Effective August 2013

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 courses leading to an approved STEM baccalaureate degree at an ANLSAMP partner institution.
___ Cumulative G.P.A. 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 an unofficial 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.
___ Photograph: (example: Preferably an “in action” picture of you in lab or field or in the classroom - in jpeg format).

Signature of Student ___________________________ Date ___________________

Signature of Mentor ___________________________ Date ___________________
All Nations Louis Stokes Alliance for Minority Participation Program  
(ANLSAMP) Scholar Application

Name: _____________________________

Current Phone# (home and cell): ____________________________

Current Mailing Address: __________________________________

E-mail Address: ________________________________ city state zip

Gender (circle one): male/female U.S. Citizen (circle one): yes/no

Birth date: __________________________ SS# ______________________________

Under Represented Minority Race/Ethnicity (check one):

Native American____
Native Hawaiian or other Pacific Islander____
African American/Black ____
Hispanic/Latino____

Academic Information:

Name of Partner Institution currently attending: ______________________________

G.P.A.: __________ (Minimum Cumulative GPA of 2.5 required)

Declared Major: __________________________________________________________

CIP Code: (See AOM for STEM disciplines and approvable CIP codes): __________

Currently pursuing: Associate Degree____, Bachelor Degree____

When do you expect to graduate with your associate or baccalaureate degree? ______

Status in present program: Freshman____, Sophomore____, Junior____, Senior____.

If you are currently enrolled in a two-year institution, what four-year institution do you plan to attend? ____________________________________________

List any awards, scholarships, internships you have received in the past 2 years.

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(Revised 08/29/13) Page 2 of 4
Describe your career goal. Specify how your academic program and your overall educational plans will assist you in achieving your goals.

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Describe a leadership experience in which you made a difference on campus or in the community.

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Describe a research experience. Indicate how the experience will assist you in achieving your goals.

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What additional information (not already addressed in application) do you wish to share with the review committee?

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________________________________________________________________________

List the names of two individuals who you have asked to submit a recommendation on your behalf.

1. Name/title/e-mail address:

________________________________________________________________________

2. Name/title/e-mail address:

________________________________________________________________________
Media Release Consent Form

I, ______________________________, hereby give permission for ANLSAMP to use my photos and/or video clips of me in newspapers, websites, television programs, documentaries, and other related publications, as well as permission to use my Poster and/or Oral Research presentation for the same purposes.

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.