

APPLICATION FORM

Science and Engineering Education

1. Name _____

2. Institution Name _____

3. Current Address _____ Phone (____) _____
 City _____ State _____ Zip _____

4. Home Address _____ Phone (____) _____
 City _____ State _____ Zip _____ Fax # _____

5. **Cell** Phone # _____ **Current E-mail Address** _____

Emergency Contact Name _____ Relation _____

Home Phone _____ Work Phone _____

Would you like to have your application viewed by other programs? () Yes () No

U.S. Citizen: () Yes () No If no, List Country _____

If no, Permanent Resident? () Yes () No If yes, PRA number _____

Country of Birth _____ Port of Entry _____

Please include a current copy of your resume with this application.

Education (Begin with current and list all colleges and universities attended)

College/University	Attendance Dates	Major	Degree Program	GPA (4.0 Scale)	Expected Graduation Date

References: List two professional references who have been asked to submit recommendations directly to ORISE. Use attached reference form or ask for a letter.

1. _____ 2. _____



**GRADUATE STUDENT
Minority Institutions Biological and
Environmental Research Participation**

Current University _____

City/State _____ Graduation Date _____

Department _____ Major _____

Cumulative GPA (4.0 scale) Graduate _____

Indicate below your first and second choice of U.S. Department of Energy (DOE) facility. (Refer to the enclosed Laboratory Contact List).

1. _____ 2. _____

Degree Program (degree working toward) () Master's () Doctoral
Present Academic Standing () Post-BS () Graduate Student

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

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

How did you hear about this program?

<input type="checkbox"/> ORISE Web Site	<input type="checkbox"/> ORISE Catalog of Programs	<input type="checkbox"/> ORISE Advertisement	<input type="checkbox"/> ORISE Flier
<input type="checkbox"/> ORISE Poster	<input type="checkbox"/> School Newspaper	<input type="checkbox"/> Word-of-Mouth	<input type="checkbox"/> Other

Signature _____ Date _____

APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE

Description of Research Interests and Career Plans

Print or Type

Name _____
Last First Middle Initial

Description of Research Interests

Description of Career Plans

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, how would you rate the applicant with respect to the following:

Personal Characteristics	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Motivation Toward a Productive Career						
Growth During Total Period Observed						
Imagination and Originality of Thought						
Emotional Maturity and Stability						
Ability to Work With Others						
Independence and Self-Reliance						
Leadership Potential						

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

Capabilities	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Mastery of Fundamentals						
Skill/Originality of Special Projects						
Ability to communicate (Written/Oral)						

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

Signature _____ Department _____

Typed/Printed Name _____ Date _____

Address _____

REFERENCE FORM

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Signature _____ Department _____

Typed/Printed Name _____ Date _____

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; however, if you decide not to do so, your choice will be affect our decision regarding your application. We appreciate your cooperation.

Name _____ Date _____

Citizenship: USA
 Legal Permanent Resident Alien (LPR)
 Foreign National - Country _____

If US citizen, please complete:
Race and/or Ethic Origin (check one)

Race (Check one)

- () American Indian or Alaskan Native
- () Asian
- () Black or African American
- () Caucasian (White)
- () Hispanic or Latino
- () Native Hawaiian or Other Pacific Islander
- () Two or More Races

Birth Date: _____
(month, day, year)

Gender: Male Female

Physical/mental disability (Physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment): Yes No