ORISE Internship/Research Participation Programs at the EPA

Application

Please read the General Instructions before completing this application.

Project Number Requested: _____

Applying as: ☐ Student ☐ Postgraduate ☐ Faculty

1. Name: _____
(Last) *(First)* *(Middle)*

2. Most Recent Degree: *(current students, please list the degree being pursued and expected conferral date)*

Degree	Major	University	Year
			☐ degree received ☐ degree expected

3. Current Mailing Address: *(for overnight delivery)*

Address: _____
_____
City: _____
State: _____
Zip: _____
Phone: _____
Fax: _____
E-mail: _____

4. Citizen of: _____

If NOT a U.S. citizen, are you a legal permanent resident? ☐ Yes ☐ No LPR Number: _____

What type of visa do you currently have? _____ Expiration Date: _____

5. Have you ever been subject to a background check? ☐ Yes ☐ No

6. List members of scientific staff at the EPA with whom you have had contact.

Name	Division	Title	E-mail

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Application *(continued)*

7. Describe the educational and professional goals you expect to achieve as a result of participating in this program.

8. How did you learn about this program? _____

I am aware that this program is supported by funding from the United States Government and, therefore, is subject to Federal law regarding false statements and fraud, particularly the criminal provisions of 18 U.S. Code Section 1001. By electronically signing below, I certify, under penalty of law, that the submitted application contains no false or fraudulent representations, statements, or entries.

By electronically signing below, I certify that, to the best of my knowledge, all information contained in this application is accurate. I understand that any falsification will render me ineligible for participation and, if found after participation has begun, may require me to reimburse any funds received.

Signature: _____ Date: _____

(Please continue to next page.)

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Demographic Information

Applicant demographic data are important in assessing the effectiveness of our efforts to solicit applications from a diverse population. By answering the optional questions below, you will assist us in this regard. If you decline to provide the following information, it will in no way affect consideration of your application.

Race/Ethnicity:

- ○ American Indian or Alaskan Native
- ○ Asian
- ○ Black or African American
- ○ Caucasian
- ○ Hispanic or Latino
- ○ Native Hawaiian or Other Pacific Islander
- ○ Other, please list: _____

Sex:

- ○ Female
- ○ Male

Date of Birth:

Month _____ **Day** _____ **Year** _____

Disability: *(physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment)*

- ○ Yes
- ○ No

Submit Application