

# Syracuse University

## Louis Stokes Alliance for Minority Participation

Summer 2017 Research Program: June 5th - August 11, 2017

### To Apply:

- Submit completed application by 2/17/2017
- Submit transcripts and résumé
- Submit two letters of recommendation
- Submit a personal statement

## Summer Scholars have the opportunity to:

- Develop a meaningful research relationship with a faculty/research mentor
- Design a research poster and discuss research results at the summer symposium

This program is sponsored by the National Science Foundation Grant No. HRD-1202480 The Syracuse University Louis Stokes Alliance for Minority Participation (LSAMP) Research Program is a paid summer research opportunity that provides undergraduate scholars with the opportunity to work with distinguished faculty and staff as well as network with others in their field of interest. Student scholars have the opportunity to conduct and present research over a ten-week period under the direction of a faculty research mentor at Syracuse University.

Through this program, scholars will gain theoretical knowledge and practical training in academic research and scientific experimentation. The SU LSAMP research program was developed to aid in the retention of traditionally underrepresented groups in the sciences, technology, engineering, and mathematics (STEM).

#### What are the benefits?

- \$3400 research stipend
- Round-trip travel stipend of up to \$150\*
- Free double occupancy room on the SU campus
- State-of-the-art laboratories, libraries, computers, etc.
- Meals provided during group events

\*For students living outside of the Syracuse area

### Who is eligible?

- Students must be a U.S. Citizen or Permanent Resident and African American, Latino, American Indian/Alaska Native, Native Hawaiian or Native Pacific Islander.
- Applicants must be in good academic standing with a GPA of 2.80 or better
- Have completed at least two semesters of college
- Participants may NOT take courses during the summer program

#### **Research Areas**

Students may apply for research opportunities in any of the following NSF-classified STEM disciplines: Agricultural Sciences, Chemistry, Computer Science, Engineering, Environmental Science, Geosciences, Life/Biological Sciences, Mathematics, Physics/Astronomy



**Application Deadline: February 17, 2017** 

Notification of acceptance will be March 31<sup>st</sup>

MAIL COMPLETED APPLICATIONS TO

Danielle Lemon

## **APPLICATION DEADLINE: February 17, 2017**

## Louis Stokes Alliance for Minority Participation (LSAMP) SYRACUSE UNIVERSITY Summer Research Program 2017

## MAIL COMPLETED APPLICATIONS TO Danielle Lemon

SU-LSAMP Research Program/Sims Hall, Suite 404 / Syracuse, NY 13244 / 315-443-5274, Isamp@syr.edu

Eligibility: This program is open to students in STEM (science, technology, engineering & mathematics) disciplines who have minimum of a 2.8 cumulative GPA or higher. Students must be a US Citizen or Permanent Resident and African American, Latino/Hispanic, Native American, Alaska Native, Native Hawaiian or Pacific Islander.

## PLEASE TYPE OR PRINT LEGIBLY ORIGINAL SIGNATURES REQUIRED

Name:	Middle Initial	Last
Race/Ethnicity (check approp	riate option; you may indicate m	ore than one ethnicity):
☐ African-American/Black		
□ Native Hawaiian/Pacific Islander	(please specify):	
☐ Latino/Hispanic (please specify):		
□ Native American/Alaskan Native	(please specify tribal affiliation):	
□ Other (please specify):		
Condon Mala 5	'amala Othar	
<b>Gender:</b> Male F	emaleOther	
Citizenship/Residency:	U.S. Citizen: Yes No	
	Permanent Resident:  Yes	□ No
	New York State Resident:	Yes No
(Note: If accepted into the prog payment and reporting purpose	ram your Social Security Numbers)	er will need to be submitted for
E-mail Address		
Current Mailing Address:		
_		Apartment #:
		Zip
Valid until:	Phone #	
Permanent Address:		
Street Address		Apartment #:
City	State _	Zip
Phone #	Alternate Phone	#

