



NSF-ATE Research Scholarship Student Application- Summer 2025

APPLICANT: Please complete this form, sign, and return with other required documents (see page 2) by **Wednesday, April 9, 2025, at 5:00 pm** to either:

Dr. Iraj Nejad or Dr. Alvin Kung, Chemistry Department, Building 7-2108

* Review of the applications will start on **Thursday, April 10** and will continue until the positions are filled.

NOTE: *You must be a United States citizen or a permanent resident (green card holder) to apply.*

NAME [LAST/FIRST/MI] _____

GENDER ☐ FEMALE ☐ MALE Mt. SAC STUDENT ID A# _____

U.S. CITIZEN? ☐ YES ☐ NO IF NO, Green Card ID # _____

DATE OF BIRTH [MO-DAY-YR] _____

ETHNICITY (for statistical purposes only)

- ☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ ASIAN AMERICAN
☐ BLACK/AFRICAN AMERICAN ☐ CHICANO/MEXICAN AMERICAN
☐ CAUCASIAN ☐ LATINO ☐ PACIFIC ISLANDER
☐ PUERTO RICAN ☐ MULTI-RACIAL

FIRST GENERATION COLLEGE STUDENT? ☐ YES ☐ NO

CURRENT ADDRESS (NO P.O. BOX)

NUMBER AND STREET _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE () - CELL PHONE () -

Mt. SAC E-MAIL _____ (PERSONAL E-MAIL ADDRESSES ARE NOT ACCEPTED.)

EDUCATION INFORMATION

Declared MAJOR: _____

Number of units completed at Mt. SAC: _____ Current cumulative Mt. SAC G.P.A. _____

Cumulative G.P.A. for **Math and Science Courses** only: _____

In Fall **2025**, I plan to: ☐ Return to Mt. SAC ☐ Transfer to a 4-year institution.

If returning to Mt. SAC, do you plan to transfer the following Year? ☐ Yes ☐ No

If transferring, **universities** you consider transferring to:

EDUCATION HISTORY

List the **SCIENCE AND MATH COURSES** that you have completed at Mt. SAC or at another institution, along with the grades earned for each course.

	BIOLOGY	CHEMISTRY	PHYSICS	MATH	ENGINEERING	COMPUTER SCIENCE
Course						
<i>Grade</i>						
Course						
<i>Grade</i>						
Course						
<i>Grade</i>						
Course						
<i>Grade</i>						

List ALL **SCIENCE AND MATH COURSES** that you are enrolled in this Spring semester at Mt. SAC:

INTEREST IN THE SUMMER RESEARCH PROGRAM

Please type in your answers on a separate page and attach the page to the application.

1. Briefly describe why you are interested in participating in the summer STEM research Program, and how you think this opportunity will further prepare you for what you wish to do in the future.
2. What type of research projects or problems are you interested in working on and why? *(Note: Please be as precise as you can be when answering this question. Your answer to this question would help us in placing you in an appropriate mentor research lab, if selected as a participant in the program).*
3. Specifically, what characteristics, skill sets, or personal attributes would differentiate you from other applicants for being selected to participate in the program?
4. **Note: This is a FULL-TIME 8-week long summer program.** You must be available for the entire duration. Are there any limitations or events in your schedule that might affect your full-time commitment to the program?

REQUIRED DOCUMENTS

Please submit the following documents in the order listed to be considered for the program:

1. The completed Application Form.
2. Your typed responses to the four "Interest in Research Questions" stated above.
3. Two completed *Faculty Recommendation Forms* from STEM faculty. The forms are attached to this application. Please print the forms and provide them to the faculty recommenders. They can be handwritten by the faculty.
4. A copy of Mountie Academic Plan (MAP) with the grades shown and, if applicable, a copy of your transcript(s) from other colleges.

Note:

1. *Incomplete applications will not be reviewed. By signing this application, you authorize the ATE Program Directors at Mt. SAC to access your student records, and if selected, to monitor your future academic progress.*

2. *Meeting the minimum eligibility requirements does not guarantee your selection for the program. All decisions made by the Selection Committee are final and are not subject to appeal. The applicant may be required to have a personal interview with the program directors. Application materials, upon submission, become the property of Mt. SAC and will not be returned to you.*

By signing below, I certify that all information submitted in my application is true and accurate. I authorize the Selection Committee to review my official transcript(s) and all other data relevant to this application. **I also authorize all entities of Mt. SAC and National Science Foundation (NSF) access to all information contained in my educational records.**

APPLICANT'S SIGNATURE _____ Date_____

Mt. SAC STEM Research Program
Faculty Recommendation Form

Student's Name: _____

Faculty Recommender (Name/Department): _____

This student is requesting that you provide a recommendation for acceptance to the Mt. SAC STEM Research Program. The student must receive this Confidential Recommendation Form to add to their application package. **(Please submit the form in a sealed/signed envelope.)** It is the student's responsibility to submit the application package to Dr. Nejad or Dr. Kung no later than **Wednesday, April 9, 2025**.

- 1) How well do you know this student? What STEM courses he/she has taken with you?

- 2) What is this student's academic potential that differentiates him/her from others?

- 3) Please briefly describe specific characteristics this student exhibits that lead you to believe that *he/she is interested in and would be capable of engaging in scientific research.*

- 4) Check the box that best represents the applicant's level for the following characteristics.

Characteristic	Very High	High	Average	Below Average
Passion for Research				
Trustworthy/Integrity				
Work ethic				
Empathy for Others				
Initiative				
<i>Overall Impression</i>				

Signature: _____

Date: _____

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Signature: _____

Date: _____