

AMGEN SCHOLARS PROGRAM AT NIH -SUPPLEMENTAL APPLICATION

OMB Clearance Number: 0925-0299

Expiration Date: 30-Jun-2019

The Amgen Scholars Program at NIH is using a two-step application process for Summer 2018 admission. Applicants must complete the NIH Summer Internship Program (SIP) application as well as the supplemental questions provided below. To ensure a match between the two applications, please be certain your SIP Application Number is included in your submission.

If you have any questions or concerns, please email [nih-amgen@od.nih.gov](mailto:.nih-amgen@od.nih.gov) at your earliest convenience.

CONTACT INFORMATION

This information must match what was used in your SIP Application.

Enter your NIH Summer Internship Program Application Number:*

This is a unique number which may be found in the SIP Application Center or within your application, under Personal Information. This is not the OMB Number of the collection form.

First Name (Given Name):*

Last Name (Family Name):*

Email Address Used in SIP Application:*

(Check accuracy)

ADDITIONAL ACADEMIC INFORMATION

High School City:*

High School State:*

Year of Expected Graduation from your Undergraduate College/University:*

(Example: 2018)

What is your ultimate Degree Objective? *

HOW DID YOU HEAR ABOUT THE AMGEN SCHOLARS PROGRAM?

Amgen National Web Site:*

Yes No

Academic Advisor:*

Yes No

Email:*

Yes No

Faculty/Staff from Home University:*

Yes No

Internet Search:*

Yes No

Poster:*

Yes No

Conference:*

Yes No

Faculty/Staff from Other University:*

Yes No

University Web Site:*

Yes No

Other:*

Yes No

RESEARCH EXPERIENCE

Are you applying to other Amgen Sites?*

Yes No

Have you participated as an Amgen Scholar in the past?*

Yes No

Have you participated in the NIH Summer Internship Program in the past, either as an intern or as a volunteer?*

Yes No

Have you participated in research as an undergraduate (academic year or summer)?*

Yes No

[Submit Survey](#) [Cancel](#)

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 10 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.

