

Application for the Research Participation Program
Administered by the Oak Ridge Institute for Science and Education

1. Submit **completed application** form and attach the following
 - a. Resume (include list of any papers, presentations, or publications)
 - b. Two copies of reprints or abstracts, if available
 - c. Signed Release of Information form
 - d. Faculty Certification of Salary (**faculty applicants only**)
2. Submit **three references** from persons familiar with your educational and professional qualifications (include your thesis or dissertation adviser, if applicable)
3. **Transcripts from** all schools attended, original student copies are acceptable (**students, postgraduates and certificate applicants only**)
4. The complete application and supporting materials will be reproduced for submission to Army Programs for review
5. Incomplete applications may not be considered
6. Additional information may be required if an appointment is offered
7. Applications are accepted throughout the year
8. Eligibility Requirements:
 - a. **U.S. Citizenship**
 - b. **Faculty:**
 1. Current primary and secondary educators, and college and university faculty
 - c. **Postgraduate:**
 1. Degree must be received within three years of the desired starting date or completion of all requirements for the degree should be expected prior to the starting date.
 - d. **Student:**
 1. Current student in good standing in an undergraduate or graduate degree program
 2. Cumulative grade point average of 2.50 or higher, based on A=4.0 scale
 3. Minimum 12 credit hours per academic year
 - e. **Certificate:**
 1. Currently holds a bachelor's degree or higher
 2. Certificate program is related to or complements higher degree
 3. Certificate required minimum 30 semester credit hours or the equivalent
 4. Certificate must have been earned within one year of start date
 5. Program must be offered by an accredited academic institution

Return completed material to:

Research Participation Programs
Oak Ridge Institute for Science and Education
P.O. Box 53
Aberdeen Proving Ground, MD 21010-0053
Fax (410) 436-5811

For additional information about opportunities please contact:

<http://www.ora.gov/orise.htm>
or
Ms. Kim Myers (410) 436-7258
Kim.Myers3@us.army.mil
Ms. Brenda Shaeffer (410) 436-7256
Brenda.Shaeffer@us.army.mil

Please type or print clearly and return the completed original application form and all supporting materials to the Oak Ridge Institute for Science and Education (address on previous page).

Please indicate if there are specific facilities which you are interested (To be considered for all facilities leave Blank)			
List Project Number(s) if Applicable			
US Army Environmental Center (USAEC)		US Army Test Center (USATC)	
US Army Center for Health Promotion and Preventive Medicine(USACHPPM)		US Army Edgewood Chemical and Biological Center (USAECBC), SBCCOM	
US Army Directorate of Safety, Health and Environment (DSHE), USAAPGSA		US Army Medical Research Institute and Chemical Defense (USAMRICD)	
US Army Research Lab (USARL)			

DATE/DATES OF AVAILABILITY: _____

In addition to the facilities listed above, may we share your application with other program sponsors? (circle one) Yes No

POSTGRADUATE	STUDENT		
Highest Degree Received { }	Freshman []	Grad Student []	Cumulative GPA { }
Degree Discipline { }	Sophomore []	PHD []	Degree Discipline { }
Date Received { }	Junior []	Technical School []	Date of Graduation { }
High School Jr. { } Sr. { }	Senior []	Certificate []	Faculty { }

1. Name _____
(last, first, middle)

Social Security Number _____

Primary Email Address: _____

Secondary Email Address: _____

2. **Current Mailing Address**

Permanent Mailing Address

Phone: _____

Phone: _____

4. Have you ever been investigated for a Security Clearance? (Please Circle) Yes / No

5. **U.S. Citizen? (Please Circle) Yes / No**
(Guidelines stipulate that only U.S. citizens will be eligible for these programs.)

Dual Citizen? (Please Circle) Yes / No

List Countries _____

6. Academic history (begin with current or most recent; list all colleges and universities attended).

Institution/campus	Dates From To	Degree	Date awarded or expected	Major	Grade Point Average*

*[GPA basis: A=4, B=3, C=2, D=1. Attach explanation if your transcript uses different basis.]

7. List three persons familiar with your educational and professional qualifications who have been asked to submit reference forms directly to ORISE (include your thesis or dissertation adviser, if applicable)

Name	Position	Address

8. List any members of staff at US Army facilities whom you have contacted.

Name	Installation/Division

9. Academic honors

Award	Institution/Campus	Inclusive dates

10. Relevant employment record; begin with current (include part-, full-time, military, and summer)

From	To	Employer	Type of work

11. List computer programs/skills/languages with which you are familiar and your level of proficiency (very good/good/fair).

