



APPLICATION FORM

Washington Baltimore Hampton Roads – Louis Stokes Alliance for Minority Participation
Undergraduate Research Program

PERSONAL INFORMATION

Name _____ Date of Birth _____
Last First M.I.

Soc. Sec. # _____

Address

Home

Telephone # _____

E-mail address _____

School _____ Telephone # _____

E-mail address _____

CHECK ALL ITEMS THAT APPLY:

MARITAL STATUS

GENDER

CITIZENSHIP

ETHNICITY

Single

Male

US Citizen

American Indian or Alaska Native

Pacific Islander

Married

Female

Permanent Resident

Black, Non-Hispanic

Hispanic

White, Non-Hispanic

Asian

Other

ACADEMIC INFORMATION

HU I.D. #: _____ Cum. GPA: _____ Expected Date of Graduation: _____

Classification: Freshman Sophomore Junior Senior

Major: _____ Minor: _____

Please answer the following questions:

1. Describe any research experience(s) that you have had:

2. Indicate your participation in any special science or mathematics programs. Workshops, or mini courses:

3. Give the names and addresses of two faculty members who have agreed to write letters of recommendation in support of your application. Your research mentor should be one of these persons.

_____	_____
_____	_____
_____	_____
_____	_____

4. Give the name, address and telephone number of a parent, guardian, or spouse

_____	_____
_____	_____
_____	_____
_____	_____

5. Please describe your background, interests, and career goal (s):

6. Briefly describe the research project that you and your mentor have discussed as appropriate for your participation in the AMP Program. If you have already begun the project, give a synopsis of the work completed, the work in progress, and the work to be completed.

Signature of Applicant

Date

Submit the completed application and a current copy of your college transcript to the WBHR-LSAMP Office at 2225 Georgia Ave., N.W., Suite 503, Washington, DC 20059. The AMP office telephone is 202-238-2510/2511. Also, make sure that your letters of recommendation either accompany the application or will be sent to the AMP Office at the address given above.

Howard University
WBHR-LSAMP Program

Mentor Approval and Recommendation

Applicant's Name: _____

Mentor's Name: _____ Position/Title: _____

Office Address: _____

Telephone: _____ E-Mail: _____

Please write in detail about the applicant's abilities, motivation, special aptitudes and circumstances that lead you to believe that she/he has the potential to successfully complete a research doctoral program and pursue a career in teaching and/or research. You may attach a letter.

I have discussed and reviewed the research activity proposed by _____. The proposed research meets with my approval and I agree to assist him/her with all research activities. I understand that each student researcher will present his/her results and I agree to provide guidance in the preparation of all oral and/or poster presentations for research symposiums both on and off campus.

Faculty Member's Signature: _____ Date: _____

Howard University
WBHR-LSAMP Program

Faculty Recommendation

Applicant's Name: _____

Faculty Member's Name: _____ Position or Title:

Office Address: _____

Telephone: _____ E-Mail: _____

Please write in detail about the applicant's abilities, motivation, special aptitudes and circumstances that lead you to believe that she/he has the potential to successfully complete a research doctoral program and pursue a career in teaching and/or research. You may attach a letter.

Faculty Member's Signature: _____ Date: