

AFRL/DAGSI Student-Faculty Research Fellowship Program

GRADUATE STUDENT APPLICATION

- Please review all fellowship guidelines and rules prior to completing the application.
- If you need more space than provided on the form, type the information on separate sheets and attach them to your application and for reference indicate what section of the application you are addressing.
- This form is subject to the Privacy Act of 1974 (5 USC 552A).
- ***YOU MUST BE A US CITIZEN TO APPLY.***

I. GENERAL INFORMATION (All general information fields are required)

First Name: _____

Middle Name: _____

Last Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth (mm/dd/yyyy): _____

Home Phone: _____ Cell Phone: _____

Citizenship: _____

Legal resident of what state? _____

VOLUNTARY INFORMATION

The following information is provided voluntarily. It is used in various reports and surveys of state and federal governments and has no influence or bearing on the awarding of fellowships.

Gender	Marial Status	Ethnic Background
Male <input type="checkbox"/>	Single <input type="checkbox"/>	White Non-Hispanic <input type="checkbox"/>
Female <input type="checkbox"/>	Married <input type="checkbox"/>	Black or African American <input type="checkbox"/>
	Divorced <input type="checkbox"/>	Asian or Pacific Islander <input type="checkbox"/>
	Widowed <input type="checkbox"/>	Hispanic or Latino <input type="checkbox"/>
		American Indian or Alaskan Native <input type="checkbox"/>
		Other <input type="checkbox"/>

II. PROGRAM INFORMATION

Which research topics are you proposing to pursue? Refer to the table of research topics on the DAGSI web site.

Title: _____

Topics Number: _____

AFRL Sponsor: _____

Who is the faculty member who will work with you on this topic?

Name: _____

Title/Academic Rank: _____

What level of fellowship award are you applying for? (Should be consistent with your information in Section III).

___ MS ___ PhD

When do you anticipate spending the required research time at AFRL? _____

How do you anticipate using AFRL and/or university facilities and resources in support of your research? Include an estimate of any computer time required. Students should contact the AFRL topic sponsor listed as well as their faculty partners to discuss the anticipated activities.

III. ACADEMIC BACKGROUND

Current Highest Technical Degree: BS Date awarded or expected (mm/yyyy): _____

MS Date awarded or expected (mm/yyyy): _____

Other (Explain): _____

Highest Degree Held at Start of this Award: BS ___ MS ___

Academic Program Enrollment at the Start of this Project Award: MS ___ PhD ___

Grade Point Average: (Converted to 4.0 System, i.e., A=4.0; B=3.0; C=2.0; D=1.0; F=0.0)

BS _____ MS _____ PhD _____

Colleges and Universities Attended: List in chronological order, beginning with the current or most recent college/university.

<u>College/University</u>	<u>City/State</u>	<u>Inclusive Dates</u> <u>(mm/yyyy-mm/yyyy)</u>	<u>Major Field</u> <u>of Study</u>	<u>Degree Awarded</u> <u>or Expected</u>	<u>Date</u> <u>(mm/yyyy)</u>
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List any fellowships or scholarships relevant to your field that you have been awarded.

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List any significant academic honors or other recognition you have received since entering college/university.

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IV. RESEARCH BACKGROUND

Provide a summary of your research experience. This might include research at the undergraduate level, through summer or part-time employment, or in work-study or internship programs. Describe your role in the research and what you learned from the experience. Cite any professional publications, posters, or presentations you have made or contributed to. If you have no direct research experience, please describe any activities you have undertaken that you think have prepared you sufficiently to undertake research through the AFRL/DAGSI program.

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V. EMPLOYMENT BACKGROUND

List in chronological order, starting with the most recent, all relevant work experience, including military service.

<u>Employer</u>	<u>Location</u> <u>City/State/Country if not US</u>	<u>Inclusive Dates</u> <u>(mm/yyyy-mm/yyyy)</u>	<u>Position/Title</u>	<u>Full/Part Time</u>
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VI. REFERENCES

List the name, position, and contact information for: 1) the faculty member you will work with on the project; and 2) one other person who is able to provide feedback on your capability and potential for AFRL/DAGSI research. Each reference should provide a one-page signed letter of recommendation for the student. If you are doing a PhD-level project, the letter from your faculty co-researcher must include a statement addressing the level of assistance provided to you in preparing the proposal.

Faculty Partner

Name: _____ Academic Rank/Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Other Reference

Name: _____ Academic Rank/Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

VII. CERTIFICATION

I certify that to the best of my knowledge the preceding information and all attachments provided herewith are true and accurate. I understand that any misrepresentation of facts on this application will invalidate this application and cause me to be ineligible for an AFRL/DAGSI research fellowship.

Signature: _____

Date: _____