

U.S. ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

"No fellowship may be awarded unless a completed application form has been received (40 CFR 46.120)."

FELLOWSHIP APPLICATION
(Read Instructions before completing)

TO BE COMPLETED BY EPA ONLY

DATE RECEIVED	FELLOWSHIP NUMBER
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1. TYPE OF FELLOWSHIP REQUESTED (Check appropriate boxes)
 AGENCY SPECIAL FULL-TIME PART-TIME
 AIR POLLUTION CONTROL WATER POLLUTION CONTROL
 DRINKING WATER SUPPLY OTHER

2a. APPROXIMATE BEGINNING DATE:
 b. WILL YOU ACCEPT A LATER DATE? Yes No
 IF YES, INDICATE DATE:

3. NAME (Last, first, middle, maiden)

4. SOCIAL SECURITY NO.

5. SEX
 MALE FEMALE

6. Marital Status

7. Date of Birth (Month, Day, Year)

8. BIRTHPLACE (City and state, if foreign born, city and country)

9. U.S. CITIZEN OR U.S. NON-CITIZEN NATIONAL YES 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.

10a. PRESENT MAILING ADDRESS (Street, City, State and Zip Code)

 b. TELEPHONE (Include area code and extension)
 BUSINESS:
 HOME:

11a. PERMANENT MAILING ADDRESS (Street, City, State and Zip Code)

 b. TELEPHONE (Include area code and extension)
 BUSINESS:
 HOME:

12. EDUCATION

NAME AND LOCATION OF EDUCATIONAL INSTITUTION ATTENDED SUBSEQUENT TO HIGH SCHOOL (most recent)	MAJOR FIELD OF STUDY	FROM		TO		DEGREE(S) OBTAINED
		MO	YR	MO	YR	

13. EMPLOYMENT

NAME AND LOCATION OF EMPLOYERS (including Military Service, Internship, and Residencies, Most recent.)	OCCUPATION	FROM		TO		SALARY
		MO	YR	MO	YR	

14. SPONSORSHIP

a. SPONSOR AT INSTITUTION (Name, title and mailing address)

 TELEPHONE (Include area code and extension)

b. SPONSORING INSTITUTION (School, Department, Street, City, State and Zip Code.)

C. NAME AND ADDRESS OF INSTITUTION WHERE TRAINING WILL TAKE PLACE (If different from 14b)