

U.S. DEPARTMENT OF COMMERCE
SCIENCE AND TECHNOLOGY FELLOWSHIP (COMSCI) PROGRAM
NOMINATION FORM

PLEASE TYPE OR PRINT CLEARLY

Name: _____

Title: _____ Grade: _____

Agency: _____

Office Mailing Address: _____

Office Telephone #: _____ Fax #: _____

Office E-mail Address: _____

Home Mailing Address: _____

Home Telephone #: _____ Home E-mail address: _____

Please complete the security information below to ensure clearance into secured government buildings:

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____ Citizenship: _____

Current Security Clearance Level: _____

REQUIRED ATTACHMENTS FROM APPLICANTS:

- Experience: Include a current and complete detailed resume.
- Provide at least two references with telephone numbers.
- ComSci Focus: Include a brief narrative (not less than one page and not more than two pages) describing why you are applying for the ComSci Program, how your experience and abilities qualify you for the ComSci Program, and what you hope to gain from this experience should you be selected.
- If applying for the program option with an assignment, list five specific offices or areas of interest, which you would like to pursue for your ComSci assignment, and indicate the special skills or qualities that would bring to the assignment.

APPROVING OFFICIAL, PLEASE CHECK THE PROGRAM OPTION FOR WHICH YOU WANT THE NOMINEE TO BE CONSIDERED:

_____ The ComSci Program with an assignment option, I hereby authorize a full-time, ten-month (January through October) leave of absence for this training assignment. I agree to support the applicant's salary, fringe benefits, any housing or relocation expenses required, as well as the tuition (\$8,500), and travel expenses directly associated with the one-week field trip (approximately \$2,500), which is part of the fellowship program.

_____ The ComSci Program without an assignment option, I hereby authorize a part-time, ten-month (January through October) training period. I agree to support the applicant's tuition (\$8,500), and travel expenses directly associated with the one-week field trip (approximately \$2,500), which is part of the fellowship program.

Name of Approving Official (**Please Type or Print**)

Title Approving Official (**Please Type or Print**)

Signature of Approving Official

Phone #: _____ FAX#: _____

E-mail address: _____