

SANSUM DIABETES RESEARCH INSTITUTE

**2219 Bath Street
Santa Barbara, CA 93105
Phone: 805-682-7638
Fax: 805-682-3332**

SUMMER INTERNSHIP PROGRAM

HOW TO APPLY

Please Note: Interns will be paid \$14.00 an hour.

Candidates should submit the following postmarked on or before April 1:

- This form, an Applicant Statement, and a self-addressed stamped postcard for acknowledgment of receipt of application.
- The Applicant Statement should describe your future academic plans and interest in the biomedical sciences. Why did you decide to apply to this program? How will it help you and your career choice? Describe any research or independent study experience, relevant work experience, honors, and special interests. Indicate whether you are interested in a research, clinical or basic science career. Maximum 2 pages.
- Two letters of recommendation from school officials (e.g. college science faculty, previous science preceptors, academic advisor, etc.) who have direct knowledge of your scientific interests and abilities. If sent by the applicant, the letter should be in a sealed envelope, signed by the author on the back flap.
- Official transcripts from all colleges listed on the application.
- All students selected for this program will be required to provide acceptable proof of eligibility to work in the United States.

NAME _____

CURRENT MAILING ADDRESS _____

TELEPHONE _____ EMAIL: _____

NAME AND DATE OF GRADUATION FROM HIGH SCHOOL: _____

COLLEGE(S) ATTENDED WITH ADDRESS FROM - TO (mo/yr)

COLLEGE CURRENTLY ATTENDING: _____

MAJOR: _____

MINOR: _____

ANTICIPATED GRADUATION DATE: _____

ACADEMIC STATUS (e.g., Junior, Senior, college graduate) AT THE TIME OF THE INTERNSHIP: _____

CURRENTLY A FULL TIME STUDENT? YES NO

COURSES ENROLLED IN THIS SEMESTER/QUARTER: Units

YOUR OVERALL GPA: _____ SCIENCE/MATH GPA: _____

Have you applied to this program previously? YES NO

How did you learn about this program? _____

The 2012 Summer Internship program is scheduled to take place from June 18th through August 10th. If you have any known conflicts that would prevent you from attending the program every weekday for the entire period, please specify:

I certify that the information provided in this application is correct.

Applicant's Signature

Date