**CEESP Summer Internship Application Instructions**

Application Requirements:

* Be a MPH or PhD student in any school or program of Public Health in the U.S.
* Overall GPA of at least 3.0 out of 4.0 must be maintained throughout the academic school year

Application Components:

* Completed Application Form (below)
* Mini-Research Proposal: Font-Times New Roman Size-12, Margins-1 inch, Spacing-1.5, Adjustment-Left both Headings and body.
  + Include the following headings in Bold:
    - Project Title:
    - Abstract (250 word limit)
    - Background:
      * Background of the chosen topic for your research; 2-3 paragraphs
    - Objectives/Specific Aims:
    - Method of Study:
      * For example: lab components, data collection, subject enrollment, medical record abstractions, etc.
    - Off-Campus Mentorship:
    - Use of Data by Future Students:
    - References
* Resume/CV
* Undergraduate Transcripts
* Graduate Transcripts (1st semester for Masters Students; total for Ph.D. candidates)
  + Unofficial transcripts are acceptable

Presentation to the External Advisory Committee (EAC):

* Submit the PowerPoint and a headshot (for reference purposes only)
* Prepare for a 10 minute presentation and 10 minutes for questions from the EAC
* You will be contacted with your scheduled time to present for the EAC
* The EAC Meeting will **January 2018.**

**CEESP Summer Internship Application**

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| **Applicant Information** | | | | | | | |
| **First Name:** | | | |  | | | |
| **Middle Name:** | | | | | |  | |
| **Last Name:** | | | |  | | | |
| **Date of Birth:** | | | | |  | | |
| **Citizenship:** | | | | | ☐ **U.S. Citizen** | | |
| **Specify:** | | | | | ☐ **U.S. Permanent Resident**  ☐ **Other** | | |
|  | | | | | | | |
| **Permanent Contact Information** | | | | | | | |
| **Address:** | | |  | | | | |
| **City:** |  | | | | | | |
| **State/Province:** | | | | | | |  |
| **Zip/Postal Code:** | | | | | | |  |
| **Country:** | | |  | | | | |
| **Email\*:** | |  | | | | | |
| **Phone:** | |  | | | | | |
| \*Other than University email. | | | | | | | |

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| **Contact Information** | | | | | | | | | |
| **Address:** | | | |  | | | | | |
| **City:** |  | | | | | | | | |
| **State/Province:** | | | | |  | | | | |
| **Zip/Postal Code:** | | | | | | |  | | |
| **Email:** | | |  | | | | | | |
| **Phone:** | |  | | | | | | | |
| **Emergency Contact Name:** | | | | | | | | |  |
| **Relationship to Emergency Contact:** | | | | | | | | |  |
| **Emergency Contact Phone:** | | | | | | | | |  |
| **Statistical Information** | | | | | | | | | |
| **Race**ᶧ**:** | |  | | | | | | | |
| **Languages Fluent:** | | | | | | | |  | |
| **Years since graduated with Undergraduate:** | | | | | |  | | | |
| ᶧThis section is for statistical purposes only and is not required | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| **Educational Information:** | | | | |
| **Undergraduate Institution:** | |  | |  |
| **Undergraduate Degree:** | |  | |  |
| **Undergraduate GPA:** | |  |  | |
| **Current Graduate Program\*\*:** | |  | |  |
| **Current Graduate GPA:** | |  | \*\*Include Concentration | |
| ☐x | “By checking this box I authorize the release of my academic information on file with my university for the CEESP Summer Internship 2018.” | | | |