



# Personal Data Sheet

The information collected on this form will have no influence on decisions made regarding your award and is requested only from students who have been awarded scholarships. If you have not been awarded a CSEMS scholarship, you should not fill out this form. The information is for statistical purposes and will be used by the National Science Foundation (NSF).

Please use black or blue ink and block letters.

**DATE:**

## Personal Information

Last Name:		First Name:		Middle Initial:
Social Security Number:		Date of Birth (mm/dd/yy):		Gender (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity (Choose One): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (Choose one): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Disability: <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Visually impaired <input type="checkbox"/> Mobility/orthopedic impairment <input type="checkbox"/> Learning disability <input type="checkbox"/> None <input type="checkbox"/> Other (please explain)