

VGTI-FL Summer Undergraduate Research Fellowship



CONTACT INFORMATION

Name _____ Date of Birth _____

Current address _____

Permanent address _____

Email address _____ Phone number _____

ACADEMIC PROFILE

Current College or University _____

Degree program _____

Projected month and year of Graduation _____

High School in Martin or St. Lucie County from which you graduated _____

Date of High School Graduation _____

Academic interests and Career Objectives _____

College-level Science and related courses completed or in progress as of the date of application _____

Complete, current Transcript from your College or University must be sent to VGTI-FL before your application can be reviewed.

EXTRA-CURRICULAR ACTIVITIES AND HONORS/AWARDS

Please list general Extra-curricular Activities in which you have been involved in the last two years _____

List Science-related Extracurricular Activities in which you are or have been involved including both High School and College or University _____

List Honors or Awards that you have received, with date. Explain any acronyms or names that are not self-evident _____