- a. _____ b. _____ c. _____
d. _____ e. _____ f. _____

12. Describe relevant educational courses and research or work experiences.

13. Describe the educational and professional goals you expect to achieve as a result of participating in this program; include your future career plans.

14. How did you find out about this program?

The complete application and supporting materials will be reviewed by ORISE and reproduced for submission to the Army staff for review and selection.

SIGNATURE _____ DATE _____

Return to: Oak Ridge Institute for Science and Education, P.O. Box 53, Aberdeen Proving Ground, MD 21010-0053/Fax (410)436-5811, Email: Brenda.Shaeffer@us.army.mil

The complete application and supporting materials will be reviewed by ORISE and reproduced for submission to the host facility for review and selection. **Return to Oak Ridge Institute for Science and Education, P.O. Box 53, APG, MD 21010-0053 Fax: (410) 436-5811, Email: Brenda.Shaeffer@us.army.mil**

CERTIFICATION OF ACCURACY OF INFORMATION PROVIDED	
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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. I certify, under penalty of law, that the submitted document contains no false, fraudulent representations, statements, or entries.	
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For e-mail submitted documents:	
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<input type="checkbox"/> Yes, I so certify. (Check box to certify)	Date certified: (mm,dd,yy)
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For paper documents sent by mail:	
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Signature:	Date:
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Please type or print clearly and return the original form to Oak Ridge Institute for Science and Education address below). A letter may be substituted, if more convenient.

APPLICANT _____

(last, first, middle)

How long and in what association have you known the Applicant? _____

In a group of 100 other science and engineering students of comparable experience, how would you rate the applicant with respect to the following personal characteristics:

- Motivation toward a successful productive career*
- Growth during total period observed*
- Fertility of imagination; originality of thought*
- Emotional stability and maturity*
- Ability to work with others*
- Self-reliance and independence*

Below Average	Average	Above Average	Out- Standing	Superior	Inadequate Opportunity To Observe
Lowest 40	Middle 25	Next 20	Highest 15		

In a group of 100 other science and engineering students of comparable experience, how would you rate the applicant with respect to the following scientific capabilities:

- Mastery of fundamental knowledge in field*
- Skill and originality in design of research projects*
- Laboratory skill and technique*
- Ability to communicate information (written-oral)*

Below Average	Average	Above Average	Out- Standing	Superior	Inadequate Opportunity To Observe
Lowest 40	Middle 25	Next 20	Highest 15		

In the space below, add any descriptive comments, which will assist in providing a complete picture of the applicant's character, attitude, and ability/potential for an appointment. Please comment on weaknesses as well as strong points. Use additional sheets if necessary.

 Signature _____ Date _____

Typed or Printed Name _____

Mailing Address _____

Email Address _____

Return To: Oak Ridge Institute for Science and Education, P.O. Box 53, Aberdeen Proving Ground, MD 21010-0053/Fax (410) 436-5811, Email: Brenda.Shaeffler@us.army.mil

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**AUTHORIZATION FOR RELEASE OF INFORMATION
Research Participation Program**

The internship appointment process at the U.S. Army facilities is administered by Oak Ridge Institute for Science and Education (ORISE) for Oak Ridge Associated Universities (ORAU) and includes, but is not limited to, the following: completion of Program application, interviews, reference checks, medical screening, employment and education verification, and as appropriate, a security background check will be initiated and completed as a condition of appointment. Although ORAU administers the program, it in no way conducts the security background checks. The background check is conducted by an appropriate investigative agency. Signing this authorization will facilitate your consideration for possible appointment.

I _____ hereby authorize any person, agency, organization, or institution to release to US Army Officials and/or its representative on confidential basis information the U.S. Army may request about me regardless of any agreement I may have made with you previously to the contrary. This information may include, but is not limited to academics, performance evaluation, employment history, attendance, character, credit history, and police records. I hereby release any person, agency organization or institution, including US Army facilities and ORAU, from any and all liability whatsoever resulting from this inquiry. The Privacy Act of Section 6311 of Title 5 to the U.S. Code protects any information received as a result of the investigation. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature.

A photocopy of this authorization that shows my signature shall be deemed an original and shall be accepted as such.

Signature

Date

Other Names Used

Social Security Number

Date of Birth Month/Day/Year

Place of Birth City and State or County

