



# Xavier University of Louisiana GAELA

(Graduate Alliance for Education in Louisiana)

## APPLICATION FOR PARTICIPATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY

STATE

ZIP CODE

HOME PHONE #: \_\_\_\_\_ LOCAL PHONE #: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

CITY

STATE

ZIP CODE

XU ID or SS#: \_\_\_\_\_ SEX: \_\_\_\_\_ MAJOR: \_\_\_\_\_  
(XU ID preferred)

E-MAIL ADDRESS: \_\_\_\_\_

XAVIER GPA: \_\_\_\_\_ ACT: \_\_\_\_\_ SAT: \_\_\_\_\_ CLASSIFICATION: Fr So Jr Sr

Please indicate if you have participated in any of the following pre-collegiate summer bridge programs:

EPsAR       STEM Scholar       Howard Hughes       In-Flight

other(s): \_\_\_\_\_

**Research Experience: Please provide information regarding the research experience you had during the Summer/Academic year. If on-campus, provide your mentor's name:**

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**Have you participated in any of the programs listed below (please check all that apply and indicate why you are no longer a participant)?**

MIE       MARC       RISE       MBRS       GAELA

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**I give the SEMEP Office permission to access all of my Xavier University records for use in program evaluation.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**On a separate sheet of paper, please prepare a statement on your future educational, career goals and why you think you should be considered to become a participant in this program. All information provided on this form and the attachments should be typewritten or prepared on a word processor. The applicant also authorizes the University and its agents to have access to his/her academic records as needed in the administration of this program for statistical purposes and to use selected portions of that information in reports to supporting agencies. This application requires a letter of recommendation from your academic advisor.**

**Science, Engineering, and Mathematics Educational Programs Office  
Xavier University of Louisiana  
NCF Science Addition Room 261  
1 Drexel Drive – Box 146  
New Orleans, Louisiana 70125  
(504) 520-7646  
(504) 520-7966**