



## **Louis Stokes Alliance for Minority Participation - Student Application**

| Last Name:_                    |   | Middle                 | Initial:                 |                       | First Name:         | :              |                       |
|--------------------------------|---|------------------------|--------------------------|-----------------------|---------------------|----------------|-----------------------|
| Campus Add                     | _City:                                      |                        |                          | State:                | Zip Code:           |                |                       |
| Home Addres                    | _ City:                                     |                        |                          | State:                | Zip Code:           |                |                       |
| Telephone: _                   | E-Mail:                                     |                        |                          |                       |                     |                |                       |
| Social Securit                 | ty #:                                       |                        | <b></b>                  |                       |                     |                |                       |
| Gender:                        | □Mal  | e □Female              |                          |                       |                     |                |                       |
| Ethnicity:                     | ☐Hispanic or                                | Latino □NC             | T Hispan                 | ic or Lat             | ino                 |                |                       |
| Race: □Am                      | erican Indian                               | □Alaska Native         |                          | □Asian                | 1                   | □Black         | c or African American |
| □Pac                           | □ Pacific Islander Native Hawaiian or Other |                        | □White                   |                       | ☐Hispanic or Latino |                |                       |
| Disability Sta                 | tus (Choose one                             | or more responses):    |                          |                       |                     |                |                       |
| □Неа                           | aring Impairment                            | □Other                 |                          |                       |                     |                |                       |
| □Vis                           | ual Impairment                              | □None                  |                          |                       |                     |                |                       |
| □Мо                            | bility/Orthopedic                           | Impairment             |                          |                       |                     |                |                       |
| Discipline:                    |   | -                      |                          |                       |                     |                |                       |
| ☐ Chemistry ☐ Computer Science |   |                        | □Life/Biological Science |                       |                     |                |                       |
|                                |   | □Geosciences           |                          | ☐Agricultural Science |                     |                |                       |
| □Mathematics                   |   | □Engineering/Archit    | ecture                   | □Environme            |                     |                | ce □Non Stem          |
| Class:                         | ☐ Freshman                                  | ☐ Sophomore            |                          | ☐ Juni                | or                  | ☐ Senio        | ог                    |
| <b>GPA:</b>                    |   |                        |                          |                       |                     |                |                       |
| Mentor:                        | (I4 N                                       |                        | (M: Ja)                  | . I:4: - I)           |                     | (Firm A Normal |                       |
| Mentor:                        | (Last Na                                    | ime)                   | (Mildale                 | e Initial)            |                     | (First Nan     | ne)                   |
| Mentor:                        | (Last Na                                    | ame)                   | (Middle                  | Initial)              |                     | (First Na      | me)                   |
| Participation                  | Activity: □ Wo                              | orkshop                | er Tutorii               | ng                    | □Research           | □Exce          | l Science Day         |
| If you checke                  | d Research or P                             | eer Tutoring do you re | equest LS                | AMP Fi                | nancial Supp        | ort for:       |                       |
|                                |   | Academic               | Year?                    | ∃Yes                  | □No                 |                |                       |
|                                |   | Summer S               | Session?                 | ∃Yes                  | □No                 |                |                       |



Louis Stokes Alliance for Minority Participation Consent and Release for Interview, Photographing, Videotaping, and/or Website Use, and Personal Information.

## **Ball State University**

I consent to interview(s), photography, videotaping and its/their release, publication, exhibition, or reproduction to be used for public relations, news articles or telecasts, education, advertising, research, inclusion on the university website, fund raising, or any other purpose by the university and/or its affiliates. I release the above mentioned university, their officers and employees, and each and all persons involved from any liability connected with the taking, recording, or publication of said interviews, photographs, slides, computer images, videotapes, or sound recordings. I also consent to release personal information to our funding agency for evaluation purposes only.

I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, or other publication irrespective of whether a fee for admission or film rental is charged. I also waive any right to inspect or approve any photo, video, or film taken by the university, or the person or entity designated it by it. I release and discharge the university and/or its affiliates(s) from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the pictures, or in any processing toward the completion of the finished product. All negatives and positives, whether prints video, film, or sound recording are the property of the university, or the person or entity designated by it, solely and completely.

I declare that I am eighteen (18 years old or older and am legally competent to execute this release or that I have acquired the written consent of my parent or guardian). I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document.

I have fully informed myself of this consent, waiver of liability, and release before signing it.

| (MI)               |                                 |
|--------------------|---------------------------------|
| Date               |                                 |
| if any, must sign. |                                 |
| Phone              |                                 |
| Date               |                                 |
|                    |                                 |
|                    |                                 |
| site etc:          |                                 |
|                    | Date  if any, must sign.  Phone |