

# ORISE Research Participation at EPA

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## General Instructions

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1. All documents must be in English or include an official English translation.
2. Complete the application form, and attach a résumé or Curriculum Vitae, including academic history, employment history, relevant experiences, and publication list.
3. Request references 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.
5. Most of the Research Participation Programs at EPA do **NOT** have application deadlines; applications are accepted on a continuing basis.

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**E-mail, fax or mail documents to:** (***DO NOT** mail originals, if they have been faxed or e-mailed.*)

Betty.Bowling@ornl.gov

FAX: (865) 241-5219 – Attn: Betty Bowling, EPA Programs

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

*For Overnight Delivery:*  
ORISE, EPA Programs  
1299 Bethel Valley Road  
Building SC-200  
Oak Ridge, TN 37830



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**Application** *(continued)*

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6. Describe the educational and professional goals you expect to achieve as a result of participating in this program.

7. How did you learn about this program? \_\_\_\_\_

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## 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.

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### Race/Ethnicity: *(check one only)*

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African
- Caucasian
- Hispanic
- Other: \_\_\_\_\_

### Sex:

- Female
- Male

### Date of Birth:

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Disability:** *(physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment)*

- Yes
- No

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**Reference** (A letter may be substituted, if more convenient.)

**Applicant:** \_\_\_\_\_

(Last Name)

(First Name)

(Middle Name)

How long and in what association have you known the applicant?	Thesis /Dissertation Advisor [ ]
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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 toward a productive career						
Growth during total period observed						
Imagination and originality of thought						
Emotional maturity and stability						
Ability to work with others						
Independence and self-reliance						
Leadership potential						

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 fundamental knowledge in field						
Skill/originality of research project design						
Laboratory skill and technique						
Ability to communicate (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.

<b>COMMENTS:</b>	
Signature: _____	Date: _____
Typed/Printed Name: _____	Title: _____
Address: _____	Phone: _____

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Betty.Bowling@oraui.org

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## Certification of Salary (for faculty applicants only)

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Information on this form is considered for official use only and will be used only in that capacity.

TO BE COMPLETED BY THE APPLICANT - *Please type or print clearly*

1. Name \_\_\_\_\_ 2. Institution \_\_\_\_\_
3. Type of Appointment:            Part-time                      Summer                      Sabbatical
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### TO BE COMPLETED BY THE INSTITUTIONAL ADMINISTRATIVE OFFICE:

1. Applicant's employment contract with this institution is full time or part time
2. Months of required service \_\_\_\_\_ Academic salary ends \_\_\_\_\_
3. Total base academic salary for required service **excluding** all fringe benefits \_\_\_\_\_
4. Do not include extra pay for summer school teaching, overtime teaching, special payment for contract work, consultant fees, or any other compensation not covered by the contract.
5. For faculty employed for 10 or more months per year, provide a statement of the institutional policy regarding participation in outside activities for which remuneration may be provided.
6. For faculty applying for sabbatical appointments, include a statement describing the financial arrangements with the institution, including fringe benefits paid by the institution. **State as a percentage of salary and itemize.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Typed Name and Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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Return to:  
Email: [Betty.Bowling@orau.org](mailto:Betty.Bowling@orau.org)

Fax: (865) 241-5219, Attn: Betty Bowling

Mail (it is not necessary to mail if e-mailed or faxed):  
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