

[home](#) [for prospective applicants](#)

SUMMER INTERNSHIP PROGRAM

OMB No. 0925-0299

Expiration Date 9/30/2012

[Respondent Burden](#)

PROGRAM APPLICATION

Instructions: Before you begin, you may want to review some [helpful hints](#) on using this electronic form and our [privacy statement](#).

Eligibility Criteria:

1. Candidates must be enrolled at least half-time in an accredited U.S. high school, college, or university. Individuals who will be enrolled in the fall of 2011 are also eligible to apply.
2. Candidates must be U.S. citizens or permanent residents.
3. Candidates must be 16-years of age or older at the time they begin work at the NIH.

Application Tips:

This form has recently been revised to allow you to save a partially completed application. To take advantage of this feature, please proceed as follows:

- Enter as much information into the form as you would like. Note that you must complete the Name, E-mail Address, and Month/Day of Birth fields and enter a valid password to be able to save a partial application.
- Press "Save Partial Application & Quit" to save the information you have entered thus far. You will have to return later to complete your application.
- When you first submit your partial application, you will automatically receive a confirmation e-mail containing instructions for accessing the online tool that allows you to review, modify, and complete your application.

Only **completed** applications are available for review by NIH investigators and administrators; partial applications are **not** accessible by NIH investigators. Once you complete your application, press "Preview Completed Application." You will be taken to a page displaying the information you have provided. **To submit your completed application, you must click the "Save" button on the Preview page.**

IMPORTANT NOTE: All fields on your application must be completed by **March 1, 2011** (11:59 p.m., Eastern Standard Time). Applications that are incomplete after the March 1 deadline will not receive further consideration.

1. Please read the "[SIP Frequently Asked Questions](#)" before beginning to complete your online application.
2. Be sure that the e-mail addresses you provide for your references are accurate. Incorrect e-mail addresses will delay the processing of your application and could result in your application's not receiving full consideration.
3. Please note that this form accepts **plain text** inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appear as you intend, compose your inputs to the longer fields on this form using a plain text editor (e.g., Notepad, for PC users, or TextEdit, for Mac users). In place of special formatting, you will need to rely on the use of capital letters, white space, asterisks, and other standard keyboard characters.
4. Proofread your application thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.
5. Complete your application as soon as possible and ensure that your references submit their letters promptly using our online

system. Note: Letters supporting SIP applications must be received **no later than** March 15th at 11:30 pm EDT. We will not accept letters after that time.

- The deadline for receipt of completed applications is March 1, 2011 (11:59 p.m., Eastern Standard Time). Applications that are incomplete after the March 1 deadline will not receive further consideration. Be sure that your letters of recommendation are submitted online by March 15, 2011.

● Indicates a required field. ? Indicates a help button.

1. Personal Information

You must enter this information if you wish to save your application.

Name: ●
First MI Last

* Month/Day of Birth: / ● (mm/dd)

* Applicants must be 16-years of age or older to participate in this program.

Permanent Home Phone: ● Format: (999) 999-9999

E-mail Address: ● Format: user@server.com

To obtain a free e-mail account, click [here](#)

Password: ● ?

Personal Information - Continued

Permanent Address: ●

City: ●

State: ● (DC for Washington D.C.)

Zip Code: ●

Citizenship Status: ●

If Permanent Resident:

Country of Citizenship Alien Registration No.

Previous Research Experience at NIH (Programs completed): ●

Relative at NIH: Yes No

If yes, relative employed by:

NIH summer training occurs on several sites including the main campus in Bethesda, MD. To help our investigators, please indicate ALL locations where you would be willing to train this summer.

Bethesda, MD (main NIH campus)

- Frederick, MD (some NCI labs)
- Baltimore, MD (most NIA labs and all NIDA labs)
- Research Triangle Park (Raleigh/Durham), NC (NIEHS only)
- Hamilton, MT (limited positions in NIAID)
- Phoenix, AZ (limited positions in NIDDK)
- Detroit, MI (limited positions in NICHD)

2. Academic Information

School Name:

State in which your school is located: (DC for Washington D.C.)

Preferred Mailing Address:

City:

State: (DC for Washington D.C.)

Zip Code:

Preferred Phone Number: Format: (999) 999-9999

Current Education Level:

Year at Current Level:

Current Cumulative GPA:

School Grading Scale:

Note: If you select 'Other', please explain in Section 3, Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Total Credit Hours
(by the end of this semester):

Academic Major: or

3. Coursework and Grades

Include courses in which you are currently enrolled.

