#### Application for Fellowship

## **Agency Disclosure Notice**

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#### **Privacy Act Statement**

National Defense Science and Englneer1ng Graduate (NOSEG) Fellowships are awarded under the authority or section 2191 of Tittle 10, United States Code. Information requested on application form, and fellows' progress reports is solicited under this authority. The application information may be disclosed to reviewers and assistants as part of the NOSEG process for evaluation and selection of qualified applicants. Information provided in applications and fellows' progress reports may be disclosed to academic institutions attended by applicants and fellows to provide or obtain data regarding the applicant review process, award decisions, or the administration of awards. Aggregated data based on application materials may used in management reports designed to evaluate the direction and progress or the program as a whole and for reporting within the Deportment or Defense (DoD) and Federal Government. Attribution of specific data to individual applicants will be avoided, whenever possible, in using information provided. A fellow's application information may be shared with DoD laboratory personnel, for the purposes of receiving Information about summer employment or other opportunities, only If an applicant consents to sharing of the application information using the cheek box within the application. A list or fellowship winners may be published.

Submission of the Information requested on the application is voluntary. Omission of any particular Item not necessary to establish eligibility will not preclude the application review, although failure to provide full and complete information needed to evaluate all or the merits of the application may reduce the possibility of receiving an award. In order to determine the degree to which members or diverse sections or the eligible population are aware of and apply for this program, completion or the demographic fields on the application relating to gender, ethnicity, and race, Is requested, but voluntary; omission or any demographic field information will not affect award consideration. Applicants will be considered for award of fellowships based on merit and without regard to race, color, religion, national origin, gender, or age.

# Application for Fellowship

CONTACT INFORMATION

Please complete all required fields (Note: The pre-doctoral fields are designed to capture education information for traditional applicants who have completed their Master's degree and will attend a different university for the PhD). If you will be attending the same institution, you may re-enter the graduate information in this section).

To trigger the reference link, click the "next" button. On the following page it will ask you to 'submit" your application. Upon submission you will receive an email with the reference link to forward to your recommenders (This happens the first time logging in ONLY). After submission, complete the EEO Information. If you do not receive the reference link, there is a reference form you can download from the NDSEG website. Please note, submitting your application does not mean it is FINAL. Applicants can log back in and update information.

You may login to the application to complete/update your information continuously until the application period closes. Just remember to click the save button to save your information. To log back into your application, return to the application portal on the website and login as a returning user.

CONTACT INFORMATION	
Last Name	
First Name	
Middle Initial	
CURRENT ADDRESS:	
Address	
Suite/Apt.	
Country	United States V
City	
State	VA ∨
Zip	
Home Phone	( ) -
Cell Phone	
Email Address	
Work/School Email Address	
Date Address is Effective	(Select Month) $\vee$ (Day) $\vee$ (Year) $\vee$
PERMANENT ADDRESS	
Street Address	
Permanent Address Suite/Apt #	
Permanent City	
Permanent State	AL ∨
Permanent Country	United States ∨
CITIZENSHIP	
US Citizen	✓ Yes  No

If "NO", Country of Citizenship	
Dual Citizenship?	○Yes ○No
<b>Dual Country Name</b>	
EDUCATION	
UNDERGRADUATE EDUCATION	
Please list your undergraduate information	
Undergraduate School Name	
Undergraduate Country	United States ∨
Undergraduate City	
Undergraduate School State	AL ∨
Undergraduate School Zipcode	
Please list the start date of attendance at this institution	
Please list the end date of attendance at this institution	
Please list your Major in Undergraduate School	
Please list your undergraduate minor	
Please list your undergraduate second minor	
Please list your overall GPA	
Please list your major GPA	
Please list the type of degree received (BA, BS, etc.).	
Please list your first and last name when attending this institution (if different from your current name)	
GRADUATE EDUCATION	
Please list your graduate school Information	in this section
Graduate school name	
<b>Graduate School Country</b>	United States ~
Graduate School City	
Graduate School State	AL ∨
Graduate School zipcode	
Graduate School Start Date (this can be estimated)	
Graduate School end date	
Graduate School Major	
Graduate School specialization	

