ORISE RESEARCH PARTICIPATION PROGRAM
at the Centers for Disease Control and Prevention

SELECTION FORM

Instructions: If an individual is selected for a participant appointment, please complete all items; if NOT selected for a participant appointment, please complete items 1, 2, and sign below.

1. Applicant's Name:

2. Selected ☐ Not Selected ☐

3. Applicant's Academic Status:

   Student: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate
   or
   Postgraduate's Highest Degree: ☐ Bachelor's ☐ Master's ☐ Doctorate

4. Project (*please include or attach a paragraph describing the specific project in which the individual will participate*):

5. Monthly Stipend: $ Funding Document #:
   Estimated travel costs: $
   Comments about stipend:

6. Proposed Appointment Period: From
   Appointment Status: ☐ full time ☐ part time
   Percentage of full time %

7. Appointment Location:

8. Mentor:

9. Mailing Address:
   City: State: Zip Code:

10. Phone: Fax: E-mail:

11. *By making a selection and signing below, the CDC program coordinator asserts that this individual will be given a specific assignment or assignments under a mentor appointed by CDC. The individual is not considered to be performing a job, rendering advisory or personal services, providing expert advice or serving as staff augmentation in any way. The selection of the individual, determination of stipend amount and appointment period, and the appointment itself will strictly adhere to the ORISE Guide for Mentors and Participants.*

    Program Coordinator: _____ _____
    Signature Date

Return by fax to (865) 241-5219