General Instructions

- 1. All documents must be in English or include an official English translation.
- 2. Complete the application form, and attach the following:
 - a. Resume or Curriculum Vitae, including academic history, employment history, relevant experiences, and publication list.
 - b. If insured, proof of insurance. (Insurance may be obtained through ORISE.)
- 3. Request reference from **two** persons (including your thesis or dissertation adviser, if applicable) who are familiar with your professional or educational qualifications.
- 4. Send degree-granting or most recent transcript(s) to the address below.

Fax or mail documents to: (DO NOT mail originals, if they have been faxed.)

ORISE, CDC Programs
Oak Ridge Institute for Science and Education
P.O. Box 117, M.S. 36
Oak Ridge, TN 37831-0117

Attn: Debbie Alcorn

FAX: (865) 241-5219 - Attn: Debbie Alcorn

For Overnight Delivery: ORISE, CDC Programs 230 Warehouse Road Oak Ridge, TN 37830 Attn: Debbie Alcorn

Application

Please read the General Instructions before completing this application. Type or print clearly and return the completed application form and <u>all</u> supporting materials to the Oak Ridge Institute for Science and Education.

| Requested CDC Center/Division: Communities of Color Fellowship | | | | | | | | | | |
|---|--|------------|------------|--------------------------|--|--|--|--|--|--|
| Requested Start Date: | | | | | | | | | | |
| Applying as: []Postgraduate | | []Student | []Faculty | []Established Scientist | | | | | | |
| 1. Na | ame: | | | | | | | | | |
| | (Last) | (First) | | (Middle) | | | | | | |
| 2. Cı | 2. Current Mailing Address: (for overnight delivery) | | | | | | | | | |
| Address | Address: | | | | | | | | | |
| City | y: | | | | | | | | | |
| State | e: | | | | | | | | | |
| Zip | o: | | | | | | | | | |
| | e: | | | | | | | | | |
| Fax | X: | | | | | | | | | |
| E-mai | il: | | | | | | | | | |
| 3. Citizenship: (If you are not a U.S. citizen or Lawful Permanent Resident, you are not eligible to apply.) [] U.S. Citizen [] Lawful Permanent Resident Country of Birth: A#: | | | | | | | | | | |
| 4. List members of scientific staff at the CDC with whom you have had contact. | | | | | | | | | | |
| | Name | | Address | Phone | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

| OF | ORISE Research Participation at CDC Name: | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| | · | | | | | | | |
| Αp | pplication (continued) | | | | | | | |
| 5. | Describe the educational and professional goals you expect to achieve as a result of participating in this program. | | | | | | | |
| | | | | | | | | |
| 6. | How did you learn about this program? | | | | | | | |
| 7. | Do you have current health insurance? [] Yes [] No If yes, attach copy of insurance card. | | | | | | | |
| 8. | . Attach Resume or Curriculum Vitae (MUST include the following information.) | | | | | | | |
| | Academic History (institution, dates, degree, major, GPA) Employment Record (current employer, salary, dates, part-time or full-time) Relevant Research Experiences | | | | | | | |
| 9. | 9. Remember to send transcripts and references to address below. | | | | | | | |
| Fax or mail documents to: (DO NOT mail originals, if they have been faxed.) | | | | | | | | |
| Oa P.C Oa | ISE, CDC Programs k Ridge Institute for Science and Education D. Box 117, M.S. 36 Ridge, TN 37831-0117 Debbie Alcorn For Overnight Delivery: ORISE, CDC Programs 230 Warehouse Road Oak Ridge, TN 37830 Attn: Debbie Alcorn | | | | | | | |

FAX: (865) 241-5219 - Attn: Debbie Alcorn

Demographic Information

Applicant demographic data are important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your submission of this information will assist us in this regard. We appreciate your cooperation. If you decline to provide this information, it will in no way affect consideration of your application.

| Rac | e/Ethnicity: (check only one) |
|------|---|
| | American Indian or Alaska Native Asian or Pacific Islander Black or African Caucasian Hispanic Other: |
| Sex | |
| [] | Female Male |
| Date | e of Birth: |
| Mor | th: Day: Year: |
| | ability: (physical or mental impairment that substantially limits one or more major life activities; for example dness, deafness, or mobility impairment) |
| [] | Yes No |

| Reference (A letter may be substituted, if more convenient.) | | | | | | | | | |
|---|-----------------------------|------------------|---------|------------------|-------------|------------|---------------------------|--|--|
| Applicant: | | | | | | | | | |
| | (Last Name) | (First I | Vame) | | (Mia | ldle Name) | | | |
| How long and in what association have you known the applicant? Thesis /Dissertation Advisor [] | | | | | | | | | |
| In a group of 100 science and math students of comparable age and experience, how would you rate the applicant with respect to the following PERSONAL CHARACTERISTICS ? | | | | | | | | | |
| | | Below Average | Average | Above Average | Outstanding | Superior | Inadequate Observation | | |
| Motivation towa | ard a productive career | | | | | | | | |
| Growth during t | total period observed | | | | | | | | |
| Imagination and | d originality of thought | | | | | | | | |
| Emotional matu | urity and stability | | | | | | | | |
| Ability to work v | vith others | | | | | | | | |
| Independence a | and self-reliance | | | | | | | | |
| Leadership pote | ential | | | | | | | | |
| In a group of 100 science and math students of comparable age and experience, how would you rate the applicant with respect to the following SCIENTIFIC CAPABILITIES ? | | | | | | | | | |
| _ | | Below Average | Average | Above Average | Outstanding | Superior | Inadequate Observation | | |
| Mastery of fund | lamental knowledge in field | | | | | | | | |
| Skill/originality | of research project design | | | | | | | | |
| Laboratory skill | and technique | | | | | | | | |
| Ability to comm | unicate (written/oral) | | | | | | | | |
| Add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential for research. Please comment on both the applicant's weak and strong points. Use additional sheets if necessary. | | | | | | | | | |
| COMMENTS: | | | | | | | | | |
| Signature: | | | Date: | Date: | | | | | |
| Typed/Printed Name: | | | Title: | Title: | | | | | |
| Address: | | | Phone | Phone: | | | | | |

Fax or mail documents to: (*DO NOT mail originals, if they have been faxed.*)
ORISE, CoC Fellowship, Oak Ridge Institute for Science and Education, P.O. Box 117, M.S. 36, Oak Ridge, TN 37831-0117, FAX: (865) 241-5219 – Attn: Debbie Alcorn