



# GA-AL LSAMP APPLICATION FORM - UWG (2017-2018)

Georgia-Alabama Louis Stokes Alliance for Minority Participation – University of West Georgia, Carrollton, GA  
UWG Program Coordinator: Dr. S. Swamy Mruthinti, Professor of Biology, [smruthin@westga.edu](mailto:smruthin@westga.edu), 678-839-4031



## STUDENT INFORMATION

Student ID# 917

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender  Male  Female

Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact # \_\_\_\_\_ Contact's Name: \_\_\_\_\_

### Student Classification (after Spring 2017)

Freshman  Sophomore   
Junior  Senior

### Transfer Student

Yes  No

### Transfer Institution

Race  Black/African  White/Caucasian  Asian/Pacific Islander  American Indian/Alaskan Native  
 Native Hawaiian/Pacific Islander  Other Specify \_\_\_\_\_

Ethnicity  Hispanic/Latino  Non-Hispanic/Latino Disability Specify \_\_\_\_\_

US Citizen  Yes  No Permanent Resident  Yes  No Specify \_\_\_\_\_

(Country)

Grade Point Average (GPA) after Spring, 2014 semester			
Cumulative	Semester	STEM	Indicate name of the High School or College
/4.0	/4.0	/4.0	

### RESEARCH EXPERIENCE

Have you participated in any STEM Research? Yes  No  Specify \_\_\_\_\_

Are you presently involved in any research program? Yes  No  Specify \_\_\_\_\_

Are you planning to attend medical, dental, or another professional school after graduation? Yes  No  Specify \_\_\_\_\_

Have you been awarded any other Institutional scholarship? Yes  No  Specify \_\_\_\_\_ Amount \_\_\_\_\_

### CONSENT

I understand that I am required to identify a research advisor and participate in research or research training to maintain my LSAMP scholar status. To that end, I plan to seek \_\_\_\_\_ as my research advisor in the Department of \_\_\_\_\_

I also understand that my photographic image may be utilized for press and report documents. My signature indicates agreement to participate in research or research training and to have my photographic image reproduced for all NSF and LSAMP print media.

Furthermore, I also understand that this award may help offset my student loans, thereby reducing my long-term student debt.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**RESEARCH EXPERIENCE (continued)**

Check the box(es) indicating your research experience.

- literature search                       analytical                       data acquisition/control                       field work
- oral presentation                       poster                       Publication (include details on back)

**Conferences/meetings attended (include details on back of form)**

- Symposia/conferences                       training                      If so, whether they are  national                       regional                       local

**Projected date for GRE Exam** \_\_\_\_\_

**Technical abilities (include details on back of form)**

- excel                       statistics                       app development                       C++                       Fortran                       Nat4GL                       HTML
- website development                       other programming

On a scale of 1 to 5 (highest); rate your need for tutoring, your level of tutoring ability, and your level of mentoring ability in the following subject areas. Use the comment section to indicate student level i.e. high school or college.

Subject	Tutoring Need	Tutoring Ability	Mentoring Ability	Comments
Biology				
Chemistry				
Geoscience				
Mathematics				
Physics				
English				

List two UWG STEM professors who are familiar with you.

**ANSWERS AND ESSAYS (You may include a separate page.)**

List the skills, abilities or other resources you bring to this program.

List your STEM club participation in college and prior.

What do you expect to gain from this program?

Write a 300-word essay about your reasons for choosing a STEM major; include when you made this decision and your plans following graduation. Write on a separate sheet and attach to this application form.

List your other extracurricular STEM activities.

List any academic or STEM awards that you may have received.

Briefly describe your research interests and any applicable experience.

**FOR OFFICIAL USE ONLY:**

Unofficial Transcript received Yes  No  **Date** \_\_\_\_\_

Recommendation received: Yes  No  **Date** \_\_\_\_\_

Accepted: Yes  No  **Date** \_\_\_\_\_

**LSAMP PROGRAM - STEM FACULTY RECOMMENDATION FORM**



**Applicant completes this section**

Applicant's Name: \_\_\_\_\_

Applicant's Student ID#: 917 \_\_\_\_\_

Major: \_\_\_\_\_

Course(s) completed with the recommending professor:  
\_\_\_\_\_

**Faculty Name:** \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Are you conducting research during this academic year?      Yes                   No

Do you have a research project (funded/non funded) that could assist this student in gaining some experience?  
Yes                   No

Are you willing to serve as this student's research advisor?      Yes                   No

Title of Research: \_\_\_\_\_

**Please check the most appropriate response regarding the applicant's ability.**

	Excellent	Above Average	Below Average	Unable to Judge
Research Potential				
Intellectual Potential				
Initiative				
Self-discipline				
Creativity				
Integrity				
Team Player				
Maturity				
Ability to meet deadlines				
Social Skills				

**Brief statement about the student (please include aptitude for research and career plans).**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_

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