

**EERE Science and Technology Policy (STP) Fellowship Program  
Application Form**

**PART 1. GENERAL INFORMATION**

1. **Name:** \_\_\_\_\_  
(First) (Middle) (Last) (suffix)

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**3. Current Address and Contact Information:**

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Region/Province: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**PART II. EDUCATIONAL INFORMATION**

**5. Current Academic Status** (answer *either* question 5a or 5b)

**5a. If you are currently a student:**

Degree expected: \_\_\_\_\_  
 Expected Graduation Date: \_\_\_\_\_  
 Academic Field: \_\_\_\_\_  
 Institution Awarding Degree: \_\_\_\_\_

**5b. If you are not currently a student:**

Highest Degree Held: \_\_\_\_\_  
 Graduation Date: \_\_\_\_\_  
 Academic Field: \_\_\_\_\_  
 Institution Awarding Degree: \_\_\_\_\_

**6. Thesis/Dissertation Information:**

Thesis/Dissertation Advisor: \_\_\_\_\_

Title of Thesis/Dissertation: \_\_\_\_\_

Status of Thesis/Dissertation: \_\_\_\_\_

Abstract:

**PART III. VISION INTEREST STATEMENTS**

**7. Fellowship Vision Statement**

Describe how this fellowship will help you achieve your educational and professional goals and how your educational and professional background will contribute to the implementation of national energy efficiency and renewable energy policy. *Maximum of 1 page.*

**8. Statement of Interest**

Provide specific examples of topics related to energy efficiency and renewable energy in your field of study that you would like to explore during your Fellowship. For example, if you would like to be considered for a Fellowship, provide specific examples of issues in photovoltaics that will need to be addressed to

achieve the goal of *Maximum of 1 page.*

## PART IV. DEMOGRAPHIC INFORMATION

The U.S. Department of Energy is committed to broadening the participation of groups currently underrepresented in science and engineering in DOE 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.

### 9. Ethnicity.

Not Hispanic, Latino or Spanish origin

Hispanic (of Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish culture of origin descent, regardless of race)

Decline to answer

### 10. Race. *(check all that apply)*

White (Having origins in any one of the original peoples of Europe, North Africa, or the Middle East)

Black, African American, or Negro (Having origins in any Black racial groups of Africa)

American Indian or Alaska Native (Having origins in any of the original people of North America, and maintaining cultural identification through tribal affiliation or community recognition)

Asian (Having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, India, China, Japan, and Korea)

Native Hawaiian or Other Pacific Islander (Having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

Other race: \_\_\_\_\_

Decline to answer

### 11. Gender.

### 12. How did you learn about this program? *(check all that apply)*

Faculty member

Friend, classmate, other student, or family member

DOE press release

E-mail announcement from university

Internet search

Conference/Presentation

Other: \_\_\_\_\_

## **PART V. CERTIFICATION OF ACCURACY OF INFORMATION PROVIDED**

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. I certify, under penalty of law, that the submitted fellowship application contains no false or fraudulent representations, statements, or entries.

I understand that information in the application and supporting materials will be provided to the selected reviewers and staff from EERE and ORISE involved in the selection process. I further understand that it is my responsibility to redact all personally identifiable information (PII) such as Social Security Number, date of birth and Student ID from documents submitted with this application.

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.

**I have read the above information and certify the accuracy of the information in my application.**

**Signature:**

**Submit application to:**

E-mail: [STPFellowships@orise.orau.gov](mailto:STPFellowships@orise.orau.gov)