

*Elizabeth City State University*

June 3 – 28, 2019

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First/Middle/Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Male ☐ Female ☐

Overall GPA \_\_\_\_\_ Citizenship \_\_\_\_\_ Ethnicity \_\_\_\_\_

College/University \_\_\_\_\_

Classification \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Department \_\_\_\_\_ Advisor's Name \_\_\_\_\_

Local Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Local/School Address \_\_\_\_\_

Permanent (home) Address \_\_\_\_\_

Will you \_\_\_\_\_ drive or \_\_\_\_\_ fly? Closest Airport to your home \_\_\_\_\_

Parent/Spouse Name & Address \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Next of Kin (other than listed above) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Non-School Email Address \_\_\_\_\_ T-shirt size \_\_\_\_\_

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Students interested in applying will need to do so by April. 26, 2019. We will begin to fill slots on April. 26 and will continue the review process until all slots are filled.

To apply, send this completed form, a current transcript, resume, a one page statement of goals, and one letter of recommendation to:

**Dr. Linda Hayden Box 672 ECSU Elizabeth City, NC 27909**

voice (252) 335-3696 fax (252) 335-3790

For more information see: <https://sciencegateways.org/engage/student-workshops>

If selected, you will also need to complete an online form.