

MINORITY SCIENCE AND ENGINEERING IMPROVEMENT PROGRAM (MSEIP)
FOR SCIENCE, TECHNOLOGY, ENGINEERING AND MATH

(STEM) STUDENTS

ALABAMA STATE UNIVERSITY

Sponsored by

The United States Department of Education



I. APPLICANT INFORMATION:

Name: _____
(Last) (First) (MI)

Social Security Number: _____ - _____ - _____ Date of Birth: (mm/dd/yyyy) _____

Gender: Male Female

Ethnicity: *(Please make a selection)*

African American

Asian American/Pacific Islander

American Indian/Alaskan Native

Hispanic

Other (Specify): _____

U.S. Citizen Status: Yes No

Current Mailing Address: _____
(Street) (City) (State/Zip Code)

Telephone Number (_____) _____ - _____ E-Mail Address _____

Permanent Mailing Address: _____
(Street) (City) (State/Zip Code)

Major field of study _____ Classification _____ GPA _____

II. ACADEMIC INFORMATION:

1. List your **extra curricular activities** (both in and outside school); include volunteer work, community service projects, etc.:

2. List any **honors, scholarships, or awards** you have received (indicate date and nature of award):

3. List your **hobbies or special interests**:

4. What are your **academic and professional goals**?

MSEIP Scholarship

Name of applicant _____

5. In the space below, please write a brief explanation of why you should be chosen for this scholarship. Explain how your participation in the MSEIP Program will help you achieve your goals. (Use a separate sheet, if necessary).

III. REFERENCES (*List the name, address, and phone number of two faculty members who will submit letters of recommendation*):

NAME	DEPARTMENT	PHONE NO.
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1. _____
2. _____

IV. NAME OF PROPOSED STEM MENTOR AT ASU _____

V. SIGNATURE OF APPLICANT

I hereby certify that the information given on this application is true to the best of my knowledge.

Name _____

Last	First	Middle
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Applicant's Signature: _____ Date: _____

COMPLETED APPLICATIONS WILL BE PROCESSED AS RECEIVED. SEND APPLICATION AND TWO LETTERS OF RECOMMENDATION TO:

**Dr. Komal Vig
MSEIP Program Director
Life Science Building- Room 323
Alabama State University
915 S. Jackson St.
Montgomery, AL 36104**



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RECOMMENDATION FORM

To be completed by applicant. *Please TYPE or print all responses.*

Complete the information above the dotted line. Give this form to your recommender and ask him/her to return the completed form and letter of recommendation directly back to you or the MSEIP Program Director or Program Staff.

Applicant's Name _____

I agree that the recommendation I am requesting shall be held in confidence by officials of Alabama State University and hereby waive any rights I may have to examine it. I Agree I Disagree

Applicant's Signature _____

.....
To be completed by the evaluator.

How long and in what capacity have you known the applicant? _____

Please rate the applicant in the following areas.

	Excellent	Good	Average	Poor	*N/A
Academic Performance					
Ability to conduct a supervised project					
Intellectual curiosity and/or creativity					
Self Motivation					
Motivation for doing research					
Breadth of Science background					
Written communication skills					
Oral communication skills					
Personal reliability and responsibility					
Potential for graduate/professional school					

***Not enough opportunity to observe.**

Please provide a written evaluation of the applicant, describing your knowledge of the applicant and reasons why you recommend his/her participation in the MSEIP Program as a MSEIP Scholar. **Applications will not be considered complete without your letter of recommendation.** Thank you for your willingness to assist in this evaluation.

Evaluator's Name _____

Organization and Title _____

Address _____

Telephone (_____) _____ E-Mail _____

Signature _____ Date _____

Please return the form and recommendation letter to: Dr. Komal Vig, Program Director • Life Science Building- Room 323 • Alabama State University • 915 S. Jackson Street • Montgomery, AL 36104



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