

Application Instructions

General Requirements

1. An applicant must be a full-time permanent faculty member at an accredited U.S. college or university.
2. There are no citizenship requirements.

A complete application consists of:

1. Application form
2. Current vitae
3. Description of current and previous research
4. Two references (forms preferred)
5. Certification of salary form
6. Copy of permanent resident alien card (PRA)
7. Applicant data form

Additional Requirements

1. **An applicant for a sabbatical appointment** must include a statement describing the financial arrangements with their academic institution, including fringe benefits paid by the institution. State as a percentage of salary and itemize.
2. **An applicant for a part-time appointment** needs to submit a signed Part-Time Approval Form.
3. **An applicant to a fossil energy facility** must provide a detailed statement of the educational objectives and benefits to be realized as a result of the appointment.

Application Deadline

The application is always open, but for best results, apply by February 15 for summer appointments.

All application materials should be sent directly to the address below:

Truly Ani
NETL Faculty Research Participation Program
Oak Ridge Institute for Science and Education
Science Education Programs, MS 36
P.O. Box 117
Oak Ridge, TN 37831-0117

Phone: (865) 574-6912

Fax: (865) 574-2850

E-mail: Truly.Ani@orau.org

Overnight Express Delivery Address:

ATTN: Truly Ani, MS-36, 1299 Bethel Valley Road, Building SC-200
Oak Ridge, TN 37830

Participating Research Facilities

National Energy Technology Laboratory, Pittsburgh, Pennsylvania

National Energy Technology Laboratory, Morgantown, Pennsylvania

Albany Research Center, Albany, Oregon

Application Form

Choice of Facility

First choice _____

Second choice _____

Type of Appointment (check one)

Summer

Part Time

Sabbatical

(additional form required)

Requested Dates From _____ to _____ (Month/Day/Year)

Name (First, Middle, Last) _____

Institution _____

Department _____

Department Phone _____

Office Phone _____

E-mail Address _____

Office Fax _____

Office Mailing Address _____

(Street Name, Apartment Number, or P.O. Box)

City

State

Zip

Permanent Mailing Address _____

(Street Name, Apartment Number, or P.O. Box)

City

State

Zip

Home Phone _____

Citizenship U.S. Citizen Yes No

If no, country of citizenship: _____

If no, Permanent Resident Yes No

Foreign nationals, please provide:

Visa Type _____

Visa Expiration Date _____

Education

Highest Degree Earned

Major

Institution/Campus

Date

Employment Record

From

To

Employer

Position/Rank

Nature of work

List two professional references who have been asked to transmit recommendations directly to ORISE.

1. _____ 2. _____

List members of facility scientific staff with whom you have had contact.

1. _____ 2. _____

I am interested in having my application considered for similar programs. Yes No Yes, but call me first.

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RELEASE AND CERTIFICATION OF ACCURACY (Please print and sign.)

I understand that the information in the application and the references will be provided to the respective staff involved in the selection process, and that the demographic data will not be used for selection purposes.

I certify that all of the information I have provided in this application is true and accurate to the best of my knowledge. I understand that any falsification will render me ineligible for participation and, if found after participation has begun, will require me to reimburse any funds received.

Yes, I have read the above statements and certify that the information in my application is accurate.

Date Certified: _____

Applicant Signature: _____

Reference Letter

Applicant Name (Last, First, Middle) _____

How long and in what association have you known this applicant? _____

Your comments on this applicant:

Signature _____ Date _____

Typed/Printed Name _____

Address _____

Return to:

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Certification of Salary

TO BE COMPLETED BY APPLICANT

Name _____ Institution _____

Choice of Facility

First choice _____
Second choice _____

Type of Appointment (check one)

Summer Part Time
 Sabbatical

Does the applicant want this document to be privileged information? Yes No

Disclosure of this information is made subject to Public Law 93-579 (the Privacy Act of 1974) and U.S. Department of Energy regulations as published in the Federal Register on September 30, 1997.

TO BE COMPLETED BY THE INSTITUTIONAL ADMINISTRATIVE OFFICE:

Applicant's employment contract with this institution is: full time part time

Months of required service _____ Academic salary ends _____
Base academic salary for required service excluding all fringe benefits _____

Do not include extra pay for summer school teaching, overtime teaching, special payment for contract work, consultant fees, or any other compensation not covered by the contract.

Does the institution want this document to be privileged information? Yes No

Disclosure of this information is made subject to Public Law 93-579 (the Privacy Act of 1974) and U.S. Department of Energy regulations as published in the Federal Register on September 30, 1997.

For faculty employed for more than 10 or more months per year, provide a statement of the institutional policy regarding participation in outside activities for which a gratuity may be provided.

For faculty applying for sabbatical appointments, include a statement describing the financial arrangements with the institution, including fringe benefits paid by the institution. State as a percentage of salary and itemize.

Signature _____ Date _____
Typed Name and Title _____ Phone _____
Address _____

Return to:

Truly Ani, MS-36
NETL Faculty Research Participation
Oak Ridge Institute for Science and Education
P.O. Box 117,
Oak Ridge, TN 37831-0117

Questions?

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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. 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 (Having origins in any one of the original peoples of Europe, North Africa, or the Middle East)
- African-American (Having origins in any 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 or 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)

Other _____

Gender

- Female Male

Birth Date _____

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

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