



MAKERS PROGRAM APPLICATION FORM

Name (First, Middle, Last) _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____ Telephone (____) _____

Gender: Female Male Date of Birth: Month _____ Day _____ Year _____

U.S. Citizen: Yes No

If no, are you a U.S. Permanent Resident? Yes No or a Refugee Alien? Yes No

Year: Freshman Sophomore Junior Senior

Anticipated Graduation Date (Month/Year): Month _____ Year _____

Major: _____ Current GPA: Cumulative: _____ Major: _____

Transfer Student: Yes No

Veteran: Yes No

Race (select all that apply)

American Indian or Alaska Native

Do not wish to disclose

Asian

White

Black or African American

Native Hawaiian or Other Pacific Islander

Are you Hispanic or Latino/a? Yes No Do not wish to disclose

Do you have a documented Disability? Yes No Do not Wish to Disclose

Are you currently receiving other scholarship(s) or research support? Yes No

If Yes, then please list the name of the scholarship and/or sponsor: _____

If under the age of 19, name of parent/guardian: _____

Permanent mailing address (if different from above): _____

City _____ State _____ Zip _____

Telephone (____) _____

Applicant: I hereby acknowledge that all information on and with this application is true and accurate.

Printed name of person completing the form: _____

Signature: _____ Date: _____