Required Application Materials:

- Application form: include one photo 2 x 2.
- Demographic information form (optional).
- Eligibility form.
- Current resume:
  - 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 able to use for starting 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)
USDA - Broadening Agriculture Science Education (BASE)
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)
USDA - Broadening Agriculture Science Education (BASE)
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: ____________________________ (First or Second Year: Fall or Spring)
Expected Graduation Date: __________________ (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: _______________________________
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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: ______________
USDA - Broadening Agriculture Science Education (BASE)

Letter of Recommendation

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

How long have you know the applicant? ____________________.

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

<table>
<thead>
<tr>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Outstanding</th>
<th>Superior</th>
<th>Inadequate Observation</th>
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COMMENTS: (Feel free to use additional sheets)

Signature:  
Typed/Printed Name:  
Institution/Organization Name:  
Date:  
Title:  
Phone:
Letter of Recommendation

Applicant: ____________________________________________________________________________

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

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</tbody>
</table>

COMMENTS: (Feel free to use additional sheets)

Signature: ____________________________ Date: __________

Typed/Printed Name: ____________________________ Title: __________

Institution/Organization Name: ____________________________ Phone: __________
USDA - Broadening Agriculture Science Education (BASE)

Student Commitment and Parent/Guardian Consent

**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: _________________________
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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.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________