



**STUDENTS & SCIENTISTS ENVIRONMENTAL RESEARCH SCHOLARSHIP PROGRAM APPLICATION**

Date: \_\_\_\_\_

**INFORMATION**

\_\_\_\_\_

_____	_____	_____
Last Name	First Name	Social Security #

Home Address: \_\_\_\_\_

_____	_____	_____	_____
Street	City	State	Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male / Female (circle)

**CURRENT STATUS**

Current Student: Yes / No (circle) If Yes, where: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

**Letter of Recommendation is a required attachment from a school faculty member to this application.**

Employed: Yes / No (circle) If Yes, where: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, give date(s), offense(s) and disposition(s):

**DESIRED LAB EXPERIENCE**

**Applicants are required to be available 35+ hours per week for 2 – 4 weeks.**

Have you had past volunteer or paid lab experience? Yes / No (circle) If yes, where? \_\_\_\_\_

**REFERENCES AND CONTACTS**

Provide one reference (no family members) Name, phone number and relationship:

\_\_\_\_\_

Personal Physician:

_____	_____	_____
Name	Address	Phone Number

Emergency Contact:

_____	_____	_____
Name	Phone Number	Relationship

**IMMUNIZATION REQUIREMENT**

For precautionary measures, students must be immunized for tetanus within the past three years as they may be in contact with laboratory rodents (mice and rats). Please attach a copy of student's immunization record as signed by his/her physician.

## STUDENT AGREEMENT

I certify that all matters contained in this application are true, authorize their investigation and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal from the program. I am aware that I am applying for a research assignment with no present or future promise of compensation for my services.

I acknowledge that I will treat as confidential all information that I may read or hear, directly or indirectly. If accepted for the Students & Scientists Environmental Research Scholarship Program, I agree to conform to the rules and regulations in the laboratory to that which I am assigned. I agree to complete all post-program evaluation and essay requirements.

Signature of Applicant : \_\_\_\_\_

Date: \_\_\_\_\_

## PARENTAL/CAREGIVER CONSENT

I understand that my son/daughter may be working with hazardous chemicals, rodents and biological materials. Applicants will be provided training in the safe handling of these items. I give my son/daughter permission to participate in the Students & Scientists Environmental Research Scholarship Program at the Laboratory of: \_\_\_\_\_

Signature of Parent/Caregiver: \_\_\_\_\_

Date: \_\_\_\_\_