Academic Information:			
University/College:			
Major: Mino	or		
Major GPA Cumulative GPA			
Current Status: Freshman Sophomore Junio	or Senior		
Have you participated in any of the following programs?			
LSAMP CSTEP MCNAIR HEOP	Other		
What other REU programs have you applied to?  1	-		
Select and respond to one of the following options.  Option 1: Identity Syracuse University faculty member(s	s) with whom you would like	to conduct	
summer laboratory research.	s) with whom you would like		
Faculty Member:	Contacted?	Yes □	No 🗀
Faculty Member:	Contacted?	Yes 🗌	No 🗌
OR			
<b>Option 2:</b> Provide a brief description of your area(s) of you would like to pursue. Based on this description, we			
Personal Statement			
Please provide a brief (one page, typed) personal stater research and your interest in participating in this summer your plans after graduation and how this research opportunity.	er research experience. Spe		
Faculty Recommenders			
Please list the information of the faculty members you h application. Both should be familiar with your academic judge your readiness for undergraduate research.			
1. Name:	Institution:		
E-mail:	Phone:		
2. Name:	Institution:		
E-mail:	Phone:		

#### The faculty members should send their letters to:

Danielle Lemon Syracuse University LSAMP 2016 Summer Research Program Sims, Suite 404 Syracuse, NY 13244 315-443-5274 Isamp@syr.edu

Please send your completed application, *résumé*, copy of transcript(s) and your personal statement to the above address. Please email if you have questions.

By signature below, I certify that in applying for the LSAMP Summer Research Program at Syracuse University, I am a US Citizen or Permanent Resident and meet all LSAMP eligibility requirements listed in the application. If accepted into the program, I will commit myself to be present at Syracuse University for the duration of the program. I also certify all information is correct and complete to the best of my knowledge.

Name:	Signature:	Date:
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# Syracuse University Louis Stokes Alliance for Minority Participation 2017 Summer Research Program Faculty Recommendation Form

**Instructions for the Applicant:** Complete the top section of this form. Please type or print legibly. Give this form to the faculty member serving as your recommender.

Applicant's Name:						
<ul> <li>□ I hereby waive my right of access to this recomme</li> <li>□ I hereby do not waive my right of access to this recomme</li> </ul>						
Signature	Date				-	
To Be Completed By the Recommender Participation (LSAMP) Research Programundergraduate scholars with the opportunity of the single the direction over a ten-week period under the direction	n is a paid sumn nity to work with nt scholars have	ner researd distinguislet the opportunity	ch opportoned facult of the contract of the co	unity that p y and staff conduct an	orovides as well as netwo d present resear	
Please return this form and a separate recodeadline: <b>February 17</b> , <b>2017</b> . You may ma <b>Danielle Lemon / LSAMP Summer Reseas15-443-5274 / Fax: 315-443-5683 / Isam</b>	il, fax, or email th arch Program / \$	ne recomm	endation a	and this forr	n to the following:	
Email: Isamp@syr.edu [Subject line: Recan return your recommendation letter in a applicant.						
Recommender's Information:						
Name:		Title:				
E - mail:		_ Telephor	ne:			
Department, University:						
In what capacity do you know the applica	nnt?					
How long have you know the applicant?_						
Please rate the applicant using the scale	below				Unable	
	Excellent	Good	Fair	Poor	to Judge	
Intellectual ability						
Ability to express him/herself						
Potential for conducting research						
Work ethic and responsibility						
Motivation for graduate study						

On a separate sheet, state your overall recommendation for this student, providing an assessment of their character, qualifications, and potential for success in research. Please include in your statement details about their strengths and weaknesses based on your knowledge of their work and abilities.

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Signature	Date				_	
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Please return this form and a separate recodeadline: February 17, 2017. You may ma Danielle Lemon / LSAMP Summer Reseas 315-443-5274 / Fax: 315-443-5683 / Isam	nil, fax, or email tharch Program / \$	ne recomm	endation a	and this forr	m to the followin	ig:
Email: Isamp@syr.edu [Subject line: Re can return your recommendation letter in a applicant.						
Recommender's Information:						•••••
Name:		Title:				
E - mail:		_ Telephor	ne:			
Department, University:						
In what capacity do you know the applica	ant?					
How long have you know the applicant?_						
Please rate the applicant using the scale	below				Unable	
Intellectual ability	Excellent	Good	Fair	Poor	to Judge	
Ability to express him/herself						
Potential for conducting research						
Work ethic and responsibility  Motivation for graduate study						
Motivation for graduate study			Ш	Ш		

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