

Southern University at New Orleans
Louis Stokes Louisiana Alliance for Minority Participation (LS-LAMP) Program
(SUNO- LS-LAMP)

Application for Academic Stipends – Spring 2023

Applicant: Please complete this form and return it to Dr. Joe Omojola (jomojola@suno.edu) along with: (a) **Two completed RECOMMENDATION Forms** from your professors (b) **Current transcript (up to Fall 2022)** and (c) **Spring 2023 class schedule.**

Please type or print in ink all sections. If application is not legible or incomplete, it will not be reviewed.

Complete Application deadline: 5:00 PM, Friday, February 3, 2023

Name _____ SID# **U** _____
Last First Middle

Address _____
Number Street

_____ City State Zip Code

Phone # _____ Cell Phone # _____ E-mail _____

Date of Birth _____ Gender: Male ___ Female ___
MM/DD/YY

Ethnicity: Black ___ Hispanic ___ Native American ___ Caucasian ___ Other ___

Visa Status: US Citizen ___ US Permanent Resident ___ Student Visa ___

Major: Biology ___ Math ___ Double major _____ (specify) _____

Classification: Freshman ___ Sophomore ___ Junior ___ Senior ___

GPA: Cumulative _____ Major _____

Strong areas for tutoring: Math _____ Physics _____ Chemistry ___ Biology _____

Your academic and career goals after graduation: _____

Did you receive LS-LAMP stipends before? (Yes ___ / No ___)

Do you have a mentor? Yes ___ No ___

If yes, mentor's name and discipline: _____

Research Topic (if any): _____

Student Signature

Date

Research Mentor's Signature

Date

Note: By signing this form you validated the accuracy of the information provided above. Any incorrect information could result in your dismissal from the program without further notice.

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RECOMMENDATION FORM

APPLICANT: Complete this section only. Type or legibly print all information requested. Give this form and a self-addressed envelope to the faculty member you have asked to recommend you. The recommender should return the completed form to you in a sealed envelope for inclusion with the other application materials.

Applicant

Name _____ Year in school _____
Last First Middle

SID U _____ Major _____

Recommender

Name _____ Department _____

Title _____

Institution _____

Acquaintance with Applicant

1. I have known this applicant for a period of ___ years and/or ___ months
2. I have known this applicant as: ___ a student ; ___ other (specify) _____
3. I have served as this applicant's: ___ teacher/instructor; ___ mentor; other (specify) _____

Please rate the applicant in comparison with other students you have known in similar stages academic development by checking a box in the appropriate box.

	Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Satisfactory (Top 50%)	Below Average (Lower 50%)	No Basis for Judgment
Knowledge							
Creativity/Imagination							
Ability to work independently							
Ability to work with others							
Oral/ Presentation skills							
Writing skills							
Motivation toward academic goal(s)							
Maturity							
Overall rating							

Please add a few comments about the applicant's special abilities, strengths or weaknesses as it relates to this application.

Signature of Evaluator _____ Date _____

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