ERAP
ENVIRONMENTAL RESEARCH APPRENTICESHIP PROGRAM APPLICATION

ECU STUDENT ID NUMBER   LAST NAME   FIRST   MI

ADDRESS   CITY   STATE   ZIP

CELL PHONE

US CITIZEN OR PERMANENT RESIDENT: YES OR NO   IF NO, SSN? YES OR NO

Undergraduate Major_____ Minor_____

Classification (FR, SO, JR, SR, Post-Grad) _____

If Post-Grad, Major_____

When can you begin work for ERAP _____

Grade point average: _____Enrolled full time?_____Hours Completed_____

Graduating at the end of this semester? _____If no, anticipated graduation date_____

Return completed application to:
    Room 339
    Fentem Hall

Or mail to:
    East Central University
    ERAP Program
    Box S-76
    Attn: Yul Dotson
    Ada, OK 74820

I authorize the ERAP Program to receive copies of my high school and college transcripts and other education records while a student at ECU to determine initial and/or continued eligibility for the program. I understand that the transcripts may be used in consideration for selection.

Signature _____

Date _____