

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, <a href="https://www.training.nih.gov/programs/sip">https://www.training.nih.gov/programs/sip</a>, 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 wish to sa	ave your applicati	on.		
Name:	Mr. ‡				•
	Prefix	First		MI	Last
Permanent Home Phone:					
	F				
E-mail Address:					Format: user@server.com
Enrollment:			or have you l	been ac	cepted into, an accredited institution?
	OYes No				
		ution in the U.S.?			
	OYes No	o⊝N/A ●			
Citizenship Status:	US Citizer	†			
Personal Information - Continued					
Permanent Address:				_	•
Permanent Address:					•
Permanent Address:  Address Line 2:					•
	P-			-1	
Address Line 2: City:					
Address Line 2:					
Address Line 2: City: State:	(Use DC for	District of Columb	ia and <b>NA</b> if	vour p	ermanent address is not in the U.S.)
Address Line 2: City: State:	(Use <b>DC</b> for	District of Columb	ia and <b>NA</b> if	your p	ermanent address is not in the U.S.)
Address Line 2: City: State:	(Use DC for	District of Columb	ia and <b>NA</b> if	your p	ermanent address is not in the U.S.)
Address Line 2: City: State: Zip Code:			ia and <b>NA</b> if		
Address Line 2: City: State:	(Use DC for		ia and <b>NA</b> if		ermanent address is not in the U.S.)
Address Line 2: City: State: Zip Code:	United Sta			4	
Address Line 2: City: State: Zip Code: Country/Region: Previous Experience at NIH:	United Sta	ntes (Research program	ms complete	ed)	
Address Line 2: City: State: Zip Code: Country/Region: Previous Experience at NIH:	United Sta	ates	ms complete	ed)	
Address Line 2: City: State: Zip Code: Country/Region: Previous Experience at NIH: Relative at NIH:	United Sta	(Research prograi	ms complete	ed) /e"	

NIH summer training occurs on severa indicate ALL locations where you would	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 <b>DC</b> for District of Columbia and <b>NA</b> if your school address is not in the U.S.)			
Preferred Mailing Address:	• •			
Address Line 2:				
City:	•			
State:	•			
	(Use <b>DC</b> for District of Columbia and <b>NA</b> if your preferred address is not in the U.S.)			
	(cose be for bistrict of columbia and the fryour preferred address is not in the o.s.)			
Zip Code:				
Country/Region:	United States			
Preferred Phone Number:				
Current Education Level:	• • • • • • • • • • • • • • • • • • •			
Year at Current Level:	<b>→</b> •			
Current GPA:	(Cumulative unweighted average)			

	Note: If you select 'Other', please explain in Section describe your school's grading scale and your current scale.	
Academic Major:	or specify major	•
	(Use <b>NA</b> if you are a high school student.)	
3. Coursework and Grades Include courses in which you are cur	rently enrolled.	
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		<i>I</i> / ●
	of your curriculum vitae or resume into this space nt research experience, scientific publications, ho	
Trecessary: merade education, relevan	nt research experience, scientific publications, he	mors and awards, etc.
		<i>II</i> ●
<b>5. References</b> Once you submit your completed ap to each of the following individuals:	plication, an e-mail request for a letter of recomi	mendation will automatically be sent
Reference 1:		
Name: Mr	÷	
Prefi		
Address:	•	
Phone:	•	
E-mail:	- Fo	rmat: user@server.com
E-maii:	• F0	illiat. usei@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 include this information in your cover letter.				
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).				
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.				
				<b>‡</b>
9. SIP Subprogram Selection				
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 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				
How did you hear about this program? (Please select all the	nat 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 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   Acce Privacy Notice   Disclaimers   FOIA   Contact Us	NIH			