

US EPA ARCHIVE DOCUMENT

An interactive PDF version of this form is available online at
www.epa.gov/fellowships

Project Information

Project Number: 2013- _____

Project category:

- ☐ Environmental Management and Administration
☐ Environmental Science
☐ Public Relations and Communications

If you are applying for more than one NNEMS project, please indicate:

_____ Total number of NNEMS projects for which you are applying

_____ Order of preference for this project (1 = most preferred)

You must complete a separate application for each project for which you are applying.

Applicant Information

Name: _____

Please check the address to which you would like materials sent.

☐ Current Mailing Address

City _____ State _____ Zip _____

At Current Address Through _____ (month/year)

Current Phone: (_____) _____ - _____

Current Email: _____

☐ Permanent Mailing Address

City _____ State _____ Zip _____

At Permanent Address Through _____ (month/year)

Permanent Phone: (_____) _____ - _____

Permanent Email: _____

Current School/University: _____

Current Student Level:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Advanced |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Graduate |
| <input type="checkbox"/> Freshman | <input type="checkbox"/> Ph.D. |
| <input type="checkbox"/> Sophomore | |
| <input type="checkbox"/> Junior | |
| <input type="checkbox"/> Senior | |

Current Major/Minor: _____

Expected Graduation Date: _____

Please list any additional universities attended:

| | | Transcript Enclosed |
|-------------------|----------------|--|
| School/University | Dates Attended | |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Names of Individual(s) Providing Reference: _____

Eligibility

A NNEMS fellowship is available to any associate, undergraduate or advanced student who is:

- A citizen of the U.S., its territories or possessions, or lawfully admitted to the U.S. for permanent residency
- Enrolled for academic credit at an accredited educational institution¹
- Pursuing an educational program directly related to pollution control or environmental protection for the duration of the fellowship

Please note: The following types of students are not eligible for a NNEMS fellowship:

- Federal employees, including those who are on "leave without pay" status
- Undergraduate and graduate students who will graduate before the NNEMS fellowship is completed (Students who complete their undergraduate studies before the end of a fellowship may apply if currently accepted or enrolled to a graduate program.)
- High school students

Additional requirements for associate, undergraduate and advanced students include the following:

Associate and Undergraduate Students

- 3.0 cumulative grade point average (GPA) based on a scale of 4.0 at the time that the application is due (a GPA of 2.999, for example, is not sufficient)
- Completion of at least four courses related to the field of environmental studies

Advanced Students

- Currently enrolled in a graduate or Ph.D. program or can provide proof of acceptance and enrollment to a graduate or Ph.D. program at the time of fellowship award. Students who are awaiting notification of acceptance must submit verification of acceptance and enrollment at the time of fellowship award.
- Completion of one semester of graduate or Ph.D. work, or at least four undergraduate courses related to the field of environmental studies

¹ The 2- or 4-year college, university or distance-learning institution must be accredited by a regional or national accrediting organization recognized by the U.S. Department of Education or the Council for Higher Education Accreditation (www.chea.org).

Proposal

You may attach one additional page as necessary.

Proposed Research Plan: Describe how you would conduct your research on this project.

Relevant Information: Describe your academic, professional or relevant experience that you believe qualifies you to conduct this research. For example, identify academic courses or research that enhances your qualifications.

Academic Goals: State how you expect this project to support your academic and professional goals.

Application Package Checklist

| | Yes | No | | Original | 2 Copies | Mailed Separately |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| Are you a citizen of the U.S., its territories or possessions, or lawfully admitted to the U.S. for permanent residency (a lawful permanent resident must provide his or her green card number on his or her application)? | <input type="checkbox"/> | <input type="checkbox"/> | Students must submit three complete application packages for each project (one original and two copies). Please note that only one official transcript is required, which may be opened and copied, even if a student is applying for multiple projects. Please verify that you have included: | | | |
| Are you enrolled at an accredited school? | <input type="checkbox"/> | <input type="checkbox"/> | A completed Application Form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a federal employee? Federal employees, including those who are on "leave without pay" status, are not eligible for a NNEMS Fellowship. | <input type="checkbox"/> | <input type="checkbox"/> | A completed Standard Form 424 (SF 424) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a minimum 3.0 GPA? | <input type="checkbox"/> | <input type="checkbox"/> | A résumé | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | An official college transcript from each school attended | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Confidential Information | Yes | No | A Reference Form from a professor or advisor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your application package contain information that you consider to be confidential? | <input type="checkbox"/> | <input type="checkbox"/> | A completed NNEMS Disclosure and Waiver Statement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be sure to clearly mark confidential information | | | Verification of acceptance and/or enrollment in a graduate or Ph.D. program if applicant is a graduating senior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Complete application packages must be submitted for each NNEMS project.
Applications must be postmarked on or before **February 8, 2013**.

