



DATE OF THIS REGISTRATION FORM \_\_\_\_\_

National Science Foundation Urban Massachusetts Louis Stokes Alliance for Minority Participation (UMLSAMP)  
A program that offers various services to all STEM students

# \$1,500

## Undergraduate Research Stipends!!

- Do you have a paid or volunteer research opportunity on or off campus during the Fall, Winter Break, Spring, or Summer?
- Submit this form - you may be eligible for additional funding support from this program or its partner organizations.
- If eligible, you may use this stipend in support of work in local, national, or international laboratories or STEM related firms.

Use this form to register as an UMLSAMP student if you wish to be part of this program’s services and referrals to research skills development workshops, internships, or/and employment opportunities in science related areas.

### 1. INTRODUCTION

Your name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

College or University: \_\_\_\_\_ College ID#: \_\_\_\_\_

STEM Major: \_\_\_\_\_ Graduating Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total of COMPLETED college credits as of today’s date: \_\_\_\_\_ GPA \_\_\_\_\_

Gender:  
Male   
Female

Citizenship or status:  
USA   
Permanent Resident   
Other

**FILL OUT 2<sup>ND</sup> PAGE TO THIS 1<sup>ST</sup> PAGE PLEASE!!----->**

### 2. CONTACT INFORMATION

Scan/Email to  
Shreelekha Girish ([Shreelekha\\_girish@uml.edu](mailto:Shreelekha_girish@uml.edu))  
Mail to:  
University of Massachusetts Lowell  
Centers for Learning,  
Cumnock Lower Level Suite 9,  
One University Avenue,  
Lowell MA 01854

Local Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Additional Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Personal Email Address: \_\_\_\_\_ College Email Address: \_\_\_\_\_

**3. Your interests:**

- a. Institute of Electrical and Electronics Engineers (IEEE) participation: YES \_\_\_ NO \_\_\_.
- b. NSBE, SHPE, or SACNAS participation: YES \_\_\_ NO \_\_\_.
- c. Networking with STEM professionals at bimonthly meetings: YES \_\_\_ NO \_\_\_.
- d. One or Two-week STEM Skills Workshops in January or June. YES \_\_\_ NO \_\_\_.

**4. Check your technical skills and assets for baseline consideration for paid internships:**

- a. Social Media 1: Setup and maintain – Facebook, Twitter accounts. YES \_\_\_ NO \_\_\_.
- b. Social Media 2: Create and publish – Smartphone Video for YouTube. YES \_\_\_ NO \_\_\_.
- c. Organization Skills 1: MS Word and Excel Use. YES \_\_\_ NO \_\_\_.
- d. Organization Skills 2: Online newsletter publishing and maintenance. YES \_\_\_ NO \_\_\_.
- e. Organization Skills 3: Database entry and maintenance experience. YES \_\_\_ NO \_\_\_.
- f. Organization Skills 4: Simple website creation and maintenance. YES \_\_\_ NO \_\_\_.
- g. Do you have the use of a car for travel to off-campus internships. YES \_\_\_ NO \_\_\_.
- h. Can a faculty member speak about your research skills. YES \_\_\_ NO \_\_\_.
- i. Can you show an up-to-date passport for an international internship. YES \_\_\_ NO \_\_\_.

**5. BACKGROUND INFORMATION**

To which Race/Ethnicity group(s) do you belong? (choose all that apply):

- |                                       |                          |                  |                          |                             |
|---------------------------------------|--------------------------|------------------|--------------------------|-----------------------------|
| Black/African American                | <input type="checkbox"/> | Asian American   | <input type="checkbox"/> | (Japan, China, India, etc.) |
| Latino/a (Puerto Rican, Mexican, etc) | <input type="checkbox"/> | Pacific Islander | <input type="checkbox"/> | (Hawaiian, etc.)            |
| Native American/Alaskan Native        | <input type="checkbox"/> | Other            | <input type="checkbox"/> | (Specify) _____             |
| White/Caucasian (Non-Hispanic)        | <input type="checkbox"/> |                  |                          |                             |

I will be a first generation college graduate. Yes  or No

**STUDENT (if over 17 years of age) SIGNED PERMISSION SHEET**

Through my email conveyance of this form or my signature, I consent to the disclosure of my student GPA and course grades maintained by my college or university to an authorized representative of LSAMP at UMass Boston. This information will be maintained in a confidential manner and will be used only for the purposes of evaluation, program improvement, or research using pseudonyms and not real identities. The University of Massachusetts Boston is given permission to reproduce for publications any photos taken of this applicant at any program activity. Use is consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other state or federal laws, regulations, or policies. I understand that this permission may be withdrawn at any time with written notification. In addition to permissions above, I certify that the information submitted in this application is complete and true to the best of my knowledge.

Signed Name \_\_\_\_\_ Date: \_\_\_\_\_

Scan/Email to  
Shreelekha Girish ([Shreelekha\\_girish@uml.edu](mailto:Shreelekha_girish@uml.edu))  
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