

General Eligibility Requirements to Apply

1. Applicants must have received a graduate degree within 3 years of the appointment dates.
2. There are no citizenship requirements.

Instructions

All documents must be in English or include an official English translation.

1. Complete the two-page application form. An application will not be processed unless it is complete.
2. Attach the following:
 - a. Resume
 - b. Publication list, including thesis or dissertation title
 - c. Copies of reprints or abstracts, if available
 - d. Copy of Permanent Resident Alien (PRA) card, if applicable
3. Have three persons (including your thesis or dissertation adviser, if applicable) who are familiar with your professional qualifications submit references to the address below. References from proposed facility research advisors will not be accepted unless that person is also the thesis or dissertation adviser.
4. Have official graduate and undergraduate transcripts sent to the address below.

Note: The complete application and supporting materials will be reproduced for submission to the National Energy Technology laboratory for review. Incomplete applications will not be considered.

Application, resume, publication list, abstracts, reference forms, and official transcripts should be sent directly to the address below:

Truly Ani
NETL Postgraduate Research 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

There are no deadlines for postgraduate applications.

Application

Highest degree: _____
 Date received/expected: _____
 Degree discipline: _____
 Desired starting date: _____

Desired NETL Division

First choice _____
 Second choice _____

Name (First, Middle, Last) _____

Work Mailing Address _____

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

City _____ State _____ Zip _____
Work Phone _____ **Work Fax Number** _____

Work E-mail Address _____

Home Mailing Address _____

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

City _____ State _____ Zip _____
Home Phone _____ **Home Fax Number** _____

Home 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 _____

Do you have a driver's license valid in the United States? Yes No

List your academic history (begin with current or most recent):

Institution/Campus	Date		Degree	Date Awarded or Expected	Major	Grade Point Average*
	From	To				

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

List three persons familiar with your professional qualifications and who have been asked to submit reference forms directly to ORISE (include thesis or dissertation advisor):

Name	Position	Address

Application, page 2

List members of scientific staff at NETL who are willing to host you:

Name	Division

List your academic honors:

Award	Institution/Campus	Inclusive Dates

List your relevant employment record; begin with current (include part-time and full-time, military, and summer).

From	To	Employer	Type of Work

Describe any relevant research experiences; include any patents you have received or for which you have applied. Use additional sheets as necessary.

Describe the educational and professional goals you expect to achieve as a result of participating in this program. Use additional sheets as necessary.

Signature _____ Date _____

APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE

Application

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

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Laboratory skills and techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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