**South Carolina Alliance for Minority Participation (SC-AMP)**

**Summer Research Program Application**

**STUDENT INFORMATION**

Student Name (\*Name on record): Click here to enter text.

Preferred Name: Click here to enter text.

USC ID (\*letter + 8 digits): Click here to enter text.

*NOTE: Midlands Tech-Leave USC ID blank. Applications with social security numbers will not be accepted*

Email: Click here to enter text. Phone: Click here to enter text.

Permanent Address: Click here to enter text.

**PROGRAM ELIGIBILITY REQUIREMENTS**

Please check next to all that apply:

[ ]  Underrepresented minority as defined by the National Science Foundation

*Mark all that apply*: [ ]  African-American [ ]  Hispanic American [ ]  Native American [ ]  Pacific Islander

[ ]  Citizen or legal resident of the United States

[ ]  Minimum GPA of 3.0

[ ]  Undergraduate seeking a bachelor’s degree in engineering, mathematics, any natural science, or computer science *(NOTE: Public Health majors are not eligible for SCAMP)*

**ADDITIONAL PROGRAM NOTES**

1. Applicants must meet all program requirements to receive funding.
2. Work hours are generally between M-F 8:30-5, some evenings/weekends may be required. Final hours will be established with mentor. This is a program requirement.

**EDUCATION INFORMATION**

School (select one): [ ]  University of South Carolina-Columbia campus ONLY [ ]  Midlands Technical College

Class Level (select one): [ ]  Freshman [ ]  Sophomore [ ]  Junior [ ]  Senior

Major: Click here to enter text.

Major 2 / Minor (please label as 2nd major or minor): Click here to enter text.

Anticipated Graduation Month/Year: Click here to enter text.

**APPLICATION QUESTIONS**

Please provide your answers to the following two questions on the second page. *These must be typed.*

1. ***Research Project:*** Please include mentor’s name and department and briefly describe your project.
2. ***Personal Statement:*** Please be sure to address: how involvement in this research program fits within your academic and career goals, any past research projects, why you are interested in conducting research, and why you would like to be a part of this program.

***I acknowledge that by signing this form:***

[ ]  I understand that the Office of Undergraduate Research will use the information provided to access my transcripts and grade point average.

[ ]  I confirm that all information provided in this application is true and correct.

**Signature** **Date**

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Please provide your answers to the following two questions below. Answers must be typed. Handwritten response will not be accepted.

1. **Research Project or Interests (max of 500 words)**

Please include mentor’s name and department and briefly describe your project OR provide a brief description of your research interests to help us identify potential projects for you.

1. **Personal Statement (max of 500 words)**

Please address: how involvement in this research program fits within your academic and career goals (*be specific such as considering medical school or other health field, industry, graduate school (Masters/PhD), business, etc.*), any past research projects, why you are interested in conducting research, and why you would like to be a part of this program.

**Please submit completed application form**

**to the Office of Undergraduate Research**

**Legare College 120 |** **our@sc.edu** **| (803) 777-1141**