

U.S. ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C. 20460 FELLOWSHIP APPLICATION <i>(Read Instructions before completing)</i>		"No fellowship may be awarded unless a completed application form has been received (40 CFR 46.120)."				
TO BE COMPLETED BY EPA ONLY						
		DATE RECEIVED	FELLOWSHIP NUMBER			
1. TYPE OF FELLOWSHIP REQUESTED <i>(Check appropriate boxes)</i> <input type="checkbox"/> AGENCY <input type="checkbox"/> SPECIAL <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> AIR POLLUTION CONTROL <input type="checkbox"/> WATER POLLUTION CONTROL <input type="checkbox"/> DRINKING WATER SUPPLY <input type="checkbox"/> OTHER		2a. APPROXIMATE BEGINNING DATE _____ b. WILL YOU ACCEPT A LATER DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE DATE: _____				
3. NAME <i>(Last, first, middle, maiden)</i>		4. SOCIAL SECURITY NO.	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
6. MARITAL STATUS	7. DATE OF BIRTH <i>(Month, Day, Year)</i>	8. BIRTHPLACE <i>(City and state, if foreign born, city and country)</i>				
9. U.S. CITIZEN OR U.S. NON-CITIZEN NATIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", VERIFICATION FROM THE IMMIGRATION AND NATURALIZATION SERVICE MUST BE SUBMITTED TO THE DIRECTOR, GRANTS ADMINISTRATION DIVISION, THAT YOU WERE LAWFULLY ADMITTED TO THE U.S. FOR PERMANENT RESIDENCE.						
10.a. PRESENT MAILING ADDRESS <i>(Street, City, State and Zip Code)</i>		11.a. PERMANENT MAILING ADDRESS <i>(Street, City, State and Zip Code)</i>				
b. TELEPHONE <i>(Include area code and extension)</i> BUSINESS: HOME:		b. TELEPHONE <i>(Include area code and extension)</i> BUSINESS: HOME:				
12. EDUCATION						
NAME AND LOCATION OF EDUCATIONAL INSTITUTION ATTENDED SUBSEQUENT TO HIGH SCHOOL <i>(Most recent)</i>	MAJOR FIELD OF STUDY	FROM		TO		DEGREE(S) OBTAINED
		MO	YR	MO	YR	
13. EMPLOYMENT						
NAME AND LOCATION OF EMPLOYERS <i>(including Military Service, Internship, and Residencies. Most recent.)</i>	OCCUPATION	FROM		TO		SALARY
		MO	YR	MO	YR	
14. SPONSORSHIP						
a. SPONSOR AT INSTITUTION <i>(Name, title, and mailing address)</i>			b. SPONSORING INSTITUTION <i>(School, Department, Street, City, State and Zip Code)</i>			
TELEPHONE <i>(Include area code and extension)</i>						
c. NAME AND ADDRESS OF INSTITUTION WHERE TRAINING WILL TAKE PLACE <i>(If different from 14b)</i>						

NAME(<i>Last, first, middle, maiden</i>)	FELLOWSHIP NO. (<i>Leave Blank</i>)
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15. LIST NAMES OF 3 INDIVIDUALS(<i>Other than your sponsor</i>) YOU HAVE REQUESTED TO SUBMIT QUALIFICATIONS INQUIRY FORMS		
NAME	TITLE	ADDRESS(<i>Include Zip Code</i>)
(a)		
(b)		
(c)		

16. APPLICANT'S STATEMENT OF OBJECTIVES(*See instruction sheet*)

1....Fill out page 1. completely. For blocks 12 & 13, there is no need to attach additional pages. For Block 2, just indicate the day school starts

2....On this page, put your name at the top and sign and date the bottom

3.....Read and sign the Certification Regarding Debarment. (Also, type or CLEARLY print your name where indicated. The fellowship cannot be awarded without this certification

CERTIFICATION

I certify that the foregoing statements are true and complete to the best of my knowledge and belief, and understand that any willfully false statement is sufficient cause for rejection of this application or, if a fellowship has been awarded, for the termination of the fellowship.

I further agree that if a fellowship is awarded on the basis of this application or any revision or amendment thereof, I will comply with all applicable statutory provisions and with the applicable terms, conditions, and procedures of the U.S. Environmental Protection Agency grant regulations (*40 CFR Chapter 1, Subchapter B*) and of the fellowship agreement.

SIGNATURE OF APPLICANT	DATE
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