Send the completed application package to:
NNEMS Fellowship Program
Tetra Tech EM Inc.
1881 Campus Commons Drive, Suite 200
Reston, VA 20191

An interactive PDF version of this form is available online at
www.epa.gov/fellowships

Project Information

Project Number: 2013- XXX

Project category:

- ☒ Environmental Management and Administration
☐ Environmental Science
☐ Public Relations and Communications

If you are applying for more than one NNEMS project, please indicate:

- 3 Total number of NNEMS projects for which you are applying
1 Order of preference for this project (1 = most preferred)

You must complete a separate application for each project for which you are applying.

Applicant Information

Name: John Doe

Please check the address to which you would like materials sent.

- ☒ Current Mailing Address

123 Hill Street

Anytown VA 22205

City State Zip

At Current Address Through May 2013 (month/year)

Current Phone: (123) 456 - 7891

Current Email: johndoe@email.com

- ☐ Permanent Mailing Address

City State Zip

At Permanent Address Through (month/year)

Permanent Phone: () -

Permanent Email:

Current School/University: State University

Current Student Level:

- Undergraduate Advanced
☐ Associate ☐ Graduate
☐ Freshman ☐ Ph.D.
☐ Sophomore
☒ Junior
☐ Senior

Current Major/Minor: Environmental Policy

Expected Graduation Date: June 2014

Please list any additional universities attended:

| School/University | Dates Attended | Transcript Enclosed |
|-------------------|----------------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Names of Individual(s) Providing Reference: Dr. Jane Doe

Eligibility

A NNEMS fellowship is available to any associate, undergraduate or advanced student who is:

- A citizen of the U.S., its territories or possessions, or lawfully admitted to the U.S. for permanent residency
- Enrolled for academic credit at an accredited educational institution¹
- Pursuing an educational program directly related to pollution control or environmental protection for the duration of the fellowship

Please note: The following types of students are not eligible for a NNEMS fellowship:

- Federal employees, including those who are on "leave without pay" status
- Undergraduate and graduate students who will graduate before the NNEMS fellowship is completed (Students who complete their undergraduate studies before the end of a fellowship may apply if currently accepted or enrolled to a graduate program.)
- High school students

¹ The 2- or 4-year college, university or distance-learning institution must be accredited by a regional or national accrediting organization recognized by the U.S. Department of Education or the Council for Higher Education Accreditation (www.chea.org).

Proposal

You may attach one additional page as necessary.

Proposed Research Plan: Describe how you would conduct your research on this project.

Some well-placed phone calls can save a lot of time in the library, so my investigation would begin with a week or two of phone interviews with a range of people already familiar with (1) wetland protection issues, and (2) the impact of USAID, World Bank and IUCN policies on environmental media. I would include USAID and World Bank program officers, UNEP officers, UNEP officials, public interest organizations with international environmental programs, and academic specialists, as well as people within the EPA.

(continued on attached sheet)

Relevant Information: Describe your academic, professional or relevant experience that you believe qualifies you to conduct this research. For example, identify academic courses or research that enhances your qualifications.

Though I do not have a background in wetlands or water issues in general, I have been working for the past five years on international pesticide issues. I am already familiar with some of the mechanisms currently in place at the World Bank and USAID to regulate how their funds are used for pesticides. Last year, I wrote Problem Pesticides, Pesticide Programs and Analysis of the International Code of Conduct on the Distribution and Use of Pesticides approved in November 1986 by the FAO, as well as a guide on how to monitor for compliance with the code.

Academic Goals: State how you expect this project to support your academic and professional goals.

I would expect my end project to be a report summarizing the impacts these agencies are having on wetlands, along with a substantive analysis of the legal and political factors driving these impacts. The report would also include specific recommendations for policy changes. This project would allow me to gain hands-on experience in international policy as it relates to environmental issues, which dovetails with the Environmental Management program I am pursuing. This real world experience would reinforce the topics I have studied in school, allow me to explore wetlands issues in more depth, and give me crucial background experience to help me find a job in the environmental public policy field upon graduation.

