



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

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Signature of Applicant

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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: \_\_\_\_\_