

**National Oceanic and Atmospheric Administration (NOAA)**  
**Educational Partnership Program**  
**Undergraduate Scholarship Program**

**Student Information Sheet**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street/Route: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**UNIVERSITY/COLLEGE INFORMATION**

Institution Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Major: \_\_\_\_\_ Expected date of Graduation (month/year): \_\_\_\_\_

**ACADEMIC ADVISOR INFORMATION**

Academic Advisor Name: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Have you transferred or are you planning to transfer to another university? Yes \_\_\_ or No \_\_\_

Are you currently receiving any other federal funding? \_\_\_\_\_ if yes, please explain:

\_\_\_\_\_

**SECONDARY OR PERMANENT ADDRESS:** *(An address other than your school address).*

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please e-mail completed form to: [EPP.USP@noaa.gov](mailto:EPP.USP@noaa.gov)**