

Summer Research Internship Program 2023

~ APPLICATION ~

Applicant Name _____	
Home Address (street) _____	
Home Address (city, zip code) _____	
Applicant Birthdate _____	
Email address (legibly please!) _____	Primary (home or cell) phone number _____
Name of Parent or Guardian _____	Phone Number or Email address in case of emergency _____
Name of School you attend _____	School Grade/Level (<u>currently</u>) _____
Name of Primary Science Teacher _____	Email address (in case of questions) _____
• Science classes you have taken (including school year): _____ _____	
• Have you worked previously in a research laboratory? _____ <i>If so, where, with whom, how long, and on what topic</i> _____ _____	
• I am interested in: __performing biomedical research, __practicing medicine, __both research and medicine, __other career path, or __have no plans at this time.	
• I am applying because: __my high school requires lab experience, __colleges require lab experience, __lab work interests me.	
• I will commit 20 or more hours per week for the 8 consecutive weeks of the program. <i>If not, please explain</i> _____ <i>If you will be gone</i> during the program, please provide date(s) and explain _____ _____	
• How many hours will you spend doing research per week? __20 __30 __40 __other (please explain) _____ _____	
<i>Please type or print legibly.</i>	

Signature of Applicant _____

Signature of Parent or Guardian _____

Date _____

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ESSAY: Tell us about you: your interests, what excites you – both personally and scientifically, why you are attracted to cancer research, what your expectations for the program are, and how you hope this program will be of benefit to you (please type, and continue on additional pages as necessary).

*Submit this application (including essay), Consent & Release Form, and a letter of recommendation from your primary science teacher to the address on the first page. Additional information may be included with the application **if relevant**.*
