~ APPLICATION FORM ~

E.O.LAWRENCE POSTDOCTORAL FELLOWSHIP PROGRAM

Checklist for applicants

- C.V. (apply online at LBNL's Job site)

Application Packet:

- Application Form
- Application Statement
- Research Proposal
- Mentor Form (1)
- Reference Form (3)

Send Application Packet materials via email to:
Email: diversity.LawrencePostdoc@eroom2.lbl.gov

***Send official transcripts via mail to:**
E.O. Lawrence Postdoctoral Fellowship Program
Lawrence Berkeley National Laboratory
One Cyclotron Road, MS 937-600
Berkeley, CA 94720
USA

Name in full: _____
first middle last

Address and telephone numbers where you can be reached during daytime hours:

_____
street city state zip

Phone: _____ E-Mail: _____

U.S. Citizen: Yes _____ No _____ If no, permanent resident: Yes _____ No _____

_____ _____ _____
Date Ph.D. completed or or expected | Institution granting Ph.D. | Discipline

* Please have an official certificate of completion of the Ph.D. degree or graduate transcript sent directly to the E.O. Lawrence Postdoctoral Program.

_____
Current institution Current position

Give an informative title or brief abstract of your proposed research:

_____

_____

Indicate the area or discipline of the proposed research: _____

_____

State the name and affiliation of the laboratory sponsor who has agreed to serve as your mentor:

_____
Name of Mentor Division

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List the names and affiliations of three persons from whom you have requested references.
(One should be your Ph.D. Thesis Advisor)

1. _____
Name (Thesis Advisor) Department Campus

2. _____
Name Affiliation

3. _____
Name Affiliation

Is this the first time you have applied for an E.O. Lawrence Postdoctoral Fellowship? _____

How did you hear about the program? (Check all that apply)

_____ Through a Laboratory official, faculty member, or university official

_____ By seeing a program announcement or notice

_____

_____ By reading an announcement in a journal (Please identify)

_____

_____ Through fellow students or friends

_____ Other _____

Are you applying for other grants or fellowships? _____

Please specify if yes, _____

I hereby certify that the information in this application package is complete and accurate. I understand that misrepresentation of any portion of this application may be cause for cancelling financial award or appointment.

I give the E.O. Lawrence Postdoctoral Fellowship Program permission to provide my application file to individual University of California campus(es) for consideration should the campus(es) decide to award postdoctoral fellowships. I understand that this decision will in no way affect the outcome of the E.O. Lawrence Postdoctoral Fellowship review process.

_____
Applicant's signature Date

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E.O.LAWRENCE POSTDOCTORAL FELLOWSHIP PROGRAM

APPLICANT'S BACKGROUND

Name _____

1. Write a brief essay describing your educational development.

2. Attach a curriculum vita that includes your undergraduate institution and field of study, academic positions and/or awards, list of publications or current works-in-progress. Enclose samples with this application.

~ APPLICATION STATEMENTS ~

E.O. LAWRENCE POSTDOCTORAL FELLOWSHIP PROGRAM

Name _____

1. Write a brief statement of your research and/or teaching experience.

2. Write a brief statement of your interest in pursuing a research/academic career.

~ RESEARCH PROPOSAL ~

LAWRENCE POSTDOCTORAL FELLOWSHIP PROGRAM

Name _____

Applicant: Type a 300-500 word statement describing your proposed research, its significance within the discipline, and why you wish to conduct this research with your chosen mentor. Use continuation sheets if necessary. **Attach an abstract of your Ph.D. thesis**.

~ MENTOR FORM ~

E.O. LAWRENCE POSTDOCTORAL FELLOWSHIP PROGRAM

Applicant's Name _____ Mentor's Name/Title_____

To be completed by the **Mentor**:

The above-named applicant has applied for an E.O. Lawrence Postdoctoral Fellowship and has selected you as a mentor. If you have any questions, please contact the Work Force Diversity Office (see below).

1. Describe your mentorship role with reference to the following:
   (a) applicant's planned research;
   (b) expected course work, if any;
   (c) extent to which he/she will participate in campus academic activities (i.e., seminar programs, interest groups);
   (d) extent of anticipated participation at national/international research meetings;
   (e) facilities and resources available to the Fellow.

2. Describe briefly the extent to which department facilities may be available to the Fellow (i.e., office/lab space; clerical assistance; housing).

3. List the names of previous Postdoctoral Fellows who you have mentored and indicate their current positions.

   Attach a brief biography and list of publications. Attach additional sheets if necessary.

Signature	Department	Institution	Date

*Please send signed and completed Reference Form to via email to: diversity.LawrencePostdoc@eroom2.lbl.gov
If you have further questions, contact WFDO at 510-486-4130.

~ REFERENCE FORM ~

E.O. LAWRENCE POSTDOCTORAL FELLOWSHIP PROGRAM

To be completed by the **Applicant**:

_____ I waive the right to examine this reference form when completed.

_____ I reserve the right to examine this reference form when completed.

_____

Applicant's Name Referee's Name/Title (Ph.D. Thesis Advisor)

To be completed by the **Referee:**

The above-named applicant has applied for an E.O. Lawrence Postdoctoral Fellowship and has given your name as a reference. Please rate the applicant with respect to the attributes listed below.

.

	No Basis	Poor	Fair	Good	Very Good	Excellent	Outstanding
Scholarship							
Research Skills							
Teaching Ability							
Writing Ability							
Speaking Ability							
Interpersonal Skills							
Commitment to Academic Career							

Below, give your evaluation of the applicant with reference to the following:

a) the quality and originality of the applicant's work;

b) the applicant's potential for an academic teaching and research career.

If the applicant's Ph.D. thesis is still in progress, rate the likelihood of its completion in accordance with eligibility requirements. Attach additional sheets if necessary.

_____

Signature Department Institution Date

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