



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: _____ 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: |
| <input type="checkbox"/> Single | <input type="checkbox"/> Male | <input type="checkbox"/> US Citizen | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Married | <input type="checkbox"/> Female | <input type="checkbox"/> Permanent Resident* | <input type="checkbox"/> Asian |
| | | <input type="checkbox"/> Non US Citizen | <input type="checkbox"/> Black, Non-Hispanic |
| | | | <input type="checkbox"/> White, Non-Hispanic |
| | | | <input type="checkbox"/> Pacific Islander |
| | | | <input type="checkbox"/> Hispanic |
| | | | <input type="checkbox"/> Other |

* If permanent resident, please provide Alien # _____

ACADEMIC INFORMATION:

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

1. How do you support your college education?

2. Are you currently employed? Yes No

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

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:

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

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):

Signature of Applicant _____

Date _____

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**

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 _____

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

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Faculty Member's Signature _____ Date _____

THE NATIONAL SCIENCE FOUNDATION LOUIS STOKES ALLIANCE FOR MINORITY PARTICIPATION (LSAMP)

BRIDGE TO THE DOCTORATE COMPETITIVE AWARDS

Nomination Form

Student Information

Name (Last, First, MI): _____

SSN: _____

Address: _____

Zip _____ City _____ State _____

Telephone: _____ Cell Phone: _____ Email: _____

U.S. Citizen or Permanent Resident: Yes _____ No _____

Undergraduate GPA: _____ Undergraduate Major: _____
Minor _____

Year of Graduation: _____

Undergraduate Institution _____

Graduate School Major: _____

Intend to obtain a Ph.D.: Yes _____ No _____

GRE: _____ Verbal _____ Quantitative _____

Nominator Information

Institution: _____

Name: _____ Position: _____

Nominator Signature _____ Date _____

Telephone: _____ Email: _____

Did the student participate directly or indirectly in the AMP Program at the undergrad school?

Yes _____ No _____

Mail or email the completed form to:

Washington Baltimore- Hampton Roads Louis Stokes Alliance for Minority Participation
Bridge to the Doctorate Program

Howard University

2225 Georgia Avenue, Suite 501

Washington, D.C. 20059

Phone: (202) 238-2511

Fax: (202) 986-7752

E-mail: cmlee@howard.edu

Or ekent@howard.edu