**LSAMP RESEARCH SCHOLAR APPLICATION**



**State University of New York (SUNY)**

**Louis Stokes Alliance for Minority Participation (LSAMP)**

**Buffalo State University**

Funded by the National Science Foundation (NSF), the Buffalo Region SUNY Alliance for Minority Participation (SUNY LSAMP) is a student enrichment through undergraduate research and support services program. The goal of SUNY LSAMP is to increase the numbers of students successfully completing high quality degree programs in Science, Technology, Engineering, and Mathematics (STEM) disciplines to diversify the STEM workforce. Emphasis is placed on transforming undergraduate STEM education through innovative, evidence-based recruitment and retention strategies, and relevant educational experiences in support of racial and ethnic groups historically underrepresented in STEM disciplines like African Americans, Hispanic Americans, Native American, Alaska Natives, Native Hawaiians, and Native Pacific Islanders.

**Eligibility**

• Full-time undergraduates majoring in a STEM discipline at Buffalo State

• Minimum GPA of 3.0

• Demonstrate an interest in research in a STEM discipline.

• US Citizen or permanent resident

• Member of a group that has been historically underrepresented (African American, Latino/a, Native American) in STEM disciplines.

**Support Service and Enrichment Activities Provided by Buffalo State LSAMP**

• Paid research is provided during the academic year.

• Students are offered the opportunity to attend workshops and conferences to assist their career development and/or preparation for graduate school.

**For more information contact:**

**Dr. Sarbani Banerjee, Director**

**Buffalo State LSAMP Program**

**222 Technology Building**

**Phone: (716) 878-4912**

**Email:** [**banerje@buffalostate.edu**](mailto:banerje@buffalostate.edu)

***PLEASE TYPE YOUR INFORMATION***

Semester/Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEMOGRAPHIC INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banner #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship: (US or Permanent Resident) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@buffalostate.edu](mailto:_______________@buffalostate.edu) Alternate Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity (check all that apply): African American/Black \_\_\_\_

Latino/a \_\_\_\_

Native American \_\_\_\_

Multiracial \_\_\_\_

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION:**

Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_ Credit hours:\_\_\_\_\_

Class level (Freshman/Soph/Jr/Sr):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_\_\_\_\_

**STUDENT AGREEMENT**:

By signing this application, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to:

* Regular meeting with faculty mentor and see the LSAMP Director once per semester.
* Work with mentor to develop a research proposal and obtain mentor approval.
* Attend Career and Professional Education Workshop and Graduate School Workshop
* Submit abstract for SRCC conference and present at the SRCC conference.

I certify that the information submitted in this application is complete and accurate.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MENTOR APPROVAL:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_