



BUFFALO REGION
SUNY LOUIS STOKES ALLIANCE FOR MINORITY PARTICIPATION (SUNY LSAMP)
Funded by the National Science Foundation (NSF)

Summer Research Program Application

STUDENT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell number: (_____) _____ E-mail address: _____

UB Person Number: _____ Date of Birth: _____ Gender: _____

Citizenship (check one): U.S. Citizen _____ Permanent Resident _____ Other (please specify) _____

Race/Ethnicity: African-American/Black: _____ Latino/Hispanic _____
Native American _____ Alaskan Native _____ Hawaiian Native _____
Native Pacific Islander (Guam, Samoa, or other Pacific islands) _____
Other (please specify): _____

Major: _____

Minor: _____

Cumulative GPA: _____

Number of credits completed: _____

Do you have a UB faculty mentor that you are interested in working with?

(Please specify faculty) _____

ACADEMIC HONORS AND SCHOLARSHIPS

Please list your academic honors and scholarships, etc.

CLUBS/ORGANIZATIONS	SCHOLARSHIPS	HONORS	OTHER

STEM COURSES

*Please list science, technology, engineering and mathematics courses and provide your college transcripts
(NOTE: UB Students need not attach transcripts)*

SCIENCE	TECHNOLOGY	ENGINEERING	MATHEMATICS

EMPLOYMENT & EXTRACURRICULAR ACTIVITIES

Please submit your resume.

PERSONAL STATEMENT

Please attach a typed personal statement with detailed answers to the following questions:

1. What are your research interests in Science, Technology, Engineering and/or Mathematics and how can the LSAMP Summer Program help you to gain research experience?
2. After receiving your degree in STEM, how will you work to fulfill the LSAMP Mission to improve the academic performance, retention, graduation and graduate school admission rates of historically underrepresented minority students (African Americans, Latino/a and Native Americans) who are pursuing degrees in STEM?
3. What are your long-term goals (career, graduate study, etc.) and what are you doing to realize your goals?

Student Release Statement

This is to certify that I, _____, upon acceptance into the UB LSAMP
(print name)
Summer Research Program will fully participate in all program activities and work full-time throughout the entire session from the start date of the program to the end of the program. Failure to do so may be sufficient cause for UB LSAMP to forfeit payment of my stipend or terminate my participation in the program.

In addition, I certify that all parts of this application packet are complete and accurate to the best of my knowledge. I understand that submission of false information may be sufficient for denial of admission.

I also understand that the information obtained is confidential.

SUNY LSAMP Applicant (signature): _____ Date: _____

APPLICATION CHECKLIST-

Please check that you have included the following:

- _____ This Completed Application
- _____ Two Completed Recommendation Forms
- _____ Resume/CV
- _____ Typed Personal Statement
- _____ Official Transcript(s) (UB Students need not include transcripts)

Please forward completed application to:

Dr. Letitia Thomas, Regional Project Director
UB STEM Programs
255 Capen Hall
Buffalo, New York 14260-1603
Phone: (716) 645-7301
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E-mail: lthomas@buffalo.edu

