Native American Research Internship
May 30 – August 4, 2017
APPLICATION FORM

2013 University of Utah Equity and Diversity Award Recipient
2012 University of Utah Beacons of Excellence Recipient

Program Overview
The Native American Research Internship (NARI) is a 10 week summer research internship for junior and senior undergraduate students interested in the biomedical and health sciences. NARI is funded by four National Institutes of Health grants – NIDDK, NHLBI, NIMHD, and NIDDK. Interns are paired with a University of Utah faculty member who serves as a research mentor. Community, Cultural, & Academic mentors – Native American faculty and staff at the University of Utah – support the intern’s career goals and cultural background and identity throughout the summer. NARI interns engage in community outreach activities with the Urban Indian Center of Salt Lake. NARI interns also attend a national conference, which focuses on current research and health disparities in Indian Country. Each NARI position is considered employment. Completion of required work hours and assignments are necessary to receive payment. Depending on the funding source, NARI interns receive up to $5500 for completion of all required summer activities. Payment schedules differ based on the funding source.
Program Eligibility Criteria

1. Must be a U.S. citizen. *We particularly encourage applications from Native American / Alaska Native undergraduate students*
2. Must have finished first two years at an accredited four year university or have transferred from a two year college and been accepted into a four year university
3. Must have a strong interest in American Indian/Alaska Native health issues, minority health and disparities, and/or heart, lung, blood research
4. Must be available to work 40 hours per week Monday through Friday for a 10 week period, beginning May 30th through August 4th
5. If interested in conducting clinical mentorship (shadowing); Must have current medical records and immunizations of the following Tuberculosis screening, Measles (Rubeola), Mumps, and Rubella, Tdap, Varicella (chickenpox), and Hepatitis B.

INSTRUCTIONS: Please submit completed application package by **February 8, 2017**

1. **Application Form**: Completely filled out
2. **Personal Statement**: A one page statement addressing:
   1. Why you are interested in participating in this research program
   2. Describe any past research experience and your future plans
   3. How this research program will help you reach your future goals
   4. How you have demonstrated an interest in American Indian/Alaska Native health issues
3. **One Letter of Recommendation**: The letter of recommendation must be from a college professor or academic advisor. Additional letters of recommendation from previous employers, tribal elders, or additional professors are encouraged but not required.
4. **Academic Transcript(s)**: A current copy of your official academic transcript(s)

Application materials must be postmarked by no later than **February 8, 2017**. Applications will be reviewed by a selection committee during the month of February. Potential applicants will be contacted for a phone interview during the month of March. Applicants will be informed via email by **April 14, 2017** of the selection committee’s decision.

Send complete application package to:
Scott Willie
Native American Research Internship
University of Utah
Department of Pediatrics
PO Box 581289
Salt Lake City, UT 84158

Or

Email complete application package to
Email: Scott.willie@hsc.utah.edu  Phone: 801-213-4116  Fax: 801-581-3899
Website: [medicine.utah.edu/pediatrics/research_education/native_american](http://medicine.utah.edu/pediatrics/research_education/native_american)
NARI Internet Presentation: [prezi.com/user/NARI](http://prezi.com/user/NARI)
Native American Research Internship
May 30 – August 4, 2017
APPLICATION FORM

Name: ___________________________________________ Preferred Name: ________________________

Social Security Number (last 4 digits only): XXX-XX-________ Birth Date: _________________ (mm/dd/yy)

Mailing Address: __________________________________________________________________________

City: _____________________________________ State: _________ Zip: ____________________________

Permanent Address: _________________________________________________________________________

City: _____________________________________ State: _________ Zip: ____________________________

Phone: ___________________________ Cell Phone (if different):__________________________________

Email: __________________________________________________________________________________

Tribal Affiliation: _________________________________________________________________________

Do you have a bachelor’s degree or its equivalent?

If yes:      Degree ___________________________________ Graduation Date: _______________________

Institution that awarded degree: ____________________________________________________________

If no:  Current University/College: ___________________________________________________________

Current Major: ____________________________________ Currently a Junior or Senior? ______________

Expected Graduation date: ___________________ Current Accumulated GPA: _____________________

Science courses taken and passed (please indicate if there is a lab associated with the class):
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Please list any leadership positions or programs you have been or are currently involved with:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Please list any extracurricular activities (including groups you belong to), hobbies, or awards:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
Academic Interest (please check all that apply):

- Medical School
- Other Professional School
  - Dental School
  - Podiatry School
  - Law School
  - Nursing School
- Other (Please specify): ______________________

Graduate School
- Post-Baccalaureate
- I am not sure at this time
- Full-Time Employment

How did you hear about the NARI program? __________________________________________________

Application checklist:
- Letter of Recommendation From:
  - Name ________________________________ Position ____________________________________
- Personal Statement (1 page – single space type written)
- Official Academic Transcript(s)

Agreement
I certify that the information provided on this form is true to the best of my knowledge. I understand that any transcripts of credits that I provide may be reviewed by program selection committee members. I further understand that if I am accepted into the NARI program I commit to the following (Please check each statement):

- Attend all NARI sponsored activities (Beginning Summer 2017)
- Work 40 hours per week for the entire internship
- Complete a University of Utah background check
- Complete HIPAA and CITI training
- Submit a travel scholarship and attend a national conference during the NARI 2017 summer program
- Participate in community outreach activities with the Urban Indian Center of Salt Lake
- Prepare and present a scientific poster and power point presentation on research project
- Submit a research abstract and apply for a travel scholarship to the SACNAS National Conference

Do you know of any planned absences during the course of the internship or conflicts with the above agreement? If yes, please explain:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Applicant Signature _______________________________________ Date _________________________