$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 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 2ND PAGE TO THIS 1ST PAGE PLEASE!!

2. CONTACT INFORMATION

Scan/Email to
Shreelekha Girish (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 ☐ Asian American ☐ (Japan, China, India, etc.)
Latin/o/a (Puerto Rican, Mexican, etc) ☐ Pacific Islander ☐ (Hawaiian, etc.)
Native American/Alaskan Native ☐ Other ☐ (Specify)
White/Caucasian (Non-Hispanic) ☐

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: __________________