

**James Graham Brown Cancer Center
Summer Research Internship Program 2016
~ Application ~**

Applicant Name _____	
Home Address (street) _____	
Home Address (city, zip code) _____	
Email address (legibly please!) _____	Home or Cell phone number _____
Name of Parent or Guardian _____	Phone Number or Email address in case of emergency _____
Name of School you attend _____	Grade/Level (currently) _____
Name of Primary Science Teacher _____	Email address (in case of questions) _____
Science classes you have taken (including school year): _____ _____ _____	
Have you worked previously in a research laboratory? _____ <i>If so, where, with whom, how long, and on what topic</i> _____ _____ _____	
<ul style="list-style-type: none">• I am interested in: __practicing medicine, __performing biomedical research, __both medicine and research, __other career path, or __have no plans at this time?• I am applying because: __my school requires lab experience, __colleges require lab experience, __lab work interests me.• I would prefer <i>bench research OR theoretical/statistical/computer-driven research</i>.• I will commit at least 20 hrs per week for the 8 consecutive weeks of the program. <i>If not, please explain</i> _____ <i>If you will be gone</i> during the program, please give date(s) and explain _____ _____	
• How many hours will you spend doing research/week? __20 __30 __40 __other (please explain) _____ _____	
<i>Please type or print legibly.</i>	

Signature of Applicant _____

Signature of Parent or Guardian _____

Date _____

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ESSAY: Tell us about you - your interests, what excites you personally and scientifically, why you are attracted to cancer research/this program, and how you hope this program will benefit you (please type, and continue on additional pages as necessary):