

Appendix A – Application Materials

A complete set of application materials is included in this appendix. Electronic versions of the forms can be downloaded from the EPA's website at www.epa.gov/education/students.html. The forms are available in an interactive portable document format (pdf) and can be completed online, then printed and mailed to the EPA NNEMS Staff as described in the *How to Apply* section on page 5.

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Helpful Tips:

- Read the section, *How to Apply*, on page 5 for detailed instructions on applying for a NNEMS fellowship
- Confirm that you meet all of the eligibility requirements described on pages 5 and 6
- Include a transcript for each school attended
- Indicate on the application whether the Reference Form(s) will be sent under separate cover
- Type or complete online the application. If handwritten, write as neatly as possible
- Review the application to check for typographical or grammatical errors
- Mail the application so that it is postmarked on or before January 30, 2012.





Proposal

You may attach one additional page as necessary.

Proposed Research Plan: Describe how you would conduct your research on this project.

Relevant Information: Describe your academic, professional or relevant experience that you believe qualifies you to conduct this research. For example, identify academic courses or research that enhances your qualifications.

Academic Goals: State how you expect this project to support your academic and professional goals.



Application Package Checklist

	Yes	No		Original	2 Copies	Mailed Separately
Are you a citizen of the U.S., its territories or possessions, or lawfully admitted to the U.S. for permanent residency (a lawful permanent resident must provide his or her green card number on his or her application)?	<input type="checkbox"/>	<input type="checkbox"/>	Students must submit three complete application packages for each project (one original and two copies). Please note that only one official transcript is required, which may be opened and copied, even if a student is applying for multiple projects. Please verify that you have included:			
Are you enrolled at an accredited school?	<input type="checkbox"/>	<input type="checkbox"/>	A completed Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a federal employee? Federal employees, including those who are on "leave without pay" status, are not eligible for a NNEMS Fellowship.	<input type="checkbox"/>	<input type="checkbox"/>	A completed Standard Form 424 (SF 424)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a minimum 3.0 GPA?	<input type="checkbox"/>	<input type="checkbox"/>	A résumé	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidential Information	Yes	No	An official college transcript from each school attended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your application package contain information that you consider to be confidential?	<input type="checkbox"/>	<input type="checkbox"/>	A Reference Form from a professor or advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be sure to clearly mark confidential information			A completed NNEMS Disclosure and Waiver Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Verification of acceptance and/or enrollment in a graduate or Ph.D. program if applicant is a graduating senior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Complete application packages must be submitted for each NNEMS project. Applications must be postmarked on or before **January 30, 2012**.

Send the completed application package to:
 NNEMS Fellowship Program
 Tetra Tech EM Inc.
 1881 Campus Commons Drive, Suite 200
 Reston, VA 20191

Standard Form 424 – Application for Federal Assistance

Following are instructions for completing the Standard Form 424 (SF-424) Application for Federal Assistance. An interactive pdf version of this form is available online at www.epa.gov/education/NNEMS/2012apply.html. As listed below, several fields on the SF-424 should be left blank.

1. Enter "Preapplication."
2. Enter "New."
3. Leave blank.
4. Leave blank.
5. Federal Entity Identifier: Leave blank.
Federal Award Identifier: Leave blank.
6. Leave blank.
7. Leave blank.
8. Legal Name: Enter your legal name in this order: last name, first name, middle initial/name.
Employer/Taxpayer Identification Number (EIN/TIN): Enter "123456789."
Organizational DUNS: Leave blank.
Address: Enter the address (including street, city, state, and zip code) you are currently using to receive United States Postal Service mail.
Organizational Unit: Leave blank.
Name and contact information of person to be contacted on matters involving this application: Enter your name, telephone number, and email address. Your middle name, suffix, and fax number are optional.
9. Enter "P. Individual."
10. Enter "Environmental Protection Agency."
11. Enter "66.952."
12. Enter "EPA-EED-12-01."
13. Leave blank.
14. Leave blank.
15. Enter the project title of the fellowship for which you are applying.
16. List your Congressional District under "Applicant." Under "Program/Project," list the Congressional District for the fellowship project location. To identify the appropriate Congressional District, go to **www.house.gov** and enter your nine digit zip code to identify your representative and district.
17. Enter the project start and end dates for the fellowship for which you are applying.
18. Leave blank.
19. Enter "c. Program is not covered by E.O. 12372."
20. Self-explanatory.
21. Enter your name, title, telephone number and email address. "Student" or "Graduate Student" is an appropriate title. Print a hard-copy of the SF 424 and sign the pre-application.

Application for Federal Assistance SF-424

* 1. Type of Submission:			* 2. Type of Application:		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication			<input type="checkbox"/> New		<input type="text"/>	
<input type="checkbox"/> Application			<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application			<input type="checkbox"/> Revision		<input type="text"/>	

* 3. Date Received:	4. Applicant Identifier:
<input type="text"/>	<input type="text"/>

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
<input type="text"/>	<input type="text"/>

State Use Only:

6. Date Received by State:	7. State Application Identifier:
<input type="text"/>	<input type="text"/>

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
<input type="text"/>	<input type="text"/>

d. Address:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code:

e. Organizational Unit:

Department Name:	Division Name:
<input type="text"/>	<input type="text"/>

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Empty text input area for the Applicant Federal Debt Delinquency Explanation.

