Effective November 1, 2009

All Nations LSAMP Program
Scholars Criteria Checklist

Please check the following items prior to mailing your ANLSAMP Scholar Application.

Eligibility

___a U.S. Citizen
___Fulltime enrollment in a Science, Technology, Engineering, or Mathematics (STEM) discipline, or taking STEM courses leading to a degree at an ANLSAMP partner institution.
___GPA of 2.5 or greater throughout the academic school year.

ANLSAMP Scholar Application Requirements

___Completed and signed ANLSAMP Scholar Application form.
___Must submit a 4 year Degree/Career Plan showing that you will be progressing towards a Bachelor of Science (B.S.) Degree in a Science, Technology, Engineering or Mathematics (STEM) field.
___Official transcript for past quarter/semester. Once approved as an AMP Scholar a transcript must be submitted at the end of each quarter/semester.
___Two letters of recommendation from staff/faculty. Letters should include academic attributes of the student and discuss how this student will benefit from being an ANLSAMP Scholar.
___Letter of acceptance stating declared STEM major.

Signature of Student_____Date_____.

Signature of Mentor_____Date_____.

All Nations Louis Stokes Alliance for Minority Participation Program (ANLSAMP) Scholar Application

Name: _____

Current Phone#: _____

Current Mailing
Address:_____
city state zip

E-mail Address:
_____

Gender: (circle one) Male/Female U.S. Citizen: (circle one) Yes/No

Birth Date:_____SS#_____

Race/Ethnicity: ___African American/Black (not of Hispanic origin), ___Asian or Pacific Islander, ___Hispanic/Latino, ___Native American, ___White (not of Hispanic origin), ___Other

Academic Information:

G.P.A: _____Declared Major (**Must be STEM discipline**):_____
(**2.5 GPA or greater- GPA at the end of each quarter/semester, <u>not</u> cumulative**)

Name of Institution Currently Attending:
_____

Expected Date of Graduation:
_____

Status in Present Program:
_____Freshman_____Sophomore_____Junior_____Senior

List Academic Honors, Awards, Societies, Scholarships, or Publications:
_____
_____
_____
_____
_____

Career and Research Interests:

Briefly discuss your career goals:

_____

_____

_____

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_____

Briefly describe your research interests and/or your proposed research project:

_____

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_____

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_____

Briefly describe any previous research experience and how has it connected to your community:

_____

_____

_____

_____

List the names of two individuals who you have asked to submit a recommendation on your behalf (see next page for copy of the recommendation).

1. Name/Title/E-mail address:

   _____

2. Name/Title/E-mail address:

   _____

Media Release Consent Form

I, _____, hereby give permission for SKC to publish photos and video clips of me in newspapers, websites, television programs, documentaries, and other related publications.

Signature_____Date_____

Authorization and signature: By signing this form I authorize the All Nations Louis Stokes Alliance for Minority Participation Program to verify any and all of the information above.