



SUNY LOUIS STOKES ALLIANCE FOR MINORITY PARTICIPATION (SCCC LSAMP)

RESEARCH OPPORTUNITY PROGRAM
**SUPPORTED RESEARCH IS THE FOCUS OF THIS
OPPORTUNITY. THIS PROGRAM DOES NOT PROVIDE
SCHOLARSHIP FUNDING.**

An Academic Support Program funded by the National Science Foundation

STUDENT APPLICATION

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

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ E-mail address: _____

Citizenship (check one): U.S. Citizen Permanent Resident (Proof of Permanent Residency is Required)

Ethnicity (check all that apply): African-American (Black) Latino/Hispanic Native American
 Alaskan Native Hawaiian Native Caucasian Asian

Native Pacific Islander (from Guam, American Samoa, Melanesia, or Micronesia) Other

Date of Birth: _____ Gender: _____

COLLEGE RESUME

On a separate piece of paper please provide a typed resume of your accomplishments in a college or university setting, for example, internships, awards, research science programs, extracurricular activities, student government positions, and community activities.

ESSAY

On a separate piece of paper, write an essay of 400 – 500 words describing your academic and career goals and why you want to join the LSAMP program at Suffolk County Community College. We are especially interested in learning more about your interests in scientific research and/or engineering and mathematics. Applicants should **also address how they intend to assist in the program's aim of increasing underrepresented minorities** pursuing degrees in science, technology, engineering, and mathematics.

(Please complete the other side of the application)



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LETTER OF RECOMMENDATION

A letter of recommendation from a science or math instructor or an advisor is required. Please ask your instructor or advisor to submit the recommendation directly to the LSAMP program at the address given below.

Recommender's name: _____ Title: _____

CERTIFICATION

The information I am submitting in this application is true to the best of my knowledge. I understand that if any information is found to be false, I will be ineligible for acceptance into the LSAMP program. I understand that I may also be responsible for returning any support monies that have been granted under false pretenses.

Signature: _____ **Date:** _____

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

Arlene T. Jackson, Program Coordinator
LSAMP Program
Suffolk County Community College
Sayville Center - 30 Greene Ave.
Sayville, NY 11782
Ph: (631) 451-4402

Please note: A student who is not awarded may still be eligible to participate in the academic support components of the program.