Graduate Record Examination (GRE) Scores-General Test Only	
Graduate School Degree Type (MA, MS, etc.)	
Name when attending Graduate School (if Applicable)	
PREDOCTORAL INSITUTION (If different from	om Graduate School)
Please enter your Pre-doctoral Institution In	nformation
Pre-doctoral Institution Name	
Pre-doctoral Country	United States V
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Pre-doctoral Institution State	AL ∨
Pre-doctoral Institution Zipcode	
Pre-doctoral Major	
Pre-doctoral Degree Type Pursuing/received (PhD, MD, DPH, etc.)	
Pre-doctoral GPA	
Please list you name when attending the Pre-Doctoral Institution	
Please list any additional education here.	
ADD EDUCATION	
School:	School Type:
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Degree Type:	(Please Select a Value) ∨  Maior:
Degree Type:	(Please Select a Value) ∨  Major:
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Begin Date:	Major:
Begin Date: GPA:	Major:
Begin Date:	Major:
Begin Date: GPA:	Major:
Begin Date:  GPA:  0	Major: End Date:
Begin Date:  GPA:  0	Major:  End Date:  School Type:
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Begin Date:  GPA:  0  School:  Degree Type:  Begin Date:  GPA:  0  ADVISOR INFORMATION	Major:  End Date:  School Type:  (Please Select a Value) ∨  Major:  End Date:
Begin Date:  GPA:  0  School:  Degree Type:  Begin Date:  GPA:  0  ADVISOR INFORMATION  If known, please list your Advisor Information	Major:  End Date:  School Type:  (Please Select a Value) ∨  Major:  End Date:
Begin Date:  GPA:  0  School:  Degree Type:  Begin Date:  GPA:  0  ADVISOR INFORMATION	Major:  End Date:  School Type:  (Please Select a Value) ∨  Major:  End Date:
Begin Date:  GPA:  0  School:  Degree Type:  Begin Date:  GPA:  0  ADVISOR INFORMATION  If known, please list your Advisor Information	Major:  End Date:  School Type:  (Please Select a Value) ∨  Major:  End Date:

Advisor Telephone Number		
WORK HISTORY	,	
Work Experience		
ADD WORK HISTORY		
Company Name:	Begin Date:	
Company Name.	Degili Date.	
End Date:	City:	
State:	Postal Code:	
(Please Select a State)	<u> </u>	
Job Title:	Supervisor Name:	
Supervisor Empile	Supervisor Phone:	
Supervisor Email:	Supervisor Phone:	
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Company Name:	Begin Date:	
End Date:	City:	
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Job Title:	Supervisor Name:	
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State:

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Begin Date:	Expiration Date:	Comments:
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Foreign Language		
Computer / Software Skills		
Military Experience		
ADD MILITARY		
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Discharge Rank:	Current Rank:	
Begin Date:	End Date:	
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Address:	City:	

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ADD REFERENCE			
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# PERSONAL STATEMENT

Personal Statement Upload: Should include the following. What are your short and long-term professional goals? How did these goals develop? How have you already begun to lay the foundation for these goals? How does this fellowship fit into these goals?

Click Here To Upload File

ADDITIONAL REQUIREMENTS

Essay/Proposal: Please provide the Title of your proposed research that would be relevant to the Department of Defense (DoD) - Please submit a proposal relevant to the DoD Agency (ONR,ARMY, AIRFORCE)/field that interest you. The reader should be convinced that your project will make an important contribution to the Agency and be a persuasive argument for why your project/proposed training deserves to be funded.	
Essay/Proposed Research Upload	Click Here To Upload File
Resume Upload	Click Here To Upload File

Resume Upload

Click Here To Upload File

Additional Upload 3

Click Here To Upload File

# **Applicant's Statement**

I certify that the facts contained in this application are true and complete. I understand that, if selected for a fellowship, falsified statements on this application shall be grounds for immediate cancellation of the fellowship. I authorize investigation of all statements contained in this application as may be necessary in arriving at a fellowship decision. I authorize my employers, and references to give any and all information they may have concerning my previous employment and any pertinent information they may have otherwise to Solutions Through Innovative Technologies, Inc. (STI-TEC) and I release all parties from all liability for any damage that may result from furnishing same.

## **Disclosure and Release**

In connection with my application for the National Defense Science and Engineering Graduate Fellowship (NDSEG) program, I understand that consumer reports, including investigative consumer reports, which may contain public record information, may be obtained as part of the pre-fellowship background investigation, or at any time during my fellowship. These reports may include, the following information; academics, performance evaluation, employment history, attendance, character, credit history, names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving records, worker's compensation claims, bankruptcy proceeding, criminal records, etc., from federal, state and other agencies. I hereby release any person, agency, organization, or institution, including National Defense Science and Engineering Graduate Fellowship (NDSEG), Department of Defense ( DoD) and Solutions Through Innovative Technologies, Inc. (STI-TEC), (STI-TEC), from any and all liability whatsoever resulting from this inquiry. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature.

APPLICANT'S STATEMENT	☐ I AGREE TO THE ABOVE STATEMENT
IAGREE	$\square$ I AGREE TO THE ABOVE DISCLOSURE AND RELEASE
APPLICANT NAME:	
DATE:	(Select Month) $\vee$ (Day) $\vee$ (Year) $\vee$
	SAVE