



# University of Maryland Eastern Shore

## Louis Stokes Alliance for Minority Participation

### LSAMP Scholars Program APPLICATION FORM

**PLEASE TYPE OR PRINT LEGIBLY**  
**ORIGINAL SIGNATURES REQUIRED**

**Applicants to the University of Maryland Eastern Shore LSAMP Scholars Program must meet the following criteria:**

- Must be a U.S. Citizen or Permanent Resident and a minority from one of the following groups: African American, Hispanic American, American Indian, Alaska Native, Native Hawaiian, and Native Pacific Islander.**
- Be enrolled at UMES as a full-time student majoring in an eligible STEM discipline at UMES.**
- Be in good academic standing with a cumulative GPA of 3.0 or higher.**  
Students who do not meet the 3.0 GPA requirement but have a minimum 2.5 GPA are still considered for participation as LSAMP Affiliates.
- Have completed at least two semesters of college at the start of the program.**
- Have at least two semesters remaining of undergraduate education at the start of the program.**

**Program interest:** *Please select the program term that you would like to be considered for:*

- Summer Research Program *ONLY*     Academic Year *ONLY*     BOTH

*If both, please indicate your program preference (check one):*     Summer Program     ACADEMIC YEAR

#### PERSONAL AND CONTACT INFORMATION

FIRST NAME	MI	LAST NAME	UMES STUDENT ID NUMBER
D.O.B. (MM/DD/YYYY)		GENDER (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male	UMES Email Address
CITIZENSHIP STATUS (check one) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other (Please Specify birthplace) _____		Please check the box that best describes your: <b>RACE</b> <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian (Native American) <input type="checkbox"/> White <input type="checkbox"/> Alaska Native <input type="checkbox"/> Other (Please Specify) _____ <input type="checkbox"/> Native Hawaiian or Native Pacific Islander	
		<b>ETHNICITY</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
PERMANENT MAILING ADDRESS:		CURRENT MAILING ADDRESS (IF DIFFERENT FROM LEFT):	
CITY	STATE	ZIP CODE	CITY
			STATE
			ZIP CODE
DAYTIME PHONE #		EVENING PHONE #	

#### ACADEMIC INFORMATION

CURRENT CLASSIFICATION <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		WHEN DO YOU EXPECT TO GRADUATE? (MM/YYYY):
DECLARED MAJOR (must be STEM)	MINOR (if any)	CUMMULATIVE GPA
ARE YOU A TRANSFER STUDENT? If yes, please list institution & location. <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF INSTITUTION	CITY & STATE

Are you currently participating in any programs or activities at UMES? If yes, please list.

Are you receiving funding from any of the programs or activities listed above?  
 Yes     No





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### POTENTIAL FACULTY MENTOR

Identify UMES faculty member(s) with whom you would like to conduct laboratory research.

Have you contacted the prospective research mentor should you participate in the LSAMP Scholars Program?

Yes  No

Yes  No

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### ADDITIONAL INFORMATION

- Statement of Interest Essay:** Please write an essay addressing the following questions:
  - » Provided what you know about the LSAMP Scholars Program at UMES, why should you be chosen as an LSAMP Scholar?
  - » How will you benefit from participating in the program throughout your academic career? How will the program help you accomplish your academic and career goals?

Your essay should be typed (double spaced) with 1-inch margins, 12pt Times New Roman font, and it should not exceed two pages.

- Letter of Recommendation**  
Arrange to have a faculty member write a letter of recommendation on your behalf. The letter should be provided by a STEM professor who knows you well and who is familiar with your academic performance and STEM-related career goals. Complete the top portion of the recommendation form and give it to the faculty member. The completed form and letter should be sealed in an envelope (signed across the seal) and returned to you.
- Resume**
- Copy of most recent transcript (unofficial copy accepted)**

How did you hear about the LSAMP program?

Fliers/Posters  Course Instructor  LSAMP Participant  Academic Advisor  Website  Class Visit

### APPLICANT AGREEMENT AND SIGNATURE

**Please read the statement below.**

By signature below, I certify that all parts of this application packet are complete and accurate to the best of my knowledge. I understand that submission of false information may be sufficient for denial of acceptance.

If accepted into the program as an LSAMP Scholar, I will fully participate in research and all program activities throughout the entire session from the start date of the program to the end of the program. Failure to do so may be sufficient cause for UMES LSAMP to forfeit payment of my stipend or terminate my participation in the program.

APPLICANT'S NAME (PRINTED) \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## Thank you for applying to the UMES LSAMP Scholars Program!

Please return completed application to:  
Dr. Tracy Bell • Carver Hall, Room 2103





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<b>FOR OFFICE USE ONLY</b>		Date Received: _____
<b>Application Checklist:</b>	<b>Eligibility Status:</b>	
<input type="checkbox"/> Application	Citizenship/Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Statement of Interest	STEM Major	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Recommendation Letter	URM	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Resume	GPA	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Transcript	Classification	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior
The above stated student has been approved for acceptance into the LSAMP Scholars program. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, give a brief explanation: _____		
Student notified of decision via: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter Date: _____		

