
General Eligibility Requirements to Apply

1. Currently enrolled in an approved law school.
2. Completed first year of law school.
3. U.S. citizen only.

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 facilities for review.

A complete application consists of:

1. Application Form: Part I – Applicant Information Form, two pages
Part II – Courses and Grades Pertaining to Your Major
Part III – Description of Research Interests and Career Plans
 2. Two References: at least one academic required
 3. Transcripts from all universities and colleges attended
1. Complete all information requested on Parts I, II, and III. Incomplete applications will be delayed in processing.
 2. Sign Parts I and II. This is required; an application without signatures will be returned.
 3. Send Parts I, II, and III of the application to the address below. The Application Data form is optional.
 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, transcripts, and reference forms should be sent directly to the address below:

Cheryl Terry
ORISE, MS 36
P.O. Box 117
Oak Ridge, TN 37831-0117

Phone: (865) 576-3427

Fax: (865) 241-5220

E-mail: terryc@orau.gov

Scientific contact person at facility (optional) _____

APPLICANT INFORMATION FORM (Please type or print using black ink)

May your application be considered for other similar programs? Yes No

Dates available for participation _____ to _____ (Month/Day/Year)

Name _____ SSN _____
First Middle Last

Preferred Mailing Address _____
Street Name, Apartment Number, or P.O. Box

City _____ State _____ Zip _____ Current Phone _____

Permanent Address _____
Street Name, Apartment Number, or P.O. Box

City _____ State _____ Zip _____ Permanent Phone _____

Fax Number _____ E-mail Address _____

Citizenship U.S. Citizen Yes No If no, country _____

If no, Permanent Resident Yes No If yes, PRA Number _____

Health Insurance (required for appointment)

Company Name _____ Effective Date _____

References – two persons who have been asked to transmit references directly to ORISE

1. _____ 2. _____

Current University _____

City/State _____ Graduation Date _____

Date completed first year of law school _____

Department _____ Major _____

Cumulative GPA (4.0 scale) Undergraduate _____ Graduate _____ Law _____

Education – list all previous colleges/universities attended

College/University	Major	Dates Attended	Degree Program	Degree Date

Academic Awards and Honors

Computer Languages – list and rate your proficiency in each as good, very good, or expert

Computer Language	Proficiency

Computer Language	Proficiency

Employment/Experience (paid or unpaid)

Employer	Dates	Position/Title

Signature _____ Date _____

APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE

DESCRIPTION OF RESEARCH INTERESTS AND CAREER PLANS

Please print or type

Name _____

1. Description of Research Interests

2. 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 _____ Dept. _____

Typed/Printed Name _____ Date _____

Address _____

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Phone: (865) 576-3427 Fax: (865) 241-5220

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Phone: (865) 576-3427 Fax: (865) 241-5220

Attention: Cheryl Terry

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.

Recognizing the importance of achieving a diverse group of participants will be based on several factors. These criteria include, but are not limited to, disciplinary field, academic records, recommendations, and relevance to the facility's mission, ethnic background, and gender.

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 _____
Month Day Year

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 _____