



University of Maryland Eastern Shore

Louis Stokes Alliance for Minority Participation

APPLICATION FORM

LSAMP Scholars Program

Application MUST be typed.

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: RACE <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian (Native American) <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other (Please Specify) _____	
		ETHNICITY <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

POTENTIAL FACULTY MENTOR

Have you already spoken to a prospective research mentor should you participate in the LSAMP Scholars Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the prospective mentor's contact information:		
NAME	DEPARTMENT	E-MAIL ADDRESS

ADDITIONAL INFORMATION

- Statement of Interest Essay:** Please write an essay addressing the following questions:
 - » Why should you be chosen as an LSAMP Scholar?
 - » What are your academic and career goals and how can the LSAMP program help you accomplish your goals?





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

2. 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.

3. Resume

4. 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.

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.

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

FOR OFFICE USE ONLY

Application Checklist:

- Application
- Statement of Interest
- Recommendation Letter
- Resume
- Transcript

Date Received: _____

Eligibility Status:

- Citizenship/Residency Yes No
- STEM Major Yes No
- URM Yes No
- GPA Yes No
- Classification Freshman Sophomore Junior Senior

The above stated student has been approved for acceptance into the LSAMP Scholars program. Yes No

If no, give a brief explanation: _____

Student notified of decision via: Phone Email Letter Date: _____





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RECOMMENDATION FORM

LSAMP Scholars Program

INSTRUCTIONS FOR THE APPLICANT: Please complete the top portion of this recommendation form and give it to the faculty member providing the recommendation on your behalf. The form and letter should be sealed in an envelope (signed across the seal) and returned to you. Include it in your application packet.

FIRST NAME	MI	LAST NAME	UMES STUDENT ID NUMBER
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I waive do not waive my right of access to this letter of recommendation.

APPLICANT'S SIGNATURE _____ DATE _____

INSTRUCTIONS FOR THE RECOMMENDER: The Louis Stokes Alliance for Minority Participation (LSAMP) is a program funded by the National Science Foundation (NSF). Its goal is to increase the quality and quantity of underrepresented minority (URM) students who successfully complete baccalaureate degrees in Science, Technology, Engineering and Mathematics (STEM) and then continue on to successfully obtain advanced degrees in these disciplines.

The above named student is applying to the LSAMP Scholars Program and has asked that you evaluate her/his academic ability. Your candid assessment of the applicant will assist in our selection process.

Please rate the applicant on the following:

	Excellent	Good	Fair	Poor	No basis to judge
Dependability					
Motivation and diligence					
Willingness to accept direction or supervision					
Ability to work with others					
Communication skills (written)					
Communication skills (oral)					

In a separate letter, please state how long and in what capacity you have known the applicant? In addition, give us your candid opinion of the applicant's potential to conduct undergraduate research and pursue graduate studies.

PRINTED NAME _____

SIGNATURE _____

TITLE/POSITION _____

DEPARTMENT _____

PHONE NUMBER _____

DATE _____

Please return this form and letter to the applicant in a sealed envelope signed across the seal.

Thank you for your support of the UMES LSAMP program!

