Homeland Security
Science and Technology

HOMELAND SECURITY UNIVERSITY PROGRAMS
TODAY'S RESEARCH & EDUCATION, TOMORROW'S SECURITY

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

Former Last Name(s): _____

2. I am currently 18 years or older. _____

3. I am a U.S. citizen. _____

4. Contact Information:

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip: _____

Country: _____

Phone: ( ) - _____ Cell Phone: ( ) - _____

Primary E-mail: _____ Secondary E-mail: _____

The contact information above will be used to communicate with you and must be valid through September 30, 2014. You may use your parents' address if it is less likely to change. If any of the contact information above changes, you must notify us in writing by e-mail to dhsed@orau.org.

5. Information about your academic institution:

Institution's Name: _____

City: _____ State: _____

Expected Graduation Date (*mm/yyyy):* _____ Cumulative GPA (4.00 scale): _____

Dates of Attendance (*mm/yyyy):* From _____ To: _____

Major Field of Study: _____

Expected Degree: _____

Name:_____

6. List research experiences, beginning with the most recent.

Position	**Dates** *(mm/yyyy)* **From**	**To**	**Description of Duties Performed** *(limit of 150 characters for each activity)*

7. Describe your educational and professional goals and how your participation in this program will aid in obtaining your goals.

Name:_____

8. **Awards/Honors.** *List honor societies, scholarship and/or fellowship awards, and other recognition. Include past and current awards and honors.*

9. **Extracurricular Activities.** *List any current community service organizations, technical societies and campus activities that you work with and/or volunteer with. Include offices held.*

10. **List at least two people familiar with your academic preparation and your technical abilities**, and who may provide references on your behalf. *Relatives should not be asked to submit references.*

Name	Email Address	Phone
1.		
2.		
3.		

Name:_____

The U.S. Department of Homeland Security (DHS) is committed to broadening the participation of groups currently underrepresented in science and engineering in DHS activities. In order to accurately gauge our progress in achieving this important goal, we ask that applicants provide the requested demographic information about themselves. Submission of the requested information is voluntary and is not a precondition of award. Nonetheless, we need your cooperation, for information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information we get from others.

Ethnicity:

- ☐ Hispanic or Latino *(a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)*
- ☐ Not Hispanic or Latino
- ☐ Decline to answer

Race: *(select all that apply)*

- ☐ American Indian or Alaska Native *(a person having origins in any of the original peoples of North, Central and South America and who maintains tribal affiliation or community attachment)*
- ☐ Asian *(a person having origins in any of the original peoples of the Far East, South East Asia or the India Subcontinent, including, for example, Cambodia, China, India or Japan)*
- ☐ Black or African American *(a person having origins in any of the Black racial groups of Africa)*
- ☐ Native Hawaiian or Other Pacific Islander *(a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)*
- ☐ White *(a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)*
- ☐ Other race: _____
- ☐ Decline to Answer

Gender: Please Select

Name:_____

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.

The information requested on the application materials will be used in connection with the selection of qualified applicants and may be disclosed to qualified reviewers, and DHS and ORISE staff as part of the review and selection process; to government contractors, experts, volunteers and researchers and educators as necessary to complete assigned work; in order to coordinate programs; and to another Federal agency, court or party in a court or Federal administrative proceeding if the government is a party. Information from this system of records may be merged with other computer files to carry out statistical studies the results of which do not identify individuals. Disclosure may be made of awardees' names, home institutions, and fields of study for public information purposes.

This application will be copied and used solely for the purpose of selecting participants and administering the Program. Disclosure of the information is subject to Public Law 93-579 (Privacy Act of 1974) and Department of Homeland Security regulations.

By signing below, I certify, under penalty of law, that the submitted application contains no false or fraudulent representations, statements, or entries. I further 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 *(mm/dd/yyyy)*:**_____

Submit completed form to ORISE by email (dhsed@orau.org).

If your computer does not support the electronic signature feature:

- *Complete and save an electronic copy of the application on your computer.*
- *Print, sign/date, and scan the signature page ONLY.*
- *In one email to dhsed@orau.org, send the application file and the signature page file as email attachments.*