

**2016 SUMMER UNDERGRADUATE
RESEARCH FELLOWSHIP (SURF) PROGRAM at NIST**

Student Information

Award Name: 2016 Summer Undergraduate Research Fellowship (SURF) Program

Full Name: _____

SSN: _____

Telephone Number: (_____) _____

Home Mailing Address: _____

Address

Address

City

State

Zip Code

☐

Check here for potential Non-Resident Alien Payment. Please complete the [Foreign National Independent Contractor Payment Form](#). (Green-card holding Permanent Residents **DO NOT CHECK THIS BOX.**)

If you are currently an employee of UMBC, do you receive payments via direct deposit? (circle one) YES NO

In the event that you are selected and participating in the NIST/SURF program, this form is used to process your payments. If you do not participate in NIST/SURF, this form is destroyed to protect your confidential information. Complete, print, and submit as the last page of your packet.

Participant Acknowledgement

By signing below, I certify that I am fully participating in the SURF-NIST Program as outlined above and that I fully understand the description of program requirements.

Signature: _____

Date: _____