



# AMP Undergraduate Research Scholarship Application 2016-2017

## Student Information

Last Name	First Name	MI	Banner ID			
Local Address	City	County	State	Zip		
Permanent Address	City	County	State	Zip		
Phone	Date of Birth	Sex	E Mail Address			
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	
Faculty Mentor	
Transcript	
Project Description	
Eligible yes___ no___	
Authorized by: _____	

GPA	
Major	
Full-time	
Citizenship	
Award amt. offered	

Comments:

## 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:

( ) \_\_\_\_\_

\_\_\_\_\_  
Student Name (Please Print):

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Student Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
New Mexico AMP Institutional Coordinator:

\_\_\_\_\_  
Date:

---

*For Official Use Only*  
Program Participation Data

Academic Term	Program or Activity	Staff Initials/Date