

Louis Stokes Alliance for Minority Participation (LSAMP) Research Opportunity Program

CONTINUING AND/OR TRANSFER STUDENT APPLICATION

SUPPORTED RESEARCH IS THE FOCUS OF THIS OPPORTUNITY.

THIS PROGRAM DOES NOT PROVIDE SCHOLARSHIP FUNDING.

LSAMP is funded to increase the number of underrepresented minorities (African-American, Latino, Native American, Alaskan Native and Native Pacific Islander) who pursue careers in science, technology, engineering and mathematics. Applicants must be either citizens or permanent residents of the United States. The LSAMP program is especially interested in high-achieving students who intend to pursue post-baccalaureate studies in science or mathematics and bachelor degrees in engineering. *The LSAMP program is not funded to support students declaring majors in medicine, nursing, or allied health sciences.* All application information will be held in strictest confidence.

STUDENT INFORMATION

Last Name:	First Name:	Middle Initial:
Address:		
	State:	
Phone number: ()	E-mail address:	
Citizenship (check one): U.S.	Citizen Permanent Resident (Plea	ase supply proof of residency)
Ethnicity (check one):African-An	nerican (Black) Latino/Hispanic (Wh	ite) Latino/Hispanic (Black)
Latino/Hispanic (Native Americ	can) Native American Alaska	an NativeHawaiian Native
Native Pacific Islander (from G	Guam, American Samoa, Melanesia, or Mid	cronesia)
Stony Brook ID Number:	Social Security Number	
Date of Birth:	Gender(Optional):	
PARENT OR GUARDIAN INFORM	ATION	
Last Name:	First Name:	Middle Initial:
Address:		
	State:	
Phone number: ()	E-mail address:	
HIGH SCHOOL/COLLEGE INFORI	MATION	
High School Attended:		
SAT Scores: Math: Verhal:	Sequential Math Regents Exam Scores	e I II III



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If you are a transfer student, please supply the name of the college or university you attended prior to your

Signatura	Pato
The information I am submitting in this application information is found to be false, I will be ineligible f	is true to the best of my knowledge. I understand that if any for acceptance into the LSAMP program.
CERTIFICATION	
Recommender's name:	Title:
	professor or an advisor is required. Please ask your professo the SUNY Stony Brook LSAMP program at the address given
LETTER OF RECOMMENDATION	
On a separate piece of paper, submit a typed essay you hope to accomplish during your time at Stony E	of 400 – 500 words describing your career goals and what Brook.
ESSAY	
	d resume of your accomplishments in a college or university science programs, extracurricular activities, student
COLLEGE RESUME	
admission to Stony Brook	
admission to Stony Brook	

Please mail your completed application with a copy of your current transcript (unofficial accepted) to:

Paul Siegel, Assistant Director LSAMP Program 345 A Harriman Hall Stony Brook University Stony Brook, New York 11794-3760 Ph: (631)-632-8716

Fax: (631)-632-7809

Application Deadline: May 1st