Application Package Checklist

| | Yes | No | | Original | 2 Copies | Mailed Separately |
|--|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Are you a citizen of the U.S., its territories or possessions, or lawfully admitted to the U.S. for permanent residency (a lawful permanent resident must provide his or her green card number on his or her application)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Students must submit three complete application packages for each project (one original and two copies). Please note that only one official transcript is required, which may be opened and copied, even if a student is applying for multiple projects. Please verify that you have included: | | | |
| Are you enrolled at an accredited school? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | A completed Application Form | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are you a federal employee? Federal employees, including those who are on "leave without pay" status, are not eligible for a NNEMS Fellowship. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | A completed Standard Form 424 (SF 424) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do you have a minimum 3.0 GPA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | A résumé | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Confidential Information | Yes | No | An official college transcript from each school attended | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Does your application package contain information that you consider to be confidential? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | A Reference Form from a professor or advisor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Be sure to clearly mark confidential information | | | A completed NNEMS Disclosure and Waiver Statement | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | Verification of acceptance and/or enrollment in a graduate or Ph.D. program if applicant is a graduating senior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Complete application packages must be submitted for each NNEMS project.
Applications must be postmarked on or before **February 8, 2013**.

Send the completed application package to:
NNEMS Fellowship Program
Tetra Tech EM Inc.
1881 Campus Commons Drive, Suite 200
Reston, VA 20191

Standard Form 424 – Application for Federal Assistance

Following are instructions for completing the Standard Form 424 (SF-424) Application for Federal Assistance. An interactive pdf version of this form is available online at www.epa.gov/fellowships.

As listed below, several fields on the SF-424 should be left blank.

1. Enter "Preapplication."
2. Enter "New."
3. Leave blank.
4. Leave blank.
5. Federal Entity Identifier: Leave blank.
Federal Award Identifier: Leave blank.
6. Leave blank.
7. Leave blank.
8. Legal Name: Enter your legal name in this order: last name, first name, middle initial/name.
Employer/Taxpayer Identification Number (EIN/TIN): Enter "123456789."
Organizational DUNS: Leave blank.
Address: Enter the address (including street, city, state, and zip code) you are currently using to receive United States Postal Service mail.
Organizational Unit: Leave blank.
Name and contact information of person to be contacted on matters involving this application: Enter your name, telephone number, and email address. Your middle name, suffix, and fax number are optional.
9. Enter "P. Individual."
10. Enter "Environmental Protection Agency."
11. Enter "66.952."
12. Enter "EPA-EED-13-01."
13. Leave blank.
14. Leave blank.
15. Enter the project title of the fellowship for which you are applying.
16. List your Congressional District under "Applicant." Under "Program/Project," list the Congressional District for the fellowship project location. To identify the appropriate Congressional District, go to **www.house.gov** and enter your nine digit zip code to identify your representative and district.
17. Enter the project start and end dates for the fellowship for which you are applying.
18. Leave blank.
19. Enter "c. Program is not covered by E.O. 12372."
20. Self-explanatory.
21. Enter your name, title, telephone number and email address. "Student" or "Graduate Student" is an appropriate title. Print a hard-copy of the SF 424 and sign the pre-application.

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☐ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☐ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify)**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

*** c. Organizational DUNS:**

d. Address:

*** Street1:**

Street2:

*** City:**

County:

*** State:**

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

*** First Name:**

Middle Name:

*** Last Name:**

Suffix:

Title:

Organizational Affiliation:

*** Telephone Number:**

Fax Number:

*** Email:**

Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:****11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation**☐ Yes☐ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☐ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Sample SF-424

OMB Number: 4040-0004
Expiration Date: 03/31/2012

| Application for Federal Assistance SF-424 | | |
|---|--|--|
| * 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | |
| * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | | |
| * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/> | | |
| * 3. Date Received: <input type="text"/> | | 4. Applicant Identifier: <input type="text"/> |
| 5a. Federal Entity Identifier: <input type="text"/> | | * 5b. Federal Award Identifier: <input type="text"/> |
| State Use Only: | | |
| 6. Date Received by State: <input type="text"/> | | 7. State Application Identifier: <input type="text"/> |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: <input type="text" value="Doe, John H."/> | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> | | * c. Organizational DUNS: <input type="text"/> |
| d. Address: | | |
| * Street1: <input type="text" value="123 Hill Street"/> | | |
| Street2: <input type="text"/> | | |
| * City: <input type="text" value="Anytown"/> | | |
| County: <input type="text"/> | | |
| * State: <input type="text" value="VA"/> | | |
| Province: <input type="text"/> | | |
| * Country: <input type="text" value="USA: UNITED STATES"/> | | |
| * Zip / Postal Code: <input type="text" value="22205"/> | | |
| e. Organizational Unit: | | |
| Department Name: <input type="text"/> | | Division Name: <input type="text"/> |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: <input type="text"/> | | * First Name: <input type="text" value="John"/> |
| Middle Name: <input type="text"/> | | |
| * Last Name: <input type="text" value="Doe"/> | | |
| Suffix: <input type="text"/> | | |
| Title: <input type="text" value="Student"/> | | |
| Organizational Affiliation: <input type="text"/> | | |
| * Telephone Number: <input type="text" value="(123) 456-7891"/> | | Fax Number: <input type="text"/> |
| * Email: <input type="text" value="johndoe@email.com"/> | | |

