hispanic American
- Native American
- Asian or Pacific Islander American
- Other

Birth Date (month, day, year) _____

Gender: Male Female

Physical/mental disability (Physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment): Yes No

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