

### **General Eligibility Requirements to Apply**

1. Applicants must be students in good standing at accredited U.S. colleges and universities or accepted as an entering freshman or beginning graduate student, or have received a B.S. degree within two years of appointment dates.
2. Overall minimum GPA requirement is 2.50 (based on A=4.0).
3. No citizenship requirements.

### **Additional Requirements for Participation**

1. Applicants must be at least 18 years of age at the time of appointment.
2. Participants are required to provide proof of coverage under a health insurance plan PRIOR to beginning an appointment.

### **Instructions**

An application, including official transcripts and references, will be reproduced by the Oak Ridge Institute for Science and Education and transmitted to the National Energy Technology Laboratory (NETL) for review.

A complete application consists of:

Application Form: Part I – Application Information Form, two pages  
Part II – Courses and Grades Pertaining to Your Major  
Part III – Description of Research Interests and Career Plans  
Part IV – Release and Certification of Accuracy

Two References: at least one academic reference required

**Official** transcripts from **all** universities and colleges attended.

Copy of Permanent Resident Alien (PRA) card, if applicable

1. Complete all information requested on Parts I, II, and III. Incomplete applications will be delayed in processing.
2. Sign Parts I, II and IV. This is required; an application without signatures will be returned.
3. Send Parts I, II, III, and IV of the application to the address below. The Applicant Data form is requested for internal demographic reporting purposes.
4. Request official transcripts from ALL institutions of higher education attended to be sent directly to the address below.
5. Arrange for references to be sent to the address below. Two references are required, at least one of these must be academic. A letter may be sent instead of, or in addition to, the form.

**Application, official transcripts, and reference forms should be sent directly to the address below:**

Truly Ani  
Professional Internship 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

**Deadlines:** Open

## Application Form, Part I, Page I

Scientific contact person at facility (optional) \_\_\_\_\_

### APPLICANT INFORMATION FORM

My application may be reviewed by other similar programs.  Yes  No

**Dates available for participation:** \_\_\_\_\_ to \_\_\_\_\_ (Month/Day/Year)

**Name** (First, Middle, Last) \_\_\_\_\_

**Preferred 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 \_\_\_\_\_

**Current Phone** \_\_\_\_\_ **Permanent Phone** \_\_\_\_\_

**Fax Number** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**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 \_\_\_\_\_

**Health Insurance** (required for appointment)

Company Name \_\_\_\_\_ Effective Date \_\_\_\_\_

**References:** List two persons who have been asked to transmit references directly to ORISE.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Current University** \_\_\_\_\_

City/State \_\_\_\_\_ Graduation Date \_\_\_\_\_

Department \_\_\_\_\_ Major \_\_\_\_\_

Cumulative GPA (4.0 scale) \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

**Degree Program** (degree working toward)

Associate's  Bachelor's  Master's  Doctoral

At the time of appointment, I will be classified as:

Freshman  Sophomore  Junior  Senior  Post-BS  Graduate Student

**Application Form, Part I, Page 2**

**Computer Languages:** List and rate your proficiency in each as good, very good, or expert.

| Computer Language | Proficiency |
|-------------------|-------------|
|                   |             |
|                   |             |
|                   |             |

| Computer Language | Proficiency |
|-------------------|-------------|
|                   |             |
|                   |             |
|                   |             |

**Academic Awards and Honors:** List any awards and honors received.

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

**Education:** List all previous colleges/universities attended.

| College/University | Major | Dates Attended | Degree Program | Degree Date |
|--------------------|-------|----------------|----------------|-------------|
|                    |       |                |                |             |
|                    |       |                |                |             |
|                    |       |                |                |             |
|                    |       |                |                |             |
|                    |       |                |                |             |

**Employment/Experience** (paid or unpaid)

| Employer | Dates | Position/Title |
|----------|-------|----------------|
|          |       |                |
|          |       |                |
|          |       |                |
|          |       |                |
|          |       |                |

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE**



## Application Form, Part III

### DESCRIPTION OF RESEARCH INTERESTS AND CAREER PLANS

Name \_\_\_\_\_

1. Description of Research Interests

2. Description of Career Plans

## Application Form, Part IV

### 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 Form**

Applicant Name \_\_\_\_\_

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

In a group of 100 other students of comparable age and experience, rate the applicant with respect to the following:

| Personal Characteristics               | Below Average            | Average                  | Above Average            | Outstanding              | Superior                 | Inadequate Observation   |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Motivation toward a productive career  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Growth during total period observed    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Imagination and originality of thought | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional maturity and stability       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work with others            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Independence and self-reliance         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership potential                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In a group of 100 other students of comparable age and experience, rate the applicant with respect to the following:

| Capabilities                          | Below Average            | Average                  | Above Average            | Outstanding              | Superior                 | Inadequate Observation   |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mastery of fundamentals               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skill/originality of special projects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory skills and techniques      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to communicate (written/oral) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Signature \_\_\_\_\_ Dept \_\_\_\_\_

Typed/Printed Name \_\_\_\_\_

Address \_\_\_\_\_

### Reference Form

Applicant Name \_\_\_\_\_

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| Personal Characteristics               | Below Average            | Average                  | Above Average            | Outstanding              | Superior                 | Inadequate Observation   |
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| Growth during total period observed    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Imagination and originality of thought | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional maturity and stability       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work with others            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Skill/originality of special projects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory skills and techniques      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to communicate (written/oral) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Signature \_\_\_\_\_ Dept \_\_\_\_\_  
 Typed/Printed Name \_\_\_\_\_  
 Address \_\_\_\_\_

### 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

**Return to:** Truly Ani, ORISE, MS 36, P.O. Box 117, Oak Ridge, TN 37831-0117

**Phone:** (865) 574-6912

**Fax:** (865) 574-2850

**E-mail:** Truly.Ani@ornl.gov