



THE UNIVERSITY OF  
**SOUTHERN MISSISSIPPI**

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**GULF COAST RESEARCH LABORATORY**

**2016 PROJECT I.N.S.P.I.R.E.  
APPLICATION INSTRUCTIONS**

Thanks for your interest in applying to the University of Southern Mississippi (USM) School of Ocean Science and Technology (SOST) Project I.N.S.P.I.R.E. at the Gulf Coast Research Laboratory (GCRL), located in Ocean Springs, MS. Please read the following application instructions carefully and fill-in all of the information requested in the application form. Failure to provide all of the necessary information will result in your application being considered incomplete, and you will not be considered for an internship position. In an effort to reduce paper waste, please email all application materials. Selected students will be expected to start in October 2016 and minimally work through May 2017. Below is a list of required materials:

1. Completed application form (follows).
2. Provide a statement of interest (maximum 2 pages).

Please include a description of your background experience in science, why you are interested in participating in this project, and what you hope to gain from the experience.

3. Submit two letters of recommendation.
5. Copy of your current transcript.

The above information should be submitted to: [Benjamin.weldon@usm.edu](mailto:Benjamin.weldon@usm.edu)

The **Application Deadline is October 21, 2016**. If you have any questions or if you need additional information, please contact Ben Weldon, Marine Education Specialist, at 228-818-8850 or email at [Benjamin.weldon@usm.edu](mailto:Benjamin.weldon@usm.edu). For those without access to email, please send your application to:

**Gulf Coast Research Laboratory**

**Attn: Ben Weldon**

**703 East Beach Drive**

**Ocean Springs, MS 39564**



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**2016 PROJECT I.N.S.P.I.R.E  
APPLICATION**

Name \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle / Maiden)

Current Mailing Address \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

Permanent Mailing Address \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

Phones: \_\_\_\_\_ E-mail Address \_\_\_\_\_  
(Cell, Area Code & Number) (Home, Area Code & Number)

Male  Female  Birth Date \_\_\_\_\_

Academic institution or high school where presently enrolled:

Institution \_\_\_\_\_

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

Major Department (if applicable) \_\_\_\_\_ Subject Area \_\_\_\_\_

Current GPA \_\_\_\_\_

Academic standing: Sophomore  Junior  Senior  Graduate

What is your estimated number of hours you could help with the project per week: \_\_\_\_\_

What are the days of the week that you would most likely be available to help with the project: \_\_\_\_\_

LIST SCIENCE COURSES WHICH YOU WILL COMPLETE PRIOR TO THE SPRING,  
BUT WHICH ARE NOT PRESENTLY LISTED ON YOUR TRANSCRIPT

Course Number	Course Title	Hours Credit
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT INFORMATION: Parent, Legal Guardian or Spouse

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ E-mail address \_\_\_\_\_  
\_\_\_\_\_ Telephone Home (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby affirm that to the best of my knowledge all information furnished on this form is complete and accurate. I understand that withholding information requested and giving false information may make me ineligible. I agree that any records of my academic performance may be furnished to any high schools or institutions of higher learning that I have attended, unless I file a notice that they not be sent. I am eligible to return to the last college that I attended.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Applicants under the age of 18 are required to have a parent or legal guardian sign below.

Date \_\_\_\_\_ Parent or Legal Guardian Signature \_\_\_\_\_