



Community College Research Application Form

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Instructions: Please print clearly the following information. Turn in completed application packets, with all applicable signatures, to the EPSCoR Education and Outreach Coordinator to the address above. Incomplete applications will not be considered.

Personal Information:

Applicant's Full Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
SSN#: _____ Email: _____

Academic Information

Name of Community College: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

University Placement:

Rank the Universities in order of your preferred placement.

_____ Jackson State University _____ Mississippi College _____ Mississippi State University
_____ University of Mississippi _____ University of Southern Mississippi

Supporting Documents:

The following documents should be submitted along with your application.

1. A statement by the applicant describing how the research opportunity relates to his or her course of study and career plans.
2. A letter of recommendation from a faculty member from the community college the student attends
3. An official transcript mailed to Katie Echols at the above address

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the program selection committee/steering committee.

Student Signature: _____ Date: _____

For Official Use Only:

Approved: Yes _____ No _____

Principal Investigator Signature: _____ Date: _____

Project Fiscal Officer Signature: _____ Date: _____

Student Placement:

University: _____

EPSCoR Research Mentor: _____ EPSCoR Research Group: _____

Dates of Placement: _____