

Southern University at New Orleans
Minority Science and Engineering Improvement Program
Renaissance in STEM Education
(SUNO- MSEIP RISE)

Application for Academic Stipends – Spring 2025

Applicant: Please complete this form and return it to SUNOMSEIPRISE@gmail.com OR submit it to one of the contacts listed below along with: (a) One completed RECOMMENDATION Form from your professor, preferably from Science and Math disciplines, (b) Current transcript including the Spring 2025 class schedule, and (c) a 250 word essay explaining how the stipends will or continue to assist you to accomplish your academic and career goals in STEM fields (Biology and or Mathematics)

Contacts: Ds. Murty S. Kambhampati (504-286-5069), Dr. Joe Omojola (504-286-5096), and Dr. Yi Zhen (504-286-5241)

*Please type **ALL** sections. If application is illegible or incomplete, it will not be reviewed.*

Complete Application Package Deadline: 5:00 PM, January 31, 2025

Name _____ SID# N/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 _____

Disabilities (please specify with supporting documentation from SUNO's DSS): _____

Your academic and career goals after graduation: _____

Did you receive MSEIP-RISE stipends in Fall 2024? Yes ___ / No ___

Do you have a mentor? Yes ___ No ___

If yes, mentor's name and discipline: _____

Research Topic: _____

Student Signature

Date

Research Mentor's Signature

Date

In signing this form, you validated the accuracy of the information given 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 N/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 _____