



Native American Research Internship
May 29 - August 3, 2012
APPLICATION FORM

INSTRUCTIONS: Please submit completed application package by **February 24, 2012**

- 1. Application Form:** Completely filled out.
- 2. Personal Statement:** A one page statement addressing: why you are interested in participating in this research program, your future plans, and how this research program will help you.
- 3. One Letter of Recommendation:** Letter of recommendation should be from your college professor, academic advisor, or a professional reference from previous employment.
- 4. Academic Transcript(s):** A current copy of your unofficial academic transcript(s).

Applications will be reviewed by a selection committee during the month of February.
Applicants will be chosen and contacted for a phone interview during the month of March.
Applicants will be informed via email by April 13, 2012 of the selection committee's decision.

Send complete application package to:

Richard White

Native American Research Internship

University of Utah

Department of Pediatrics

PO Box 581289

Salt Lake City, UT 84158

Email: Richard.white@hsc.utah.edu Phone: 801-213-3499 Fax: 801-581-3899

Website: http://medicine.utah.edu/pediatrics/research_education/index.html

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Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone (if different): _____

Email: _____

Tribal Affiliation: _____

Current University/ College: _____

Expected Graduation date: _____ Current Accumulated GPA: _____

Science courses taken and passed:

Please list any leadership positions or programs you have been or are a part of:

Please list any extracurricular activities (including groups you belong to), hobbies, or awards:

Letter of Recommendation From

1. Name _____ Position _____

Personal Statement (1 page type written)

Unofficial Academic Transcript(s)

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.

Applicant Signature _____ Date _____

Send Completed Application to: Richard White - Department of Pediatrics, PO BOX 581289 – Salt Lake City, UT 84158

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Website: http://medicine.utah.edu/pediatrics/research_education/index.html