

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

APPLICATION

Instructions to applicant

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
2. Submit **three references** from persons familiar with your educational and professional qualifications (include your thesis or dissertation adviser, if applicable)
3. Have **university transcripts** (all schools attended) sent to the address below (copies accepted)
4. The complete application and supporting materials will be reproduced for review by program officials.
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. **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.
 2. U.S. Citizenship
 - b. **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. U.S. Citizenship
 4. Minimum twelve credit hours per academic year
 - c. **Faculty:**
 1. Full-time permanent faculty member at an accredited U.S. college or university
 2. U.S. citizenship
 3. Certification of Salary

Return completed material to:
Betty Bowling
Research Participation Programs
Oak Ridge Institute for Science and Education
P.O. Box 117 MS-36
Oak Ridge, TN 37831-0117
Fax# (865) 241-5219

For additional information about opportunities please contact:

<http://www.ornl.gov/orise.htm>

or

Ms. Betty Bowling, (865) 576-8503

bowlingb@ornl.gov

Or

Ms. Sharon Kern, (865) 576-9361

kerns@ornl.gov

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 specific facilities that interest you			
List Project Number(s) if Applicable			
Air Force Institute for Operational Health (AFIOH)		Federal Bureau of Investigation - Counterterrorism/Forensic Science Research Unit (FBI-CTFSRU)	
U.S. Army Depot, Anniston, AL (ANAD)		Department of Defense POW/Missing Personnel Office (DPMO) - History	
U.S. Army Environmental Institute (USAEPI)		St. Louis District, US Army Corps of Engineers (ST. LOU)	
U.S. Army Construction Engineering Research Laboratory (USACERL)		Air Force Research Laboratory at Tyndall Air Force Base (TAFB)	
Joint POW/MIA Accounting Command/Central Identification Laboratory (JPAC/CIL) - Physical Anthropology/Bioarcheology		TRICARE Pacific Lead Agency (TPLA)	

(circle one) POSTGRADUATE FACULTY STUDENT SO () JR () SR () Tech Sch ()

Highest Degree Received _____ Date of Graduation _____

Date Received _____ Degree Discipline _____

1. Name _____
(last, first middle)

Social Security Number _____

2. Current Mailing Address _____ Phone _____

3. Permanent Mailing Address _____ Phone _____

Email Address _____

4. Have you ever been investigated for a Security Clearance? Yes No

5. U.S. citizen? Yes No Guidelines stipulate that only U.S. citizens will be eligible for these programs.

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 facility scientific staff with whom you have had contact.

Name	Installation/Division

9. Academic honors

Award	Institution/Campus	Inclusive dates

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

From	To	Employer	Type of work

11. List computer 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 or research experiences. Include patents you have received or for which you have applied.

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 host facility for review and selection.

SIGNATURE _____ DATE _____

Return to: Attn: Betty Bowling, Oak Ridge Institute for Science and Education, MS-36, P.O. Box 117, Oak Ridge, TN 37831-0117/Fax (865) 241-5219

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 scientists and engineers 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 scientists and engineers 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)*

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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 _____ **Title** _____

Mailing Address _____

Email Address _____

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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.

Recognizing the importance of achieving a diverse group of participants, selection will be based on several factors. These criteria include, but are not limited to, disciplinary fields, academic records, and recommendations, relevance to the host facility's mission, ethnic background, and gender.

Providing this information is voluntary. If you decline to give this information, it will in no way affect consideration of your application.

Name _____ Date _____

- Race _____ Caucasian, not of Hispanic origin (Having origins in any one of the original peoples of Europe, North Africa, or the Middle East)
- _____ African-American (Having origins in any of the Black racial groups of Africa)
- _____ Hispanic (Of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture of origin, regardless of race)
- _____ American Indian (Having origins in any of the original peoples of North America, and maintaining cultural identification through tribal affiliation of community recognition)
- _____ Asian or Pacific Islander (Having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands--for example, India, China, Japan, Korea, Philippine Islands, and Samoa)

Male Female

Birth Date _____
Month Day Year

Birth Place: City/State: _____

Physical/mental handicap (physical or mental impairment that substantially limits one or more major life activities--for example, blindness, deafness, or mobility impairment):

Yes _____ No _____

Other Name(s) Used _____