

Gorman-Metz Scholarship For a Graduate Student with a Disability 2025-2026

The scholarship was established through the generosity of Donald and Dorothy Metz, who both had long careers at the Lab, and is named in memory of the Metz's parents. It was first awarded in 1997.

APPLICANT INFORMATION

FIRST NAME (please print or type):

MIDDLE INITIAL (if any):

LAST NAME (+ Suffix if any):

APPLICANT'S EMAIL ADDRESS:

CITY:

STATE:

ZIP:

SCHOOL:

Type of disability, how & when acquired:

What personal adaptations, ingenuity or assistive technologies have you utilized to enable you to successfully complete your academic program?

NOTE: The Scholarship Committee reserves the right to request documentation, e.g. school records, psychologist or medical report.

PARENT EMPLOYED AT BROOKHAVEN NATIONAL LABORATORY*

NAME (First Name, Last Name):

RELATIONSHIP TO APPLICANT:

EMPLOYEE'S LIFE #: _____

DEPARTMENT: _____

EMPLOYEE'S BNL EMAIL: _____

DOES THE PARENT RESIDE AT THE SAME ADDRESS AS THE APPLICANT?*

☐ Yes

☐ No, please explain: _____

*Brookhaven Laboratory offers this annual scholarship to a college student with a disability (as defined by the [Americans with Disabilities Act \(ADA\)](#)) whose parent is a current employee, a retiree, or passed away while an active employee at the Lab. Although the scholarship is administered by Brookhaven Lab, a team at The Viscardi Center (previously called the National Center for Disability Services), in Albertson, New York, selects the awardee.

** In the case of unrelated dependents, including those whose parents are domestic partners, eligibility will be established if the employee regularly claims the applicant as a dependent for income tax purposes, or if the applicant normally resides in the employee's household, which must include the two-year period immediately prior to applying for a scholarship.

I. EDUCATION & TRAINING

List in descending chronological order all institutions of college grade or above.

NAME AND LOCATION OF SCHOOL OR COLLEGE	ENTERED MONTH YEAR	WITHDREW MONTH YEAR	GRADE AVERAGE	TYPE OF DEGREE CONFERRED OR TO BE CONFERRED	MAJOR	DATE OR EXPECTED DATE OF CONFERRAL

NOTE: *UNOFFICIAL COPY* OF TRANSCRIPT FROM SCHOOL NOW BEING ATTENDED MUST BE ATTACHED TO THIS APPLICATION. OFFICIAL TRANSCRIPTS FROM EACH COLLEGE LEVEL EDUCATION INSTITUTION MUST BE SENT BY THE INSTITUTIONS TO THE HUMAN RESOURCES DEPT, Attn.: Claudia Abad (address below).

II. Test Results for entering Graduate School (e.g. GRE, MCAT, etc.):

EXAMINATION TYPE	SCORE	PERCENTILE

III. RECOGNITION

List all scholarships, STEM leadership roles, honors, awards, and any other recognition relevant to your field received. Include any scholarship(s) or office of any kind held.

AWARD/POSITION	PLACE	DATE

IV. PROFESSIONAL OR TECHNICAL REFERENCES

List three (3) references who provide letters of recommendation. *(Enclose letters with the application.)*

NAME	ADDRESS	OCCUPATION

V. PROFESSIONAL GOALS

Please provide a concise, typed essay summarizing the objectives of your planned education program and your long-range professional goals. Your essay should offer sufficient detail for evaluation by a reviewer technically competent in your field.

Be sure to attach your essay to this application and keep it to one page, double-spaced.

VI. VOLUNTEERISM

List all service organizations or volunteer activities in which you are (and/or have been) involved.

ACTIVITY	ORGANIZATION	DATES OF INVOLVEMENT

VII. EMPLOYMENT HISTORY

Start with present or last positions first, including summer and part-time work.

EMPLOYED		EMPLOYER	SUPERVISOR'S NAME
FROM MO. YR.	TO MO. YR.	ADDRESS	SUPERVISOR'S TITLE
		TITLE	REASON FOR LEAVING
		DESCRIPTION OF DUTIES (please be specific)	

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IMPORTANT: I authorize any of my references, universities and colleges attended, and all employers to furnish information requested by the Scholarship Committee and I hereby release all such persons and organizations and the Committee from any claim for damages by reason of furnishing such information or records.

SIGNATURE:	DATE:
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APPLICATION DEADLINE: June 27, 2025 at 5:00 pm EDT

DROP OFF or MAIL TO:

HUMAN RESOURCES DIRECTORATE

Attn.: Claudia Abad – Bldg. 400B

P.O. Box 5000

Upton, NY 11973-5000

****Please mark envelope confidential****

or

send by email: cabad@bnl.gov

****Please indicate 'Gorman-Metz' on the subject line****