

# Emerging Scholars Program

## Information Form

Date: \_\_\_\_\_

**Please provide as much of the following information as you can:**

### **Student Information:**

Name: \_\_\_\_\_ CWID: \_\_\_\_\_  
(Last, First, Middle Initial)

Local Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_ Classification: \_\_\_\_\_

How did you hear about ESP?

UNIV101\_\_\_ Friend\_\_\_ Instructor\_\_\_ Other: \_\_\_\_\_

### **Project Information:**

Project Title and Description:

Professor's Name: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please write a brief paragraph why you would be interested in participating in the Emerging Scholars program. Please tell us about any previous experience you have had in collaborative learning environments.

**PLEASE RETURN THIS FORM ALONG WITH THE FACULTY INFORMATION FORM  
TO HADDA ESTRADA IN THE CLARKE M. WILLIAMS STUDENT SUCCESS CENTER**