Thanks for your interest in applying to the Gulf Coast Research Laboratory's (GCRL) Project I.N.S.P.I.R.E. 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 January 2015 and minimally work through the spring semester. 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.
4. Copy of your current transcript.

The above information should be submitted to: Samuel.clardy@usm.edu

The Application Deadline is November 21, 2014. If you have any questions or if you need additional information, please contact Sam Clardy, Coordinator of Educational Programs, at 228-818-8885 or email at samuel.clardy@usm.edu. For those without access to email, please send your application to:

Gulf Coast Research Laboratory
Attn: Sam Clardy
703 East Beach Drive
Ocean Springs, MS 39564
2015 PROJECT I.N.S.P.I.R.E
APPLICATION

Name _____________________________ (Last) (First) (Middle / Maiden)

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

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

Phones: ____________________________ ____________________________
(Cell, Area Code & Number) (Home, Area Code & Number)

E-mail Address ____________________________

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

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
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<td>Telephone</td>
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<tr>
<td>City</td>
<td>Work (___)</td>
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Home (___) ____________________________  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__________________________