



Oregon Sea Grant Scholar Information Form

Please fill in all areas that apply to you.

Full name										
University ID Number (if any)	Sea Grant Opportunity type <input type="radio"/> Scholarship/Fellowship <input type="radio"/> Research project <input type="radio"/> Hourly <input type="radio"/> GRA/GTA									
Student Status <input type="radio"/> Undergrad. <input type="radio"/> Graduate <input type="radio"/> Post-bac <input type="radio"/> Non-student	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Mailing Address</td> </tr> <tr> <td style="padding: 5px;">Address _____</td> </tr> <tr> <td style="padding: 5px;">City/Town _____</td> </tr> <tr> <td style="padding: 5px;">State/County _____</td> </tr> <tr> <td style="padding: 5px;">Post/Zip Code _____</td> </tr> <tr> <td style="padding: 5px;">Country _____</td> </tr> <tr> <td style="padding: 5px;">Email Address</td> </tr> <tr> <td style="padding: 5px;">Mobile/Evening Phone Number (Area code + number)</td> </tr> <tr> <td style="padding: 5px;">Mobile/Daytime Number (Area code + number)</td> </tr> </table>	Mailing Address	Address _____	City/Town _____	State/County _____	Post/Zip Code _____	Country _____	Email Address	Mobile/Evening Phone Number (Area code + number)	Mobile/Daytime Number (Area code + number)
Mailing Address										
Address _____										
City/Town _____										
State/County _____										
Post/Zip Code _____										
Country _____										
Email Address										
Mobile/Evening Phone Number (Area code + number)										
Mobile/Daytime Number (Area code + number)										
School Attending (if enrolled)										
Major College and Department										
Degree and Degree Program(s), if enrolled										
Expected or Recent Graduation Date (term and year)										
Advisor & Project Supervisor Name(s)										
Name of Project/Scholarship/Fellowship										

Citizenship <input type="radio"/> US Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien	Visa Type: _____	Have you ever worked at OSU? <input type="radio"/> Yes <input type="radio"/> No
Are you currently working at OSU? If Yes, list Department <input type="radio"/> Yes <input type="radio"/> No Dept: _____		Current Enrollment Current Credit Hrs: _____ Current Term: _____

Sponsor Organization, or other funding source (if any) Org. Name _____ Address _____ City/Town _____ State/County _____ Post/Zip Code _____	Type of funds <input type="radio"/> Non-profit <input type="radio"/> Private <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Other Amount: _____	Sponsor Contact Name _____ Sponsor Contact Email _____ Sponsor Contact Phone (Area code- number) _____
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Please submit this form by returning it to the Oregon Sea Grant office at 1600 SW Western Blvd STE 350, Corvallis, OR 97333

THIS AREA IS FOR ADMINISTRATIVE USE ONLY	
Intake by: _____	Date: _____
Entered by: _____	Date: _____