



## 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)

Do not wish to disclose

American Indian or Alaska Native

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: \_\_\_\_\_