

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

**Application for Academic Stipends – Spring 2023**

**Applicant:** Please complete this form and return it to [SUNOMSEIPRISE@gmail.com](mailto:SUNOMSEIPRISE@gmail.com) along with: (a) **One completed RECOMMENDATION Form** from your professor, preferably from Science and Math disciplines, (b) **Current transcript** including the Spring 2023 class schedule, and (c) a **250 word essay** explaining how the stipends will 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 not legible or incomplete, it will not be reviewed.*

**Complete Application deadline: 5:00 PM, Friday, February 10, 2023**

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 RISE stipends in fall 2022? 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.

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Signature of Evaluator \_\_\_\_\_

Date \_\_\_\_\_