AMP Undergraduate Research Scholarship Application 2016-2017

Student Information

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Academic Standing (Circle One)       Freshman      Sophomore      Junior      Senior      Graduate
G.P.A.__________

If you are a transfer student, which institution did you transfer from and when?
____________________________________

Eligibility: All underrepresented minority students as described by the National Science Foundation are eligible. Eligible minorities include Hispanics, American Indians, African Americans, and Pacific Islanders/Alaskan Natives. Additional consideration will be given to minority transfer students from New Mexico AMP partner institutions who transfer as second-semester sophomores and above, and who have participated in New Mexico AMP programs and activities at the community college. Applicants must have a GPA of 2.50 or higher.

Ethnicity (Circle One)   Hispanic  African-American  American Indian
Alaskan Native  Pacific Islander  Other____________________

Are you a US Citizen? Yes_____ No_____. If not, are you a permanent resident? Yes_____ No_____ (Please attach a copy of your VISA).

Are you a NM Resident? Yes_____ No_____. Birthplace__________________________
(City, State, Country)

What type of degree (major) are you seeking?__________________________Expected Graduation Date______

Have you ever received a scholarship from an AMP Program? Yes_____ No_____ If yes, where, what kind, when, and for what amount?______________________________________________________________________________

Are you currently receiving other scholarships or research support? Yes_____ No_____ If yes, please list:__________________________

__________________________

Have you ever been, or are you currently, involved in undergraduate research? Yes_____ No_____
If yes, please describe the project, the mentor, and its accomplishments (presentations, papers, conferences, etc) ______

Proposed Project Description

Who will mentor your proposed research experience (include UNM faculty member, graduate students, research staff, etc.):

Name__________________________ Department__________________________ Phone_____________ email__________________________

Attach an outline of the proposed project, including the mentor(s), your duties and responsibilities, the expected time commitment, and existing funding sources for the project (if any), and planned presentations and papers.

Send form to:
Dr, Laura Crossey
Dept. E&PS
MSC03 2040
UNM, Albuquerque, NM 87131
(or drop in faculty mailbox in EPS main office, Northrop Hall)
AMP Agreement

I understand that I will not be allowed to continue in any New Mexico AMP program if my academic progress does not meet enrollment requirements, and semester and cumulative GPA requirements as stated in the program guidelines.

I will attend the Fall research conference if my academic schedule permits.

I will respond in a timely manner to provide information to the AMP office regarding my academic and research progress.

I agree to notify the AMP Coordinator if I fail to attend school the semester(s) in which I am applying for assistance.

I will attend AMP-related activities, including monthly research seminars and research conferences (at UNM, professional societies, and/or the State Amp Fall conference if my class schedule permits).

The above statements are true and correct to the best of my knowledge, and I give my consent to release information concerning my academic and/or financial status to scholarship donors.

________________________________________________________ Student Signature __________________________ Date

I will provide a research experience for this student according to the attached project description. I will respond in a timely fashion to specific requests for information regarding the student’s research activities and progress. I understand that up to $500 in research expenses may be provided by the UNM-AMP program, and that prior approval of the AMP Coordinator (or designee) is required for all expenses to be charged to UNM-AMP. I agree to acknowledge UNM AMP in research presentations and publications resulting from the student/research support.

________________________________________________________ Faculty Research Advisor Signature __________________________ Date

Please note: Application will not be accepted unless a copy of a current unofficial transcript, project description, and resume are attached, and it is signed by both the student and faculty mentor.

For Official Use Only

Date Received __________________________

Ethnicity GPA Comments:
Faculty Mentor Major
Transcript Full-time
Project Description Citizenship
Eligible yes___ no___ Award amt. offered
Authorized by: __________________________
New Mexico Alliance for Minority Participation
STUDENT INFORMATION DISCLOSURE STATEMENT

I understand that to track the progress of students and to evaluate program effectiveness, New Mexico AMP requires access to student information. Such information may include (current and past) academic standing, course enrollment records, grades, attendance, academic progression records, and placement scores. This information may be requested from instructors, previously attended schools and colleges, institutional records, mentors, tutors, and/or the New Mexico Higher Education Department. Follow up data on workforce participation is also important for tracking program outcomes. Workforce participation data is generally collected through follow up surveys and phone contact.

New Mexico AMP is required to report individual student data to the National Science Foundation including institutional student identification number (e.g., “Banner number”), ethnicity, GPA, and enrollment status. This information is also used to study student transfer, retention, progression, and graduation. New Mexico AMP Lead Institution (New Mexico State University) collects student data in collaboration with partner institutions and the New Mexico Higher Education Department.

I authorize the release and use of personal information, as described above, to New Mexico AMP. I am willing to participate in program follow-up activities (e.g., surveys and phone calls) and will make efforts to provide contact information, as requested. I understand that this information is to be used solely for evaluating the impact and effectiveness of the New Mexico AMP program and that individual data will not be released to parties other than those directly involved with program evaluation. I also authorize any photos of me to be used on New Mexico AMP websites and publications used to promote and disseminate the program, its activities, and associated outcomes.

☐ By providing this cell phone number, I give permission to New Mexico AMP to send me text messages: 

( ) ______________________

--------------------------------------------------  Date:  
Student Name (Please Print):

--------------------------------------------------  Date:  
Student Signature:

--------------------------------------------------  Date:  
New Mexico AMP Institutional Coordinator:

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Program Participation Data

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<th>Academic Term</th>
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