INSTRUCTIONS FOR APPLICANTS

Required Application Materials:

☐ Application form: include one photo 2 x 2.
☐ Demographic information form (optional).
☐ Eligibility form.
☐ Current resume:
  o Example of what your resume should have:
    ▪ Your name and contact information
    ▪ Education and Certification, if any.
    ▪ Previous Experiences:
      • Employment
      • Internships
      • Community services
      • School clubs and extracurricular activities
    ▪ Skills and Abilities:
      • Computer knowledge
      • Research experience (example: Science Fairs)
      • Languages Proficiencies: (Spanish, English and others)
    ▪ Honors and Awards
    ▪ Two letters of recommendation (From a faculty member or Teacher High School).
    ▪ An unofficial transcript may be used for starting the evaluation process. An official transcript will be required upon acceptance into the program. (High School Transcript; if you’re in first year; Current Institution Transcript, if you’re in second year).
☐ College Board Results or SAT Results: (only apply if you’re in first year)
☐ Parent Consent form and Commitment form.
☐ Essay 1: What makes you a strong candidate for this Scholarship Program? (Typed, 1000 word suggested length, attach to application. Please put your name on the top)
APPLICATION FORM

INSTRUCTIONS: Fill all the blank spaces with the most current information and have to be in PRINT writing. Failure to provide information requested on this application form, may result in processing delays or not to be evaluated. Giving false information will be considered as an automatically disqualifying application form. Please be advised that your contact information may be given to USDA for verification purposes.

APPLICANT'S PERSONAL INFORMATION

Name: ____________________________________________________________
(Last Name) (First Name) (Middle Name)

Birth Date and Place of Birth: __________/________/______
(MM/DD/YY) (Country/State)

ID Student Number: _________________ Driver’s License Number: ______/
(If any) (Number/State)

Primary E-mail: _____________________ Secondary E-mail: _____________________

Primary Contact Number: ____________ Secondary Contact Number: ____________

CURRENT HOME ADDRESS

______________________________________________________________________________
Street Address or P.O. Box, Apartment #, campus address, etc.

City ___________________________ State ___________________________ Postal/Zip ___________________________
current until (Date: M/D/Y)

CURRENT MAILING ADDRESS

______________________________________________________________________________
Street Address or P.O. Box, Apartment #, campus address, etc.

City ___________________________ State ___________________________ Postal/Zip ___________________________
current until (Date: M/D/Y)
APPLICATION FORM

EMERGENCY CONTACT INFORMATION

Name: ____________________________________________

(Last Name) (First Name) (Middle Name)

Relationship: ________________________  E-mail: ________________________

Primary Contact Number: ___________  Secondary Contact Number: ___________

Current Address:

Street Address or P.O. Box, Apartment #, campus address, etc.

City State Postal/Zip current until (M/D/Y)

EDUCATION:  (Note: For evaluation process, may be able to use an unofficial transcript. An official transcript will be required upon acceptance into the program.)

High School Name: ______________________________
Country/State: __________________ Overall G.P.A: _____  Graduation Date: ________

Current Institution Name: ______________________________
Country/State: __________________ Student Status: ____________________________
Expected Graduation Date: _____________________________ (First or Second Year: Fall or Spring)

Month/Year

Major: ____________________________  Minor (if any): ____________________________

Overall G.P.A (if any): ______

REFERENCES:  (Please list two additional references, do not include relatives)

Name: ____________________________  Organization/Institution: ____________________________

Email: ____________________________  Phone Number: ____________________________

Name: ____________________________  Organization/Institution: ____________________________

Email: ____________________________  Phone Number: ____________________________
USDA – Student Training in Agricultural Research Techniques by Novel Occupational Workshops (START NOW)

ELIGIBILITY FORM

CITIZENSHIP STATUS

Check One:

☐ I am United States Citizen.
☐ I am Naturalized United States Citizen.
☐ I am a permanent United States Resident or a Green Card Holder
☐ Other: __________________

If you selected permanent United States Resident, please list green card number: _____________

PROGRAM ENROLLED

Four year program (BS) in:

☐ Agricultural Science
☐ Biology
☐ Microbiology
☐ Chemistry
☐ Environmental Technology
☐ Environmental Science
☐ Biotechnology
☐ Other: __________________

PROGRAM AWARENESS

How did you hear about this program? (Note: this will not affect your application)

☐ Class visit
☐ Printed material (i.e. brochure)
☐ Tabling
☐ Website
☐ Event
☐ Media Coverage
☐ Friend
☐ Other: __________________
Student Commitment and Parent/Guardian Consent

Applicant: ____________________________________________________________________________

(Last Name) (First Name) (Middle Initial)

How long have you known the applicant? ____________________.

How would you rate the applicant with the following personal characteristics?

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<thead>
<tr>
<th></th>
<th>Below Average</th>
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COMMENTS: (Feel free to use additional sheets)

Signature: ________________________ Date: ________________________

Typed/Printed Name: ________________________ Title: ________________________

Institution/Organization Name: ________________________ Phone: ________________________
DEMOGRAPHIC INFORMATION

Applicant: ____________________________________________  (Last Name)  (First Name)  (Middle Initial)

How long have you know the applicant? ____________________.

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Signature: ____________________________________________  Date: ____________________

Typed/Printed Name: ____________________  Title: ____________________

Institution/Organization Name: ____________________  Phone: ____________________
USDA – Student Training in Agricultural Research Techniques by Novel Occupational Workshops (START NOW)

DEMOGRAPHIC INFORMATION

STUDENT COMMITMENT

I, _______________________________ (Print student name), certify all of the information indicated on the application is correct, so I agree to abide by the rules and duties of the USDA Multicultural Scholarship Program.  
Certify in full knowledge, today: ______________________.  
(M/D/Y)

Student Signature: _____________________  Witness Printed Name: _____________________
Witness Signature: _____________________

PARENT/GUARDIAN CONSENT

"I acknowledge that I have carefully read the instructions contained herein and that all information provided by me in this application is true and accurate."

I hereby, authorize my child: __________________________ (student name) to:

- Participate on all activities related to fulfill the goals of the proposal of the USDA Multicultural Scholarship Program. These activities may include:
  - Conferences.
  - Trainings (inside or outside campus)
  - Travel to National Conferences and internships (in Puerto Rico and United States)
- Participate in communities service activities.
- Receive medical and dental assistance on case of emergency. In this case, I am responsible to pay all charges and fees.
- Certify in full knowledge, today: __________________________. (M/D/Y)

Student Signature: _____________________  Parent Printed Name: _____________________
Parent/Guardian Signature: _____________________
DEMOGRAPHIC INFORMATION

This information will be used for **STATISTICAL PURPOSES ONLY.** This **WILL NOT** be used as criteria for evaluation. Your responses will be highly confidential.

**Ethnicity (Check One):**

- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino

**Race (Check all that applies):**

- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Native Hawaiian or Pacific Islander
- [ ] Other: _____________________

**Sex:**

- [ ] Female
- [ ] Male

If you selected Male, indicate if you have registered for Selective Services.

Yes _______ No _______

**Disability Status: (Check if applicable)**

- [ ] Individual with a Disability
- [ ] Not applicable

**Reasonable Accommodation: (Explain what type of accommodation you might need.)**

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________