

ASPIRE

Student Application Form

This form to be filled out by the student, except for mentor's signature. Please type. 2 pages max.

Student Name: _____

UID: _____ Total Credits Earned: _____

Major: _____

Campus Address: _____

Phone Number: _____ Email Address: _____

Permanent Address: _____

Phone Number: _____ Current Overall GPA (out of 4): _____

Faculty/Staff Mentor: _____ Department: _____

Title of Research Project: _____

Student: Please attach a sheet describing the relevance of this project to your educational objectives and your view of the potential industry impact of the project.

Project Semester/Year: _____

Have you had any prior ASPIRE awards?: Yes / No

Student Signature: _____ Date: _____

Mentor Signature: _____ Date: _____

Return this Application along with Student Resume and Project Description Form to:
Maryland Technology Enterprise Institute, Room 2100 Potomac Building,
University of Maryland, College Park, MD 20742-3415 (301)405-3891