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## 2012-2013 Stony Brook University AmeriCorps Application Instructions

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Thank you for your interest in the Stony Brook University AmeriCorps Program. AmeriCorps is a national service agency that is similar to the Peace Corps; only instead of sending volunteers out of the country to serve, we serve in America's non-profits organization.

Those who are qualified and complete the AmeriCorps program will receive a tuition scholarship for **\$1,147!**

Please review the qualifications and the acceptance process.

### Minimum requirements:

- You are a United States citizen or a lawful permanent resident.
- You will complete a minimum of 300 hours between September 15, 2012 and September 14, 2013.

### Acceptance is contingent on the following:

1. You have met the minimum requirements.
2. You have completely filled out the application.
3. Minimum GPA: 2.75
4. You signed the contract.
5. You agree to a background check.
6. You have turned in a **COPY** of your:
  - Birth Certificate **OR**
  - Valid U.S. Passport issued to the individual as a U.S. Citizen **OR**
  - Alien Registration Receipt Card
  - State issued photo ID
  - Social Security Card

Please bring your **ORIGINAL** social security card and ID for verification. The AmeriCorps Director will need to see **BOTH** the copy and the original.

If you have any additional questions, please email me at: [Urszula.Zalewski@stonybrook.edu](mailto:Urszula.Zalewski@stonybrook.edu) or call 631-632-6814. Thank you for your interest and good luck with all of your service endeavors!

Sincerely,  
Urszula Zalewski  
AmeriCorps Program Director



Application for the Stony Brook University  
AmeriCorps VCS Education Award Program

September 15, 2012-September 14, 2013

NOTES

**CONTACT INFORMATION:**

NAME \_\_\_\_\_  
Last First Middle

Stony Brook ID# \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**CURRENT ADDRESS:** All information will be sent to this address unless you notify us of a change.

\_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
CITY STATE ZIP CODE

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

\*Please notify us of new address at time of move.

**LOGISTIC QUESTIONS:**

Do you receive Federal Work Study? (Circle answer) Yes/No

Do you have a car to travel off campus to a placement site? Yes/No

**ELIGIBILITY:**

- Are you a United States citizen, national, or lawful permanent resident alien? \_\_Yes \_\_No
- Are you 17 years or older? \_\_Yes \_\_No  
If you are 17, do you have your parent's consent to participate in AmeriCorps? \_\_Yes \_\_No
- Have you graduated high school or received a GED? \_\_Yes \_\_No
- Will you agree to a background check? \_\_Yes \_\_No
- Will you obtain a minimum of 300 hours between September 15, 2012 and September 14, 2013? \_\_Yes \_\_No
- Will you complete your AmeriCorps position in New York State? \_\_Yes \_\_No

**Department and Major:**

DEPARTMENT: \_\_\_\_\_

MAJOR: \_\_\_\_\_

Please circle status: U1 U2 U3 U4 G1 G2 other\_\_\_

Current GPA: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**Previous AmeriCorps Service:**

Have you previously served in AmeriCorps? \_\_No \_\_Yes If yes, please complete the following:

PROGRAM NAME: Check all that apply.

\_\_AmeriCorps\*VISTA \_\_AmeriCorps\*NCCC \_\_AmeriCorps\*State and National Program

LOCATION: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Did you complete your term of service? \_\_Yes \_\_No

If no, why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Community Service & Leadership:**

**Please list and briefly describe your involvement with community service:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**LEGAL SECTION**

Answer the following questions fully. Existence of criminal conviction/adjudication may or may not disqualify you from consideration, depending on the circumstances. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

**Have you ever been:**

- Convicted of any criminal offense by a civilian or by military court?  Yes  No
- Adjudicated or held responsible as a juvenile offender of any criminal offense by a civilian court or by authorities?  Yes  No

**Are you now:**

- Under charges for any offenses or are any civil suits or judgments pending against you?  Yes  No
- On probation or parole?  Yes  No
  - If no, skip to “Certification” below.
  - If you answered yes to any of the questions above, please provide the following information:

Date: \_\_\_\_\_ Place \_\_\_\_\_  
Month/Day/Year City State

Charge: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Court, Probation, or Parole Officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Street Address City State Zip Code

**You may attach any additional information or explanation on a separate sheet.**

**Certification**

**Your application must be certified with your original signature in ink.**

I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination as an AmeriCorps member. I also understand that my selection for participation in this AmeriCorps program may require a background or security check.

**PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C & 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S. C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs.**

The principal purpose for requesting this personal information is to process your application for acceptance into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National Service without your prior written permission.

\_\_\_\_\_  
Signature Date  
(THIS MUST BE AN ORIGINAL SIGNATURE)