

NATIONAL INSTITUTES OF HEALTH | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

... home ... for prospective applicants

SUMMER INTERNSHIP PROGRAM

OMB No. 0925-0299 Expiration Date 08/31/2016 Respondent Burden

PROGRAM APPLICATION

Instructions: You must use this application to apply to the general Summer Internship Program (SIP) and/or one of the subprograms. Before you begin, you may want to review some <u>helpful hints</u> on using this electronic form and our <u>privacy statement</u>.

Eligibility Criteria:

- 1. Candidates must be sixteen years of age by June 15, 2016.
- 2. Candidates must be U.S. citizens or permanent residents.
- 3. U.S. citizens are eligible to apply if they are enrolled at least half-time in high school or in an accredited college or university as an undergraduate, graduate, or professional student. Students who have been accepted into an accredited college or university program may also apply.
- 4. Permanent residents must be enrolled in or have been accepted into an accredited institution in the U.S. to be eligible.
- 5. Be aware that special eligibility criteria and deadlines may apply to applicants who choose one of the summer subprograms listed in Section 9 at the bottom of this form.

Application Tips:

This form allows you to save a partially completed application. To take advantage of this feature:

- Enter as much information into the form as you would like. Note that you must complete certain fields—Name, E-mail Address, Month/Day of Birth, and, Phone—in order 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 receive an e-mail message 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 select the "Save" button on the Preview page.**

IMPORTANT NOTE: The deadline for receipt of completed applications is **March 1**, **2016** (11:59 PM, Eastern Time). Applications that are incomplete after the March 1 deadline will not receive further consideration. If you apply to one or more SIP subprograms, special deadlines might apply. Please check the SIP Web page, https://www.training.nih.gov/programs/sip, or follow the links in Section 9 for information about the various subprograms.

- 1. Please read the "Summer Internship Program page" and "SIP Frequently Asked Questions" before beginning 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 receipt of your reference letters and could result in your application's not receiving full consideration.

- 3. Please note that, for security reasons, 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. Also, preview your application carefully to ensure it looks the way you want it to.
- 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 early as possible and ensure that your references submit their letters promptly using our online system.
- 6. Letters of recommendation are due no later than March 15, 2016, at 11:59 PM, ET. We will not accept letters after that time.
- 7. IMPORTANT: SIP includes several <u>subprograms designed to help build a diverse and inclusive scientific workforce</u>. PLEASE NOTE: These subprograms may have deadlines that are earlier than the general SIP program. If you apply to one of these programs, you must submit your application before the subprogram deadline AND contact your references to let them know the deadline for receipt of their letters.
- 8. If you have questions after reading the SIP FAQs, please address questions to Summer Postbac Questions@mail.nih.gov.

Indicates a required field.
Indicates a help button.

1. Personal Information You must enter this information if yo	u wich to c	ave vour application				
You must enter this information if yo	u wisii to sa	ave your application	n.			
Name:	Mr. ‡					
	Prefix	First	MI	Last		
Permanent Home Phone:						
	ļ					
E-mail Address:])	Format:	user@server.c	om
Enrollment:	Are you cur	rently enrolled in o	r have vou heen	accepted in	nto an accredi	ted institution?
		Are you currently enrolled in, or have you been accepted into, an accredited institution? Yes No				
		ution in the U.S.?				
	Yes	o ○N/A 🧶				
Citizenship Status:	US Citizer	n 💠 🖲				
Personal Information - Continued						
Permanent Address:						
					•	
Permanent Address: Address Line 2:					•	
],) 	•	
Address Line 2: City:]]	•	
Address Line 2: City: State:]	•	•	
Address Line 2: City: State:	(Use DC for	r District of Columbi	a and NA if you	permanen	t address is no	t in the U.S.)
Address Line 2: City: State:	(Use DC for	District of Columbi	a and NA if you	permanen	t address is no	t in the U.S.)
Address Line 2: City: State:	(Use DC for		a and NA if you	permanen	t address is no	t in the U.S.)
Address Line 2: City: State: Zip Code: Country/Region:	United Sta	ates		_	t address is no	t in the U.S.)
Address Line 2: City: State: Zip Code: Country/Region: Previous Experience at NIH:	United Sta	ates (Research program	s completed)	_	t address is no	t in the U.S.)
Address Line 2: City: State: Zip Code: Country/Region: Previous Experience at NIH: Relative at NIH:	United Sta	ates	n of " <u>relative</u> "	÷ •		

