

RETURNING Undergraduate Research Scholarship Application
Fall 2008

For RETURNING PERC UG Students only. Please answer the following 3 questions:

- 1) What amount did you receive from PERC the last semester you worked for us? _____
- 2) How many semesters have you previously worked for PERC? _____
- 3) Are you receiving any other forms of Financial Aid that could possibly be affected by this scholarship?
__ YES __ NO

Name _____
Last First Middle Initial

Current Home Address: _____
Street / Apt City St Zip

Current Home Phone: _____ Cell Phone: _____

E-mail: _____

Department: _____ Department Phone: _____

Permanent Address: _____
Street / Apt City St Zip

Permanent Phone: _____

**Birth Date: ____/____/____ (MM/DD/YYYY) **Social Security Number: ____-____-____ **UF ID Number: ____-____

*Gender: ____F ____M *Are you Disabled? __Yes __No

*____ U.S. Citizen: ____ Permanent Resident ____ Other _____
(Country of Residence)

NSF REPORTING CRITERIA – (ANSWER **BOTH** OF THE FOLLOWING CATEGORIES: ETHNICITY & RACE)

*Ethnicity: ____Hispanic/Latino ____Not Hispanic/Latino ____Unknown

*Race: (Note, if you checked Hispanic/Latino above then you would check Caucasian; unless another race is applicable)
____Caucasian (C) ____Mixed C or A (Individuals with two or more racial origins that include C or A but
____Asian (A) **Do Not** include NA, PI or AA)
____African American (AA)
____Pacific Islander (PI) ____Mixed NA, PI or AA (Individuals with two or more racial origins including
____Native American (NA) NA, PI, AA, A or C)
____Other/Unknown _____

High School: _____
City: _____ State: _____

Other College, University, Junior College, Vocational or Technical Institution: _____
City: _____ State: _____

Degree obtained (if any) _____

Current Major _____ GPA _____
Current Status: _____Senior _____Junior _____Sophomore _____Freshman
Degree you are working towards _____AA _____AS _____BS _____BA _____Other _____
Home Department: _____
Expected graduation date: _____

If you have been in a UF Co-op or Intern program please list date and place (company/program name) of internship: _____

Honors and Awards: _____
List any extracurricular activities you have participated in: _____

Planned Research for Research Award/Scholarship:

a) Research Project Title: _____

b) Objective: _____

c) How will your project tie in to your Educational objectives? _____

d) What testbed(s) does your project relate to and how? _____

I certify that all statements contained in this application are true and correct.

Applicant Signature

Date

This portion must be signed by Faculty Advisor and Graduate Mentor.

Do not submit this application without a Faculty Advisor's signature.

Graduate Student Mentor _____
Name (Printed)

Graduate Student e-mail: _____

Faculty Advisor Name (Printed) _____
Faculty Advisor Signature _____
Date

Faculty Advisor e-mail: _____

**Required information by the National Science Foundation for reporting purposes only*
***Required information for payment purposes only*

Questions? Please contact Donna Jackson, Program Assistant at djackson@perc.ufl.edu or 352-846-1722.