

National Oceanic and Atmospheric Administration (NOAA)

Educational Partnership Program

with

Minority Serving Institutions

Undergraduate Scholarship Program

Student Information Sheet

PERSONAL INFORMATION

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Cell: _____

Personal Email (*email not associated with your school*): _____

School Email: _____

UNIVERSITY/COLLEGE INFORMATION

Institution Name: _____

Department Name: _____

Major: _____ Minor: _____

Expected Date of Graduation (month/year): _____

ADVISOR INFORMATION

Advisor Name: _____

Department: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ FAX: _____

Have you transferred or are you planning to transfer to another MSI? Yes No

Are you currently receiving any other federal scholarships? Yes No

If yes, please explain: _____

SECONDARY OR PERMANENT ADDRESS *(an address other than your school address)*

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Cell: _____

Please email completed form to: EPP.USP@noaa.gov