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 a	s 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 HONOR Please list general Extra-curricular Activities in which you have been in	
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

WORK EXPERIENCE		
List employer, type of work, and date of employment during the last four years		
RECOMMENDATIONS		
It is your responsibility to have three (3) letters of recommendat At least two of the letters must be from faculty members in the		
STATEMENT OF INTEREST		
In approximately 500 words, describe your interest Program at VGTI-FL and the characteristics and experience		
VGTI-FL FACULTY MENTOR		
If you have a particular Mentor that you would like to request from amount here and explain your request. (It is not required that you identify a potential of the potential of		