



Application for the Federal Aviation Administration
Asian American/Pacific Islander Native American/Alaska Native Internship Program

PERSONAL INFORMATION

Name Last First Middle

Preferred Mailing Address Street City State Zip Code

Permanent Address Street City State Zip Code

Current Telephone Permanent Telephone

Fax Number Social Security Number

E-Mail

U. S. Citizen Yes No

Academic Status as of May 2003: F S Jr Sr Grad Other

Degree Program Discipline/Field of Study

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

Table with 6 columns: College/University, Attendance Dates, Major, Degree Program, GPA (4.0 scale), Expected Graduation Date

TRANSCRIPTS: Submit official college transcripts from all the schools you have attended.

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.

ACTIVITIES (extracurricular and community/civic)

Empty table for activities



**SPECIAL SKILLS AND ABILITIES** (i.e., technical computer skills, software applications, web knowledge, programming languages, management/organization skills)


**RÉSUMÉ** - Please include a current copy of your résumé with this application.

**EMPLOYMENT EXPERIENCE**

Employer	Position/Title	Nature of Work	Dates - From/To

**OTHER QUALIFICATIONS**

Special Accomplishments			
Skills	Certificates	Licences	Professional or Honor Societies

Leadership Activities	Public Speaking	Performance Awards	Publications

I understand that all information (including transcripts) supplied in support of this application will be transmitted to the Federal Aviation Administration.

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

Return to: Barbara Dorsey, Senior Program Specialist  
FAA AAPI NAAN Internship Program, MS 36  
Oak Ridge Associated Universities  
P.O. Box 117  
Oak Ridge, Tennessee 37831-0117  
Telephone: (865) 576-5300; Fax: (865) 241-5220  
E-mail: dorseyb@orau.gov



REFERENCE FORM

Applicant's Name \_\_\_\_\_

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

In a group of 100 students, how would you rate the applicant with respect to the following:

Table with 7 columns: PERSONAL CHARACTERISTICS, Below Average, Average, Above Average, Outstanding, Superior, Inadequate Observation. Rows include 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 students, how would you rate the applicant with respect to the following:

Table with 7 columns: CAPABILITIES, Below Average, Average, Above Average, Outstanding, Superior, Inadequate Observation. Rows include 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.

Four empty horizontal lines for providing descriptive comments.

Signature \_\_\_\_\_ Department \_\_\_\_\_

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

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

Name \_\_\_\_\_ Date \_\_\_\_\_

**Citizenship:**    USA    Legal Permanent Resident (LPR)  
                           Foreign National - Country \_\_\_\_\_

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

- Caucasian American
- African American
- Hispanic American
- Native American
- Asian or Pacific Islander American
- Other

**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

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