

Research Participation Program
Administered by the Oak Ridge Institute for Science and Education

APPLICATION

1. Submit **completed application** form and attach the following
 - a. Resume (include list of any papers, presentations, or publications)
 - b. Two copies of reprints or abstracts, if available
 - c. Signed Release of Information form
2. Submit **three references** from persons familiar with your educational and professional qualifications (include your thesis or dissertation adviser, if applicable)
3. Have **transcripts** (all schools attended) sent to the address below
4. The complete application and supporting materials will be reproduced for submission to Army Programs for review
5. Incomplete applications may not be considered
6. Additional information may be required if an appointment is offered
7. Applications are accepted throughout the year
8. Eligibility Requirements:
 - a. **Postgraduate:**
 1. Degree must be received within three years of the desired starting date or completion of all requirements for the degree should be expected prior to the starting date.
 2. U.S. Citizenship
 - b. **Student:**
 1. Current student in good standing in an undergraduate or graduate degree program
 2. Cumulative grade point average of 2.50 or higher, based on A= 4.0 scale
 3. U.S. Citizenship
 4. Minimum 12 credit hours per academic year
 - c. **Certificate:**
 1. Currently holds a bachelor's degree or higher
 2. Certificate program is related to or complements higher degree
 3. Certificate required minimum 30 semester credit hours or the equivalent
 4. Certificate must have been earned within one year of start date
 5. Program must be offered by an accredited academic institution

Return completed material to:

Research Participation Programs
Oak Ridge Institute for Science and Education
P.O. Box 53
Aberdeen Proving Ground, MD 21010-0053
Fax# (410)436-5811

For additional information about opportunities please contact:

<http://www.oraui.org/>

or

Ms. Kim Haskins, (410) 436-7258

Kim.Haskins@apg.amedd.army.mil

Ms. Diane Lewis, (410) 436-5461

Diane.Lewis@apg.amedd.army.mil

APPLICATION Research Participation Program

Please type or print clearly and return the completed original application form and all supporting materials to the Oak Ridge Institute for Science and Education (address on previous page).

| Please indicate if there are specific facilities which you are interested | | | |
|--|--|--|--|
| List Project Number(s) if Applicable _____ | | | |
| US Army Environmental Center (USAEC) | | US Army Test Center (USATC) | |
| US Army Center for Health Promotion and Preventive Medicine(USACHPPM) | | US Army Edgewood Biological and Chemical Center (USAECBC), SBCCOM | |
| US Army Directorate of Safety, Health and Environment (DSHE), USAAPGSA | | US Army Medical Research Institute and Chemical Defense (USAMRICD) | |
| US Army Research Lab (USARL) | | | |

| POSTGRADUATE | STUDENT | | |
|---|-------------------|----------------------|-----------------------------------|
| Highest Degree Received { } | Sophomore [] | Grad Student [] | Cumulative GPA { } |
| Degree Discipline { } | Junior [] | PHD [] | Degree Discipline { } |
| Date Received { } | Senior [] | Technical School [] | Date of Graduation { } |

1. Name _____
(last, first, middle)

Social Security Number _____

2. Current Mailing Address _____ Phone _____

3. Permanent Mailing Address _____ Phone _____

Email Address _____

4. Have you ever been investigated for a Security Clearance? Yes No

5. U.S. citizen? Yes No . Guidelines stipulate that only U.S. citizens will be eligible for this program.
6. Academic history (begin with current or most recent; list all colleges and universities attended).

| Institution/campus | Dates | | Degree | Date awarded or expected | Major | Grade Point Average* |
|--------------------|-------|----|--------|--------------------------|-------|----------------------|
| | From | To | | | | |
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*[GPA basis: A= 4, B= 3, C= 2, D= 1. Attach explanation if your transcript uses different basis.]

7. List three persons familiar with your educational and professional qualifications who have been asked to submit reference forms directly to ORISE (include your thesis or dissertation adviser, if applicable)

| Name | Position | Address |
|------|----------|---------|
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8. List any members of staff at US Army facilities whom you have contacted.

| Name | Installation/Division |
|------|-----------------------|
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9. Academic honors

| Award | Institution/Campus | Inclusive dates |
|-------|--------------------|-----------------|
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10. Relevant employment record; begin with current (include part-, full-time, military, and summer)

| From | To | Employer | Type of work |
|------|----|----------|--------------|
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11. List computer languages with which you are familiar and your level of proficiency (very good/good/fair).

a. _____ b. _____ c. _____

d. _____ e. _____ f. _____

12. Describe relevant educational courses and research or work experiences.

13. Describe the educational and professional goals you expect to achieve as a result of participating in this program; include your future career plans.