Sample SF-424

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

P. Individual

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.952

CFDA Title:

* 12. Funding Opportunity Number:

EPA-EED-13-01

* Title:

NNEMS Fellowship Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

Community Involvement and Program Initiatives

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant Virginia 8th

* b. Program/Project Virginia 8th

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 6/1/2013

* b. End Date: 8/31/2013

18. Estimated Funding (\$):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation**☐ Yes☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:Prefix:

* First Name: John

Middle Name:

* Last Name: Doe

Suffix:

* Title: Student

* Telephone Number: 123-456-7891

Fax Number:

* Email: Johndoe@email.com

* Signature of Authorized Representative: *John Doe*

* Date Signed: January 26, 2013

Sample SF-424

Application for Federal Assistance SF-424

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

SAMPLE

Instructions for the Reference

Thank you for providing a reference for a NNEMS fellowship applicant. Before you begin, please note that this reference is not intended to be confidential. Please submit the completed form to the applicant identified below, to be included in the application package. You may submit the reference under separate cover at the address provided below, but it must be postmarked on or before **February 8, 2013**:

NNEMS Fellowship Program
Tetra Tech EM Inc.
1881 Campus Commons Drive, Suite 200
Reston, VA 20191

To be Completed by Applicant

| | |
|---|--------------------------------------|
| Project Number: 2013- _____ | Current Phone: (____) ____ - _____ |
| Applicant's Name: _____ | Current Email: _____ |
| Current Mailing Address: _____ _____ | School/University: _____ |
| _____ | Current Major/Minor: _____ |
| _____ | Expected Graduation Date: _____ |
| City _____ State _____ Zip _____ | |

To be Completed by the Reference

| | |
|--|--------------------------------------|
| Name of Individual Providing Reference: _____ | Current Phone: (____) ____ - _____ |
| Current Mailing Address: _____ _____ | Current Email: _____ |
| _____ | Position or Title: _____ |
| _____ | Department: _____ |
| City _____ State _____ Zip _____ | Institution: _____ |
| | _____ Signature _____ Date _____ |

(Reference Form continued on next page)

Reference Form

Reference

The applicant named above is applying for a NNEMS fellowship. What are your personal impressions of the candidate's ability to perform the proposed fellowship? Include how the fellowship relates to and will further the student's academic goals. Please comment on the quality of his or her work, and promise of productive scholarship. Please explain in what capacity you have known the applicant and for what time period.

Rating:

Please rate this student in overall promise in comparison with other individuals with whom you have known at similar stages in their academic studies by checking the appropriate boxes.

| | Outstanding | Excellent | Good | Fair | Poor | Not Applicable |
|--|-------------|-----------|------|------|------|----------------|
| Academic Performance | | | | | | |
| Motivation for Proposed NNEMS Research Plan | | | | | | |
| Research and Writing Ability | | | | | | |
| Leadership Skills and Written Communication Skills | | | | | | |

NNEMS Disclosure and Waiver Statement

Please complete and submit with NNEMS application package. This form may be photocopied.

I understand that the National Network for Environmental Management Studies (NNEMS) Program fellows are not employees of the Environmental Protection Agency (EPA) or the U.S. government. Thus, if selected to be a NNEMS fellow, I will not receive typical federal employee benefits including, but not limited to, health insurance, life insurance, annual leave and sick leave.

In addition, I understand that in the event of an accident causing injury to myself while either performing my assigned functions or traveling, the U.S. government is not liable for any injury or harm I may incur. Further, I understand that the U.S. government is not liable for any injury or harm I may cause another person or persons while performing my assigned functions or traveling for the EPA. As such, I understand that I am responsible for any injury or harm I cause to myself or others as a result of my actions.

By signing this form, I acknowledge that I fully understand the provisions contained in this statement regarding my status as a NNEMS fellow and the consequences of my actions while working as a NNEMS fellow. As a result, I have considered the possibility of obtaining personal insurance during my NNEMS fellowship.

Name: _____ School: _____

Home Address: _____ Project # Applied For: 2013 - _____

_____ Project Category: _____

Home Phone Number: _____

Signature: _____ Date: _____