Sample SF-424

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424											
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application			* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>					
* 3. Date Received: <input type="text"/>			4. Applicant Identifier: <input type="text"/>								
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>								
State Use Only:											
6. Date Received by State: <input type="text"/>			7. State Application Identifier: <input type="text"/>								
8. APPLICANT INFORMATION:											
* a. Legal Name: <input type="text" value="Doe, John H."/>											
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>			* c. Organizational DUNS: <input type="text"/>								
d. Address:											
* Street1:		<input type="text" value="123 Hill Street"/>									
Street2:		<input type="text"/>									
* City:		<input type="text" value="Anytown"/>									
County:		<input type="text"/>									
* State:		<input type="text" value="VA"/>									
Province:		<input type="text"/>									
* Country:		<input type="text" value="USA: UNITED STATES"/>									
* Zip / Postal Code:		<input type="text" value="22205"/>									
e. Organizational Unit:											
Department Name: <input type="text"/>			Division Name: <input type="text"/>								
f. Name and contact information of person to be contacted on matters involving this application:											
Prefix: <input type="text"/>		* First Name: <input type="text" value="John"/>									
Middle Name: <input type="text"/>											
* Last Name: <input type="text" value="Doe"/>											
Suffix: <input type="text"/>											
Title: <input type="text" value="Student"/>											
Organizational Affiliation: <input type="text"/>											
* Telephone Number: <input type="text" value="(123) 456-7891"/>			Fax Number: <input type="text"/>								
* Email: <input type="text" value="johndoe@email.com"/>											

Sample SF-424

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

P. Individual

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.952

CFDA Title:

* 12. Funding Opportunity Number:

EPA-EED-12-01

* Title:

NNEMS Fellowship Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

Outreach for Air Quality Designations

Attach supporting documents as specified in agency instructions.

Sample SF-424

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant Virginia 8 th	* b. Program/Project North Carolina 4 th
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
17. Proposed Project:	
* a. Start Date: 5/14/2012	* b. End Date: 8/24/2012
18. Estimated Funding (\$):	
* a. Federal * b. Applicant * c. State * d. Local * e. Other * f. Program Income * g. TOTAL	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> .	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text"/>	* First Name: John <input type="text"/>
Middle Name: <input type="text"/>	
* Last Name: Doe <input type="text"/>	
Suffix: <input type="text"/>	
* Title: Student <input type="text"/>	
* Telephone Number: 123-456-7891 <input type="text"/>	Fax Number: <input type="text"/>
* Email: Johndoe@email.com <input type="text"/>	
* Signature of Authorized Representative: <i>John Doe</i> <input type="text"/>	* Date Signed: January 26, 2012 <input type="text"/>

Sample SF-424

Application for Federal Assistance SF-424

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

SAMPLE

Instructions for the Reference

Thank you for providing a reference for a NNEMS fellowship applicant. Before you begin, please note that this reference is not intended to be confidential. Please submit the completed form to the applicant identified below, to be included in the application package. You may submit the reference under separate cover at the address provided below, but it must be postmarked on or before **January 30, 2012**:

NNEMS Fellowship Program
 Tetra Tech EM Inc.
 1881 Campus Commons Drive, Suite 200
 Reston, VA 20191

To be Completed by Applicant

Project Number: 2012- _____ Current Phone: (____) ____ - _____
 Applicant's Name: _____ Current Email: _____
 Current Mailing Address: _____ School/University: _____
 _____ Current Major/Minor: _____
 _____ Expected Graduation Date: _____

 _____ City _____ State _____ Zip _____

To be Completed by the Reference

Name of Individual Providing Reference: _____ Current Phone: (____) ____ - _____
 Current Mailing Address: _____ Current Email: _____
 _____ Position or Title: _____
 _____ Department: _____
 _____ Institution: _____

 _____ City _____ State _____ Zip _____
 _____ Signature _____ Date _____

(Reference Form continued on next page)

Reference Form

Reference

The applicant named above is applying for a NNEMS fellowship. What are your personal impressions of the candidate's ability to perform the proposed fellowship? Include how the fellowship relates to and will further the student's academic goals. Please comment on the quality of his or her work, and promise of productive scholarship. Please explain in what capacity you have known the applicant and for what time period.

Rating:

Please rate this student in overall promise in comparison with other individuals with whom you have known at similar stages in their academic studies by checking the appropriate boxes.

	Outstanding	Excellent	Good	Fair	Poor	Not Applicable
Academic Performance						
Motivation for Proposed NNEMS Research Plan						
Research and Writing Ability						
Leadership Skills and Written Communication Skills						

NNEMS Disclosure and Waiver Statement

Please complete and submit with NNEMS application package. This form may be photocopied.

I understand that the National Network for Environmental Management Studies (NNEMS) Program fellows are not employees of the U.S. Environmental Protection Agency (EPA) or the U.S. government. Thus, if selected to be a NNEMS fellow, I will not receive typical federal employee benefits including, but not limited to, health insurance, life insurance, annual leave, and sick leave.

In addition, I understand that in the event of an accident causing injury to myself while either performing my assigned functions or traveling, the U.S. government is not liable for any injury or harm I may incur. Further, I understand that the U.S. government is not liable for any injury or harm I may cause another person or persons while performing my assigned functions or traveling for the EPA. As such, I understand that I am responsible for any injury or harm I cause to myself or others as a result of my actions.

By signing this form, I acknowledge that I fully understand the provisions contained in this statement regarding my status as a NNEMS fellow and the consequences of my actions while working as a NNEMS fellow. As a result, I have considered the possibility of obtaining personal insurance during my NNEMS fellowship.

Name: _____ School: _____

Home Address: _____ Project # Applied For: 2012 - _____

_____ Project Category: _____

Home Phone Number: _____

Signature: _____ Date: _____