



2024 Student Internship Award Application

FACE PAGE

TITLE OF PROJECT

[Empty text box for Title of Project]

APPLICANT INFORMATION

APPLICANT NAME

[Empty text box for Applicant Name]

CURRENT INSTITUTION/SCHOOL

[Empty text box for Current Institution/School]

TELEPHONE

[Empty text box for Telephone]

EMAIL

[Empty text box for Email]

ACADEMIC STATUS

Undergraduate       Graduate  
 Resident               Fellow

CURRENT MAILING ADDRESS

[Empty text box for Current Mailing Address]

SUPERVISOR INFORMATION

SUPERVISOR NAME

[Empty text box for Supervisor Name]

CURRENT POSITION TITLE/DEPARTMENT

[Empty text box for Current Position Title/Department]

TELEPHONE

[Empty text box for Telephone]

EMAIL

[Empty text box for Email]

DEGREE(S)

[Empty text box for Degree(s)]

CURRENT MAILING ADDRESS

[Empty text box for Current Mailing Address]

PROJECT INFORMATION

PROJECT BUDGET

Total Project Budget \$ [Empty text box]

Total Grant Request \$ [Empty text box]

HUMAN SUBJECTS RESEARCH  YES  NO

Human Subjects Assurance No: [Empty text box]

IRB No. or Status: [Empty text box] DSMP Required? [Empty text box]

RECOMBINANT DNA  YES  NO

Status: [Empty text box] Date: [Empty text box]

PROJECT PERIOD

Start Date [Empty text box]

End Date [Empty text box]

ANIMAL SUBJECTS RESEARCH  YES  NO

Animal Welfare Research No: [Empty text box]

IACUC Status: [Empty text box] Letter Attached? [Empty text box]

BIOHAZARDS  YES  NO

Adequate Protections Assured? [Empty text box]

HOST INSTITUTION INFORMATION

NAME OF HOST INSTITUTION

[Empty text box for Name of Host Institution]

INSTITUTION EIN OR VATIN NUMBER

[Empty text box for Institution EIN or VATIN Number]

NAME OF DESIGNATED OFFICIAL

[Empty text box for Name of Designated Official]

TELEPHONE

[Empty text box for Telephone]

EMAIL

[Empty text box for Email]

HOST DEPARTMENT

[Empty text box for Host Department]

INSTITUTION DUNS NUMBER

[Empty text box for Institution DUNS Number]

TITLE OF DESIGNATED OFFICIAL

[Empty text box for Title of Designated Official]

CURRENT MAILING ADDRESS

[Empty text box for Current Mailing Address]

SIGNATURES AND ASSURANCES

**APPLICANT ASSURANCE:** I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project, to provide the required reports, and to comply with any resulting terms if I accept an award as a result of this application.

**SUPERVISOR ASSURANCE:** I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for supervising the scientific conduct of the project, to ensure the required reports are provided, and to comply with any resulting terms if an award is accepted as a result of this application.

**SIGNING OFFICIAL ASSURANCE:** I certify that the statements herein are true, complete and accurate to the best of my knowledge, and agree to comply with any resulting terms if an award is accepted as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

Applicant Signature:

[Empty signature box for Applicant]

Date:

Supervisor Signature:

[Empty signature box for Supervisor]

Date:

Designated Official Signature:

[Empty signature box for Designated Official]

Date:

**PROJECT SUMMARY** (2 pages max, not including references)

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**ABSTRACT** (250 words or less; may include 1 figure, figure text excluded from word limit)

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## ATTACHMENTS

Please combine the following documents with the application in a single pdf for upload.

- LETTER OF SUPPORT AND MENTORSHIP PLAN**  
A letter of support from the applicant's mentor/supervisor must be provided. This letter should describe how the supervisor will mentor the applicant, detail who will directly supervise the applicant, the frequency of meetings between the applicant and mentor and plans for the applicant to present their research. The letter of support should also describe whether additional funds are available to support the applicant's research plan.
  
- APPLICANT TRANSCRIPTS**  
Provide an electronic copy of the applicant's transcript from their current institution.
  
- BIOGRAPHICAL SKETCHES/CURRICULUM VITAE**  
Use the [NIH format](#) to provide a biographical sketch of the proposal's mentor/supervisor, and a biographical sketch or curriculum vitae of the applicant. Do not exceed 3 pages per document.
  
- ADDITIONAL LETTERS OF SUPPORT (optional)**  
Submit up to three letters of support that speak to the ability of the applicant to conduct the proposed research. These letters should discuss the applicant's scientific and clinical abilities, interests, and potential and attest to their academic qualifications, motivation and commitment.