



**BROOKHAVEN NATIONAL LABORATORY
OFFICE OF EDUCATIONAL PROGRAMS
HIGH SCHOOL RESEARCH PROGRAM**

Application Data

Applicant data are important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your completion and submission of this form will assist us in this regard; however, if you decide not to do so, your choice will not affect our decision regarding your application. We appreciate your cooperation.

Student Name: _____ **Date:** _____

Ethnic Group:

- ___ White (not Hispanic or Latino - a person having origins in any of the original peoples of Europe, North Africa or the Middle East)
- ___ Black or African American (not Hispanic or Latino - a person having origins in any of the Black racial Groups of Africa)
- ___ Hispanic or Latino (a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race)
- ___ Asian (not Hispanic or Latino - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent)
- ___ American Indian or Alaskan Native (not Hispanic or Latino - a person having origins on any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition)
- ___ Native Hawaiian or other Pacific Islander (not Hispanic or Latino - a person having origins in Hawaii or the Pacific Islands)

Gender: _____

Physical/mental disability (physical or mental impairment that substantially limits one or more major activities--for example, blindness, deafness, or mobility impairment)

Yes No

If Yes, explain:

Please return this form to:

Scott Bronson
High School Research Program
Brookhaven National Laboratory
Science Education Center, Bldg. 438
Upton, NY 11973-5000