# NSF-ATE Technology Internship
## Student Application 2023

**APPLICANT:** Please complete this form, sign, and return it to:

**Professor Stephen Charles James (sjames@mtsac.edu, 28 – 304B)**

*For the deadline, please see Professor Stephen Charles James.

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

**NAME** [LAST/FIRST/MI] _____

GENDER ☐ FEMALE ☐ MALE

U.S. CITIZEN? ☐ YES ☐ NO          GREEN CARD # _____

DATE OF BIRTH [MO-DAY-YR] _____

MT. SAC STUDENT A# _____

**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**

NUMBER AND STREET _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE ( ) - _____ CELL PHONE ( ) - _____

E-MAIL ADDRESS _____

**EDUCATION INFORMATION**

**Program of Study:** ☐ Aircraft Maintenance
☐ Industrial Design Engineering
☐ Manufacturing Technology
☐ Electronics and Computer Networking Technology

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

**EDUCATION HISTORY**

List all the courses completed for your **program of study**.

Program courses completed:

| Course | Grade |
|--------|-------|
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |

Program course completed:

| Course | Grade |
|--------|-------|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

List ALL courses that you are enrolled in <u>this semester</u> at Mt. SAC:

_____      _____      _____      _____      _____

- To receive the NSF scholarship for your internship, it is REQUIRED that you be enrolled in the "WE Course" for your "Program of Study" at the time of your internship. Will you be enrolled in *one unit* or *two units* of the WE course?

☐ one unit          ☐ two units

**<u>PROFESSOR'S RECOMMENDATION (FILL BELOW)</u>**

**Faculty Recommender (Name and Signature)** _____

With the completed application, please include:

- An unofficial Mountie Academic Plan (MAP).

**NOTE**:

- **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.

- 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.

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_____