4. CV/Resume

Copy and paste a plain text version of your curriculum vitae or resume into this space. Some reformatting may be necessary. Include

education, relevant research experience, scientific publications, honors and awards, etc.

5. References

Once you submit your completed application, an e-mail request for a letter of recommendation will automatically be sent to each of the following individuals:

Reference 1:

Name:
First MI Last

Address:

Phone:

E-mail: ● Format: user@server.com

Reference 2:

Name:
First MI Last

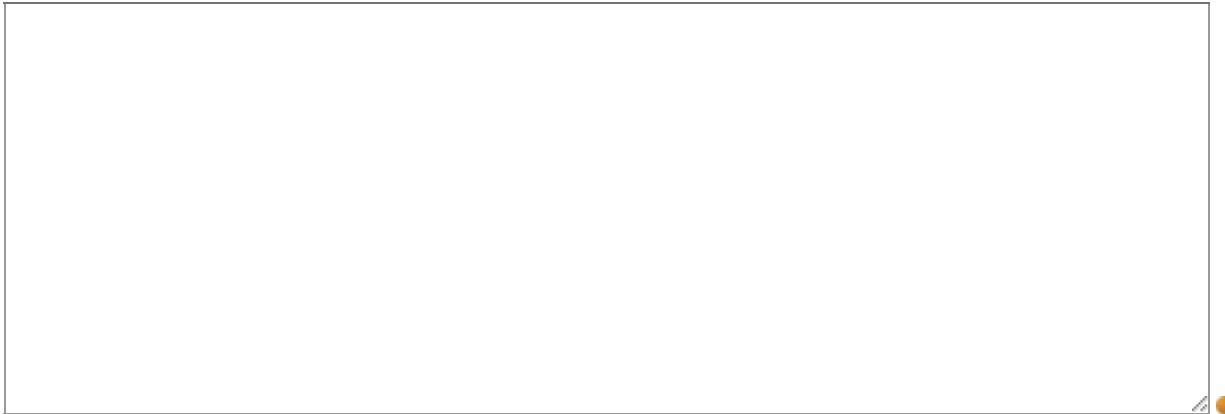
Address:

Phone:

E-mail: ● Format: user@server.com

6. Cover Letter: Describe your research interests, career goals, and reasons for applying for training at the NIH; be certain that your cover letter is specific for this particular program.

The NIH is committed to maintaining its stature as a premiere research institution by building an inclusive workforce, fostering an environment that respects the individual, and offering an opportunity for each person to develop his or her full potential in the pursuit and support of science. We welcome trainees of all genders, races, ethnicities, physical abilities, and socioeconomic backgrounds. If you have unique circumstances, or come from a [disadvantaged background](#), please include this information in your cover letter.



7. Areas of Scientific Interest:

- 1.
- 2.
- 3.

8. Medical Entity/Disease:

- 1.
- 2.
- 3.

9. Preferred Institute/Center (IC):

If you already know the IC in which you wish to work (for example, if you are a returning student), you may select ONE IC from the drop-down list. Note: **If you want your application to be considered by investigators in more than one IC, please leave this section blank.**

How did you hear about this program? (Please select all that apply.)

- Ad in a scientific journal (Nature, Science); please specify:
- Ad in a student journal; please specify:
- Ad in a meeting program
- Exhibit at a meeting; please specify:
- Career development/opportunities workshop
- Flier
- Poster
- From a mentor or advisor
- From an alumnus/alumna of the program
- NIH representative visited school
- Web search
- Other; please specify:

Notice to all applicants:

It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

[Save Partial Application & Quit](#)

[Preview Completed Application](#)

SUMMER INTERNSHIP PROGRAM

LETTER OF RECOMMENDATION FOR DR. PATRICIA WAGNER

OMB No. 0925-0299

Expiration Date 9/30/2012

[Respondent Burden](#)

Instructions:

- **Copy and paste your letter of reference into the boxed area below.** (Note: We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.)
- **Click on the button below to submit your letter.**

Reference Letter

Please update the fields below so that they correctly reflect your name, phone number and address.

Name:

Title First Name MI Last Name

Address:

Phone:

Reference Letter

Please include your name, academic rank, department and institution in your signature block.

Submit

Burden Disclosure Statement for Applicants –

Public reporting burden for this collection of information is estimated to average 45-minutes for the application and 45-minutes for the supplemental material per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

Burden Disclosure Statement for References –

Public reporting burden for this collection of information is estimated to average 15-minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.