

**North Carolina A & T State University**

**Department of Biology**

REASEARCH INITIATIVE FOR SCIENTIFIC ENHANCEMENT (RISE) PROGRAM

A SCIENCE EDUCATION PARTNERSHIP WITH THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

**Program Director: Dr. Goldie Byrd**

**Director of Student Research: Mrs. Sharon Wellman**

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**Phone: (336) 285-2357 Fax: (336) 334-7173**

**RISE APPLICATION FORM**

**Name**

*(Last) (First) (Middle)*

**Social Security No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NCA&T** **Banner ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal e-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell** **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address:**

*(City) (State) (Zip)*

**Legal Residence (state):** **Citizenship:** Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

**U.S.A. Permanent Residence (For non US citizen):** Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

**Date of Birth:** **Male/Female:**

*(Month) (Date) (Year)*

**How do you describe yourself?**

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_ Black/Afro-American | \_\_\_\_\_ Mexican American/Chicano | \_\_\_\_\_ Hispanic or other Latino |
| \_\_\_\_\_ Native American | \_\_\_\_\_ Oriental/Asian American | \_\_\_\_\_ Other (specify |
| \_\_\_\_\_ White/Caucasian | \_\_\_\_\_ Puerto Rican | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**List all colleges/universities you have attended.** **Include official sealed transcripts from each.**

|  |  |  |  |
| --- | --- | --- | --- |
| **College/University** | **City/State** | **Dates Attended** | |
|  |  | *From* | *To* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |

**NCA&TSU Major:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cumulative GPA:** \_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funded by National Institutes of Health, Grant # 1R25GM076162-01A1**

North Carolina Agricultural and Technical State University

A Land-Grant University and A Constituent Institution of the University of North Carolina

**Scholastic Distinctions or Honors**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summer Programs/Internships**

*Institution Period:* *From*\_\_\_\_\_*To*\_\_\_\_\_\_\_

***List below the two persons you have asked to complete the ratings forms for you.*** *If you have participated in summer research program, one of your recommenders may be your research mentor.*

|  |  |
| --- | --- |
| 1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address: |
| Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Telephone: ( ) |
|  |  |
| 2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address: |
| Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Telephone: ( ) |

**List major extracurricular and community activities** (sports, band, choir, athletics, clubs and organizations you have been involved in during your college years.)

|  |  |  |
| --- | --- | --- |
| **Year** | **Activity/Organization** | **Office Held** |
| \_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Have you ever been dismissed, placed on probation, suspended from school, or convicted of a crime in a court of law?** \_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_ no If yes, please explain.

**Personal Statement** (400-500 words)

Please attach a typed separate sheet telling us about yourself - your lifetime career goal, your strengths and weaknesses and your plan to strengthen the weaknesses in order to reach your lifetime goal. The personal statement helps us in becoming acquainted with you as an individual in ways different from courses, grades, test scores, and other objective data.

**CERTIFICATION**

I certify that, to the best of my knowledge, all information in this application is accurate and complete. I understand that any inaccurate or misleading information or omission will be cause for disqualification from further consideration of this application or for rescinding of the offer if discovered at a later date.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name *(Please Print)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

**Checklist for application package**:

1. Completed, signed application (all questions must be answered).
2. Two completed rating forms. Evaluator must sign completed rating form and place it in an envelope. Envelope should be sealed and signed by the evaluator on the back flap. Evaluator may send recommendation directly to the RISE Office to expedite action.
3. Up-to-date unofficial transcript from North Carolina A&T and an official transcript from other university/college attended. The transcript must be received in a sealed envelope. School office may send transcript directly to RISE Office.

**MAILING INSTRUCTIONS**

**Please send the application package to:**

The RISE Program

North Carolina A&T State University

General Classroom Building A119

1601 E Market Street

Greensboro, NC 27411