14. How did you find out about this program?

The complete application and supporting materials will be reviewed by ORISE and reproduced for submission to the Army staff for review and selection.

SIGNATURE _____

DATE _____

Return to:

Oak Ridge Institute for Science and Education, P.O. Box 53, Aberdeen Proving Ground, MD 21010-0053/Fax (410)436-5811

Please type or print clearly and return the original form to Oak Ridge Institute for Science and Education address below). A letter may be substituted, if more convenient.

APPLICANT _____

(last, first, middle)

How long and in what association have you known the Applicant? _____

In a group of 100 other science and engineering students of comparable experience, how would you rate the applicant with respect to the following personal characteristics:

| Below Average | Average | Above Average | Out- Standing | Superior | Inadequate Opportunity To Observe |
|---------------|-----------|---------------|---------------|----------|-----------------------------------|
| Lowest 40 | Middle 25 | Next 20 | Highest 15 | | |
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- Motivation toward a successful productive career*
- Growth during total period observed*
- Fertility of imagination; originality of thought*
- Emotional stability and maturity*
- Ability to work with others*
- Self-reliance and independence*

In a group of 100 other science and engineering students of comparable experience, how would you rate the applicant with respect to the following scientific capabilities:

| Below Average | Average | Above Average | Out- Standing | Superior | Inadequate Opportunity To Observe |
|---------------|-----------|---------------|---------------|----------|-----------------------------------|
| Lowest 40 | Middle 25 | Next 20 | Highest 15 | | |
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- Mastery of fundamental knowledge in field*
- Skill and originality in design of research projects*
- Laboratory skill and technique*
- Ability to communicate information (written-oral)*

In the space below, add any descriptive comments, which will assist in providing a complete picture of the applicant's character, attitude, and ability/potential for an appointment. Please comment on weaknesses as well as strong points. Use additional sheets if necessary.

Signature _____ **Date** _____

Typed or printed name _____ **Title** _____

Mailing Address _____

Email address _____

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**AUTHORIZATION FOR RELEASE OF INFORMATION
Research Participation Program**

The internship appointment process at the U.S. Army facilities is administered by Oak Ridge Institute for Science and Education (ORISE) for Oak Ridge Associated Universities (ORAU) and includes, but is not limited to, the following: completion of Program application, interviews, reference checks, medical screening, employment and education verification, and as appropriate, a security background check will be initiated and completed as a condition of appointment. Although ORAU administers the program, it in no way conducts the security background checks. The background check is conducted by an appropriate investigative agency. Signing this authorization will facilitate your consideration for possible appointment.

I _____ hereby authorize any person, agency, organization, or institution to release to US Army Officials and/or its representative on confidential basis information the U.S. Army may request about me regardless of any agreement I may have made with you previously to the contrary. This information may include, but is not limited to academics, performance evaluation, employment history, attendance, character, credit history, and police records. I hereby release any person, agency organization or institution, including US Army facilities and ORAU, from any and all liability whatsoever resulting from this inquiry. The Privacy Act of Section 6311 of Title 5 to the U.S. Code protects any information received as a result of the investigation. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature.

A photocopy of this authorization that shows my signature shall be deemed an original and shall be accepted as such.

Signature

Date

Other Name Used

Social Security Number

Applicant data is important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your completion and submission of this form will assist us in this regard.

Recognizing the importance of achieving a diverse group of participants, selection will be based on several factors. These criteria include, but are not limited to, disciplinary fields, academic records, and recommendations, relevant to the US Army's mission, ethnic background, and gender.

Providing this information is voluntary. If you decline to give this information, it will in no way affect consideration of your application.

Name _____ **Date** _____

- Race** _____ **Caucasian, not of Hispanic origin (Having origins in any one of the original peoples of Europe, North Africa, or the Middle East)**
- _____ **African-American (Having origins in any of the Black racial groups of Africa)**
- _____ **Hispanic (Of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture of origin, regardless of race)**
- _____ **American Indian (Having origins in any of the original peoples of North America, and maintaining cultural identification through tribal affiliation of community recognition)**
- _____ **Asian or Pacific Islander (Having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands --for example, India, China, Japan, Korea, Philippine Islands, and Samoa)**

Male Female

Birth Date _____
Month Day Year

Physical/mental handicap (physical or mental impairment that substantially limits one or more major life activities--for example, blindness, deafness, or mobility impairment):

Yes _____ No _____

Other Name(s) Used _____