



Program Choices	
DOC	<input type="checkbox"/>
DOE DPP	<input type="checkbox"/>
NOAA	<input type="checkbox"/>
NRC HBCU	<input type="checkbox"/>
OBER	<input type="checkbox"/>

This application may be reviewed by other similar programs.

**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 \_\_\_\_\_

Academic Status as of May 2002: F  S  Jr  Sr  Grad  Other

Degree Program \_\_\_\_\_ Discipline/Field of Study \_\_\_\_\_

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

**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.
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**AWARDS/HONORS/ACHIEVEMENTS**


**ACTIVITIES** (extracurricular and community/civic)


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


<p><b>Citizenship:</b> Are you a U.S. Citizen? (Requirement for some programs) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If no, are you a Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If PRA, Country _____</p>	<p>PRA Number _____</p>
<p>Country of Birth _____</p>	<p>Port of Entry _____</p>
<p><b>If not a U.S. citizen, please rate your fluency in English</b> on a scale of 1 to 5 with 1 being the least fluent and 5 being the most fluent.</p>	
<p><b>Read</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>	
<p><b>Write</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>	
<p><b>Speak</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>	

**EMPLOYMENT EXPERIENCE**

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

I understand that all information (including transcripts) supplied in support of this application will be transmitted to the various internship sites.

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

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Return to: Diversity Programs  
 Science and Engineering Education, MS 36  
 Oak Ridge Institute for Science and Education  
 P.O. Box 117  
 Oak Ridge, Tennessee 37831-0117  
 Telephone: (865) 576-9975; Fax: (865) 241-5220  
 E-mail: [dorseyb@ornl.gov](mailto:dorseyb@ornl.gov)

**REFERENCE FORM**

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

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

In a group of 100 students, 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 students, 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 \_\_\_\_\_

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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  Permanent Resident Alien (PRA)  
 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

**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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