

**SUMMER SCHOOL IN NUCLEAR AND RADIOCHEMISTRY**Undergraduate Fellowship Program of the Division of  
Nuclear Chemistry and Technology of the American Chemical Society**SPONSORED BY THE U. S. DEPARTMENT OF ENERGY**

PLEASE TYPE OR PRINT CLEARLY:

NAME (LAST FIRST MIDDLE ) SOCIAL SECURITY NO. Sex: Female  Male 

CURRENT ADDRESS PHONE NO.: ( )

CURRENT ADDRESS FAX NO.: ( )

CITY STATE ZIP CODE E-MAIL: \_\_\_\_\_

PERMANENT HOME ADDRESS PHONE NO.: ( )

PERMANENT HOME ADDRESS

CITY STATE ZIP CODE

BIRTH DATE PLACE OF BIRTH (CITY STATE COUNTRY)

U.S. Citizen? YES NO (Applicant must be a U.S. Citizen to qualify for this program)

SCHOOL PRESENTLY ATTENDING CITY STATE ZIP CODE

MAJOR EXPECTED MO/YR OF GRADUATION Current Status Sophomore  Junior  Senior 

Current GPA Overall Math/Science only SAT or ACT SCORES V M EXAM DATE

HAVE TAKEN or AM NOW TAKING (CHECK FOR YES)  PHYSICS  PHYSICAL CHEMISTRY

HONORS AND AWARDS

IF SELECTED FOR THIS PROGRAM: SITE PREFERENCE?  EASTERN  WESTERN  NONEWANT COLLEGE CREDIT?  YES  NO; WHY NOT? \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND UNDERSTAND THAT ANY MISREPRESENTATION MAY BE CAUSE FOR REFUSAL OF ADMISSION TO THE PROGRAM

SIGNATURE DATE

**ALSO REQUIRED: 2 LETTERS OF RECOMMENDATION**OFFICIAL TRANSCRIPT FROM REGISTRAR  
2 WRITTEN PARAGRAPHS ON REVERSE SIDE: DESCRIBE YOUR INTERESTS IN, AND HOW YOU WOULD BENEFIT FROM, THIS PROGRAM; DESCRIBE YOUR EDUCATIONAL AND CAREER GOALS.SEND EVERYTHING REQUESTED  
BEFORE **February 1, 2009**, TO:PROF. PAUL MANTICA, DIRECTOR  
ACS NUCLEAR CHEMISTRY SUMMER SCHOOLS  
DEPARTMENT OF CHEMISTRY  
MICHIGAN STATE UNIVERSITY  
EAST LANSING, MI 48824  
FAX: 517-353-5967

EMAIL: mantica@msu.edu

1. DESCRIBE YOUR INTEREST IN, AND HOW YOU WOULD BENEFIT FROM, THIS PROGRAM.

2. DESCRIBE YOUR EDUCATIONAL AND CAREER GOALS.

How did you find out about this program?

Color poster

ACS Publication

Other (please specify) \_\_\_\_\_

Internet/WWW

Faculty/Colleague Suggestion

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I REQUEST YOUR CONFIDENTIAL EVALUATION FOR THE PURPOSE OF DETERMINING MY SUITABILITY FOR ACCEPTANCE INTO THE ABOVE PROGRAM TO WHICH I AM APPLYING. I WILL NOT ASK TO SEE THIS EVALUATION.

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Signature of Applicant:

Date:

**TO APPLICANT:** Please print your name and describe your connection with the referee **BEFORE** submitting this form to the evaluator.

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NAME (LAST FIRST MIDDLE ) SOCIAL SECURITY NO.

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PLEASE DESCRIBE YOUR CONNECTION WITH THE PERSON COMPLETING THIS FORM.

**TO REFEREE:** The student applicant named above is applying for admission to an intensive, six-week SUMMER SCHOOL IN NUCLEAR AND RADIOCHEMISTRY for undergraduates operated by the Division of Nuclear Chemistry and Technology of the American Chemical Society. If accepted the applicant will receive a fellowship which includes transportation, room, and board, books, tuition, laboratory supplies, and fees. Preference will be given to undergraduate chemistry majors who have completed their junior year prior to June 2009 and who are considering graduate education.

Please complete this form and return it by February 1, 2009 via mail or FAX to the address on the reverse side. If you do **NOT** know the student applicant well enough to complete this form with personal knowledge, please check here  and return as is.

1. OVERALL SCHOLARLY ABILITY  Outstanding (Comparable to the best student in current class; highest 5%)  
 Very Good (Next highest 10%)  
 Good (Ability easily identifiable; in upper 25%)  
 Average (In upper 50%)  
 Below Average

2. Some gifted students compile mediocre scholastic records. In your opinion is the student applicant's academic record, as you know it, an accurate reflection of his or her ability?  Yes  No  Do not know

If your answer is "No," please comment below.

3. What is your estimate of the student applicant's potential for successfully completing the Summer School program? Give your views on such matters as intellectual independence, capacity for analytical thought, ability to work with others, ability to organize and express ideas clearly (in writing and orally), drive and motivation, etc.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

PLEASE MAIL OR FAX THIS FORM BEFORE **February 1, 2009**,

TO: PROF. PAUL MANTICA, DIRECTOR  
ACS NUCLEAR CHEMISTRY SUMMER SCHOOLS  
DEPARTMENT OF CHEMISTRY  
MICHIGAN STATE UNIVERSITY  
EAST LANSING, MI 48824  
FAX: 517-353-5967  
EMAIL: mantica@msu.edu

If you wish, you may E-mail your evaluation of this applicant to:  
mantica@msu.edu

If you submit this form by E-mail, please be sure to include your responses to questions 1 and 2 on the first page of this personal reference form.