



Syracuse University

Louis Stokes Alliance for Minority Participation

Summer 2010 Research Program (June 6 - August 13, 2010)

To Apply:

- Submit completed application by 3/1/10
- Submit transcripts and resume
- 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-0703452



LSAMP Research Program/ 804 University Avenue, Suite 303 / Syracuse, NY 13244 / 315-443-4282 / dsawye01@syr.edu

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?

- \$4400 research stipend
 - Round-trip travel stipend of up to \$200*
 - Free double occupancy room on the SU campus
 - State-of-the-art laboratories, libraries, computers, etc.
- *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 3.0 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 STEM disciplines: Biology, Biomedical and Chemical Engineering, Chemistry, Civil and Environmental Engineering, Earth Science, Electrical Engineering and Computer Science, Information Studies, Mathematics, Mechanical and Aerospace Engineering, and Physics.

Application Deadline: March 1, 2010

Notification of acceptance early April
MAIL COMPLETED APPLICATIONS TO

Don C. Sawyer III

Academic Information:

University/College: _____

Major: _____ Minor _____

GPA _____ (In Major) GPA _____ (Cumulative)

Current Status: Sophomore ____ Junior ____ Senior ____

Expected Date of Graduation: _____

Have you participated in any of the following programs?

LSAMP _____ CSTEP _____ McNAIR _____ HEOP _____ Other _____

Select and respond to one of the following options.

Option 1: Identity Syracuse University faculty member(s) with whom you would like to conduct summer laboratory research.

Faculty Member: _____ **Contacted?** Yes No

Faculty Member: _____ **Contacted?** Yes No

OR

Option 2: Provide a brief description of your area(s) of research interest and the type of summer research you would like to pursue. Based on this description, we will explore the options available with SU faculty.

Personal Statement

Please provide a brief (one page, typed) personal statement describing your career goals in scientific research and why you wish to participate in this summer research experience. Specifically discuss your plans after graduation and how you see this research opportunity relating to your plans.

Faculty Recommenders

Please list the information of the faculty members you have asked to write letters in support of your application. Both should be familiar with your academic and/or research abilities and should be able to 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:

Don C. Sawyer III
LSAMP 2010 Summer Research Program
804 University Avenue, Suite 303
Syracuse, NY 13244
315-443-4282

Please send your completed application, resume, copy of transcript(s) and your personal statement to the above address. Please call 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: _____



**Syracuse University
Louis Stokes Alliance for Minority Participation
2010 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: _____

- I hereby waive my right of access to this recommendation.
- I hereby do not waive my right of access to this recommendation.

Signature _____ Date _____

To Be Completed By the Recommender: 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.

Please return this form and a separate recommendation letter in time for the applicant to meet the following deadline: **March 1, 2010**. You may mail, fax, or email the recommendation and this form to the following:
Don C. Sawyer III / LSAMP Summer Research Program / 804 University Avenue, Suite 303 / Syracuse, NY 13244 / Phone: 315-443-4282 / Fax: 315-443-5683

Email: dsawye01@syr.edu [**Subject line: Recommendation LSAMP – Applicant's Name**] Alternatively, you can return your recommendation letter in a sealed envelope with your signature across the back flap to the applicant.

.....
Recommender's Information:

Name: _____ Title: _____

E-mail: _____ Telephone: _____

Department, University: _____

In what capacity do you know the applicant? _____

How long have you know the applicant? _____

Please rate the applicant using the scale below

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Unable to Judge</i>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for conducting research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic and responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for graduate study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

**Syracuse University
Louis Stokes Alliance for Minority Participation
2010 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: _____

- I hereby waive my right of access to this recommendation.
- I hereby do not waive my right of access to this recommendation.

Signature _____ Date _____

To Be Completed By the Recommender: 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.

Please return this form and a separate recommendation letter in time for the applicant to meet the following deadline: **March 1, 2010**. You may mail, fax, or email the recommendation and this form to the following: **Don C. Sawyer III / LSAMP Summer Research Program / 804 University Avenue, Suite 303 / Syracuse, NY 13244 / Phone: 315-443-4282 / Fax: 315-443-5683**

Email: dsawye01@syr.edu [**Subject line: Recommendation LSAMP – Applicant's Name**] Alternatively, you can return your recommendation letter in a sealed envelope with your signature across the back flap to the applicant.

.....
Recommender's Information:

Name: _____ Title: _____

E-mail: _____ Telephone: _____

Department, University: _____

In what capacity do you know the applicant? _____

How long have you know the applicant? _____

Please rate the applicant using the scale below

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Unable to Judge</i>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for conducting research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic and responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for graduate study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.