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NIH summer training occurs on severa indicate ALL locations where you woul	I sites including the main campus in Bethesda, MD. To help our investigators, please d be willing to train this summer		
	Bethesda, MD and the surrounding area		
	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)		
	Framingham, MA (limited positions in NHLBI)		
2. Academic Information			
School:	•		
School State:	Please enter the state in which your school is located.		
	(Use DC for District of Columbia and NA if your school address is not in the U.S.)		
Preferred Mailing Address:	• •		
Address Line 2:			
City:	•		
State:			
	(Use DC for District of Columbia and NA if your preferred address is not in the U.S.)		
Zip Code:			
Country/Region:	United Cases		
	United States 💠		
Preferred Phone Number:	United States		
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Preferred Phone Number: Current Education Level:			
	• •		
Current Education Level:	• • • • • • • • • • • • • • • • • • •		

	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.			
Academic Major:	or specify major	•		
	(Use NA if you are a high school student.)			
3. Coursework and Grades Include courses in which you are cur	rently enrolled.			
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4. CV/Resume Copy and paste a plain text version of	of your curriculum vitae or resume into this spac	e. Some reformatting may be		
necessary. Include education, relevar	nt research experience, scientific publications, ho	onors and awards, etc.		
		<i>i</i> , •		
5. References		<i>·</i>		
	plication, an e-mail request for a letter of recom	mendation will automatically be sent		
Reference 1:				
		1		
Name: Mr. Prefi		•		
	A THISC INI EAST			
Address:				
Phone:	.			
E-mail:		ormat: user@server.com		

Reference 2:					
Name:	Mr. ‡				
	Prefix	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					
7. Research Interest Keywords: Please provide a brief list of your research interests (limit 150 characters, including spaces). NIH investigators may search on this field to find applicants whose research interests match their own. You may wish to enter terms that describe particular diseases or conditions (e.g., Alzheimer's disease, macular degeneration, obesity); the techniques you are interested in applying (e.g., two-photon microscopy, patch clamping, rapid sequencing, bioinformatics); or general subject areas (such as epidemiology, public health, molecular neuroscience).					
				-3	
8. Preferred Institute/Center (IC) If you already know the IC in which you wish to work (for example, if you are a returning student), please select the appropriate item 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.					
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9. SIP Subprogram Selection				Annual Mark Mills D. L. College College	
This section is for applicants who	are eligible fo	or and interested in special sum	imer sub	pprograms at the NIH. Below is a list of the	

	currently available subprograms. If you are interested in applying to one of these subprograms, please read the program description, including eligibility criteria, program dates, and application deadlines, by selecting the appropriate link below. (All links open in a new window.) If you select a subprogram for which you are not eligible, it could have a negative effect on your chances of being selected for an internship.							
	Note that programs are <u>exclusive</u> , <u>semi-exclusive</u> or <u>open</u> . It is important that you understand the implications of a program's type for how and when program participants are selected.							
	Available	Available Program(s): Selected Subprogram(s):						
	Add	AMGEN (exclusive) Details and Eligibility						
	Add	BESIP (exclusive) Details and Eligibility						
	Add	CCSEP (exclusive) Details and Eligibility						
	Add	GSOAR (exclusive) Details and Eligibility						
	Add	HISTEP (exclusive) Details and Eligibility						
	Add	HISTEP 2.0 (exclusive) Details and Eligibility						
	Add	SGI (exclusive) Details and Eligibility						
1	Hannalid a		.)					
		ou hear about this program? (Please select all that apply	y.)					
		scientific journal (Nature, Science); please specify:						
		student journal; please specify:						
		meeting program						
		at a meeting; please specify:						
		levelopment/opportunities workshop						
	☐ Flier☐ Poster☐							
		mentor or advisor						
	From an alumnus/alumna of the program							
	NIH representative visited school							
	■Web sea	rch						
	Other; p	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 or provided during an interview may be grounds for denying your candidacy or removing you from the program.								
Save Partial Application & Quit Preview Completed Application								
	NIH Home	DHHS USA.gov About Us Site Search Accessibility	NIH) (M	ÚSA.gov				
	Privacy Notic	e Disclaimers FOIA Contact Us	34.	Silvenorari O Mana tuny				