



**APPLICATION FORM**

**BRIDGE TO THE DOCTORATE PROGRAM**

Washington Baltimore Hampton Roads – Louis Stokes Alliance for Minority Participation

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First M.I.

Date of Birth: \_\_\_\_\_ mm / dd / year      Social Security Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_      Current Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone No: \_\_\_\_\_      Cell Phone No: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_      E-Mail Address: \_\_\_\_\_

Give the names, addresses and telephone numbers of parents, guardians, and/or spouse:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHECK ALL ITEMS THAT APPLY:**

- Marital Status:    Gender:    Citizenship:    Ethnicity:
- Single       Male       US Citizen       American Indian or Alaska Native     Asian
- Married       Female     Permanent Resident     Black, Non-Hispanic       Hispanic
- Pacific Islander       White, Non-Hispanic       Other

**ACADEMIC INFORMATION:**

School(s) Attended	Major	Type of Degree	Graduation Date	Cumulative GPA

1. How do you support your college education?

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2. Are you currently employed?  Yes  No

If Yes, please state the name, address, telephone number and position of employment.

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*Please note that students will not be allowed to work once accepted into the Program.*

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

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4. Indicate your participation in any special science or mathematics program, workshops, or mini courses:

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5. Give the names and contact information of two faculty members who have agreed to write letters of recommendation in support of your application.

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

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*Please forward your completed application, letters of recommendation and request your registrar to send your official transcript to the address below. E-mail or fax your completed application immediately.*

Dr. Clarence M. Lee  
Executive Director  
WBHR-LSAMP Office  
2225 Georgia Ave., N.W., Suite 503,  
Washington, DC 20059.  
Phone (202) 238-2511 Fax (202) 986-7752  
cmlee@howard.edu

Howard University  
WBHR-LSAMP Program

**Please read the statement below and signed where indicated:**

The information I have submitted in my Bridge to the Doctorate(BD) program application is true and accurate to the best of my knowledge. I understand that to track the progress of the BD scholars students and to evaluate program effectiveness, WBHR-LSAMP requires access to student information. The WBHR-LSAMP program is required to report individual student data to the National Science Foundation including social security number, ethnicity, GPA, and enrollment status. This information is also used to study progression to the Ph.D. degree. Photographs and research abstracts may also be obtained for use by the WBHR-LSAMP program in program dissemination materials such as websites, news letters, and reports.

I authorize release and use of personal information, as describe above, to the WBHR-LSAMP program. I understand that this information is to be used solely for evaluating the impact and the effectiveness of the BD program and that individual student data will not be released to parties other than those directly involved with the program.

I have read and understand all of the statements above.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Faculty Recommendation**

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

Faculty Member: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please write in detail about the applicant's abilities, motivation, special aptitudes and circumstances that lead you to believe he/she 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 \_\_\_\_\_

Howard University  
WBHR-LSAMP Program

**Faculty Recommendation**

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

Faculty Member: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please write in detail about the applicant's abilities, motivation, special aptitudes and circumstances that lead you to believe he/she 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 \_\_\_\_\_