

Industrial Materials for the Future Fellowship Program Application

Application Instructions

Applicants must be U.S. citizens or permanent resident aliens attending an accredited U.S. academic institution and majoring in one of the following disciplines:

Materials Science
Materials Engineering
Metallurgical Engineering
Ceramic Engineering

A complete application consists of the following:

1. Application form
2. Research and Development Topic form
3. Academic Career Goals and Objectives form
4. Courses and Grades Pertaining to Your Major form
5. Three reference forms
6. Applicant Data form
7. Official transcriptions for **ALL colleges and universities attended** – unofficial transcriptions will not be accepted.

APPLICATION DEADLINE IS THE LAST FRIDAY IN FEBRUARY

Return application materials to:

Cheryl Terry
Industrial Materials for the Future Fellowship Program
ORISE, MS 36
P.O. Box 117
Oak Ridge, TN 37831-0117

Phone: (865) 576-3427

Fax: (865) 576-0287

E-mail: terryc@ornl.gov

This form may be reproduced.



APPLICANT INFORMATION FORM (Please type or print using black ink)

My application may be reviewed by other similar programs. () Yes () No

Dates available for participation _____ to _____ (Month/Day/Year)

Name _____ **SSN** _____
First Middle Last

Preferred Mailing Address _____
Street Name, Apartment Number, or P.O. Box

_____ City State Zip

Permanent Address _____
Street Name, Apartment Number, or P.O. Box

_____ City State Zip

Current Phone _____ **Permanent Phone** _____

Fax Number _____ **E-mail Address** _____

Citizenship U.S. Citizen () Yes () No If no, country _____

If no, Permanent Resident () Yes () No If yes, PRA Number _____

Health Insurance (required for appointment)

Company Name _____ Effective Date _____

References – three persons who have been asked to transmit references directly to ORISE

1. _____ 2. _____ 3. _____

Current University _____

City/State _____ Graduation Date _____

Department _____ Major _____

Cumulative GPA (4.0 scale) Undergraduate _____ Graduate _____

If you receive this fellowship:

What university will you attend: _____

Which department or program will you be accepted: _____



Computer Languages – list and rate your proficiency in each as good, very good, or expert

| Computer Language | Proficiency | Computer Language | Proficiency |
|-------------------|-------------|-------------------|-------------|
| | | | |
| | | | |
| | | | |

Academic Awards and Honors

| | |
|--|--|
| | |
| | |
| | |
| | |

Education – list all previous colleges/universities attended

| College/University | Major | Dates Attended | Degree Program | Degree Date |
|--------------------|-------|----------------|----------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Employment/Experience (paid or unpaid)

| Employer | Dates | Position/Title |
|----------|-------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Signature _____ Date _____

APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE



RESEARCH AND DEVELOPMENT TOPIC

Discuss the research and development of your academia. Please print or type

Student Name _____

Signature of Research Advisor _____



ACADMIC CAREER GOALS AND OBJECTIVES

Discuss your career goals and objectives. Please print or type

Student Name _____



COURSES AND GRADES PERTAINING TO YOUR MAJOR

This form does not replace the college transcript, which is also required.

List all courses pertaining to your major.

Name _____

| Course Number | Course Name | Credit Hours | Grade |
|--------------------------|-------------|--------------|-------|
| Completed Courses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Current Courses | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I certify that, to the best of my knowledge, the above courses and grades are complete and correct.

Signature _____ Date _____

APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE



Reference Form

Applicant Name _____

How long and in what association have you known this applicant? _____

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

| Capabilities | Below Average | Average | Above Average | Outstanding | Superior | Inadequate Observation |
|---------------------------------------|---------------|---------|---------------|-------------|----------|------------------------|
| Mastery of Fundamentals | | | | | | |
| Skill/Originality of Special Projects | | | | | | |
| 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. Use additional sheets if necessary.

Signature _____ Dept. _____

Typed/Printed Name _____ Date _____

Address _____



Reference Form

Applicant Name _____

How long and in what association have you known this applicant? _____

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

| Capabilities | Below Average | Average | Above Average | Outstanding | Superior | Inadequate Observation |
|---------------------------------------|---------------|---------|---------------|-------------|----------|------------------------|
| Mastery of Fundamentals | | | | | | |
| Skill/Originality of Special Projects | | | | | | |
| 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. Use additional sheets if necessary.

Signature _____ Dept. _____

Typed/Printed Name _____ Date _____

Address _____



Reference Form

Applicant Name _____

How long and in what association have you known this applicant? _____

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

| Capabilities | Below Average | Average | Above Average | Outstanding | Superior | Inadequate Observation |
|---------------------------------------|---------------|---------|---------------|-------------|----------|------------------------|
| Mastery of Fundamentals | | | | | | |
| Skill/Originality of Special Projects | | | | | | |
| 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. Use additional sheets if necessary.

Signature _____ Dept. _____

Typed/Printed Name _____ Date _____

Address _____



Applicant Data

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 will be based on several factors. These criteria include, but are not limited to, disciplinary field, academic records, recommendations, and relevance to the facility'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** (Having origins in any one of the original peoples of Europe, North Africa, or the Middle East)
- () **African-American** (Having origins in any 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 or 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)
- () **Other**

Gender: () Female () Male

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 _____

How did you hear about this program: () Web site () Flier () Catalog of Programs
() Word of Mouth () Other _____