

Application Form *Please type or print clearly.*

1. Choice of Research Project (Number and Letter Designation)

1st Choice _____ 2nd Choice _____

2. Requested Dates From _____ To _____

3. Name _____ 4. Social Security Number _____

5. Institution _____ 6. Department Phone _____

7. Department _____ 8. Office Phone _____

9. Street Address _____ 10. Office Fax _____

11. City, State, Zip _____

12. Permanent Address _____

13. Home Phone _____ 14. E-mail _____

15. U.S. Citizen? Yes ___ No ___ Other Citizenship? Country _____ Permanent Resident Alien? Yes ___ No ___
 PRA Card Number _____

Foreign Nationals Please Provide:

A. Full name EXACTLY as written on Passport _____

B. Passport Number _____ C. Passport Expiration Date _____

D. Visa Type _____ E. Visa Number _____

F. Visa Expiration Date _____ G. Date of Birth _____

H. City and Country of Birth _____

16. Education

Highest Degree Earned	Major	Institution/Campus	Date

17. Employment Record (begin with current)

From	To	Employer	Position/Rank	Nature of Work

18. List two professional references who have been asked to transmit recommendation directly to ORISE.
Please state name, address, and telephone number.

1. _____

2. _____

19. List member of facility scientific staff with whom you have had contact.

I understand that all information supplied in support of this application will be transmitted to ORNL.

Signature of Applicant

Date

Return To:

Kay Ball
HBCU/MEI Faculty Summer Research Participation Program
Oak Ridge Institute for Science and Education
Science and Engineering Education
P. O. Box 117, MS 36
Oak Ridge, Tennessee 37831-0117

Overnight Address:

Kay Ball
HBCU/MEI Faculty Summer Research Participation Program
Oak Ridge Institute for Science and Education
Science and Engineering Education
230 Warehouse Road
Oak Ridge, Tennessee 37830

ORISE

OAK RIDGE INSTITUTE FOR SCIENCE AND EDUCATION

APPLICANT DATA



Applicant data are 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, your failure to do so will not affect our decision regarding your application. We appreciate your cooperation.

Name _____ Date _____

Program Applied For _____

- Race () Caucasian (Having origins in any one of the original peoples of Europe, North Africa or the Middle East)
- () Black (Having origins in any of the Black people 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)

Sex _____ Date of Birth (Month, Day, Year) _____

Do you have physical/mental disabilities (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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