

**APPLICATION FORM FOR  
2009 SUMMER RESEARCH INTERNSHIPS IN THE  
WEST VIRGINIA IDeA NETWORK OF BIOMEDICAL RESEARCH  
EXCELLENCE (WV-INBRE, FORMERLY THE WV-BRIM) SUMMER  
RESEARCH PROGRAM**

**General Guidelines and Information**

Applications are requested for participation in the 2009 Summer Research Internship program sponsored by the WV-INBRE which will run from June 1 through July 31, 2009. Participation is open to all students who are enrolled full-time at the institutions participating in the WV-INBRE who will have not graduated by August 2009. **Students at WVU and Marshall are not eligible to participate.** Applications from women and members of minority groups are especially encouraged. A stipend of \$4,000 will be provided to each intern for the 9-week period. Interns are responsible for securing housing, but the WV-INBRE will assist in the process if needed.

Interns are required to prepare an abstract and present the results of their summer research project at the 2009 Summer Research Symposium at Marshall University, July 30, 2009

All materials are due at the WV-INBRE office by the end of the business day, **February 20, 2009**. Applicants will be notified of their status by **March 10, 2009**.

**PLEASE READ THE INSTRUCTIONS CAREFULLY AND FILL OUT THE  
APPLICATION FORM COMPLETELY**

**If you have questions about the summer internship program, please contact Dr. Mark Reasor at West Virginia University, (304) 293-2418; [mreasor@hsc.wvu.edu](mailto:mreasor@hsc.wvu.edu)**

**APPLICATION FORM FOR WV-INBRE SUMMER INTERNSHIP**

*Read all instructions carefully, and fill out the application form completely*

***\*\*ONLY TYPE-WRITTEN APPLICATIONS WILL BE REVIEWED;DO NOT FILL IN BY HAND\*\****

**Personal Information**

<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Date of Birth:</b>	<b>Social Security Number:</b>	<input type="radio"/> <b>Male</b> <input type="radio"/> <b>Female</b>
<b>Citizenship:</b>	<b>Visa status if a non-US Citizen:</b>	

**Present Address (e.g., School Address)**

<b>Street Address:</b>			
<b>Apt. / Box Number:</b>			
	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Current Phone:</b>	(      )		
<b>E-mail Address:</b>			

**Permanent Address (e.g., Home Address)**

*If different from "Present Address" and where you can be contacted after school year is completed in May.*

<b>Street Address:</b>			
<b>Apt. / Box Number:</b>			
	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Permanent Phone:</b>	(      )		
<b>Email Address:</b>			

## Education

*If you have attended more than one college/university, list the most recent one first. **Please submit a copy of transcripts from all institutions you have attended.** The transcript from your current institution should contain courses and grades for the first semester of this year. **Please request transcripts as soon as possible as we must have them to evaluate your application.***

<b>College/University now attending:</b>	
<b>Address:</b>	<b>Street/Box No.:</b>
	<b>City:</b> <span style="float: right;"><b>State:</b> <b>ZIP:</b></span>

**Program of Study:**

**Major Field:** **Major GPA:** **Overall GPA:**

**Date you began:** **Expected Date of Graduation :**

**Honors and Awards from the College/University now attending:**

*Please indicate any honors or awards you have received. Attach additional sheets if necessary:*

Date	Description

## Education (con't)

<b>Previous College/University:</b>	
<b>Address:</b>	<b>Street/Box No.:</b> <b>City:</b> <span style="float: right;"><b>State:</b> <b>ZIP:</b></span>

**Program of Study:**

**Major Field:** **Major GPA:** **Overall GPA:**

**Dates attended:**

**Honors and Awards from previous Colleges/Universities:**  
*Please indicate any honors or awards you have received. Attach additional sheets if necessary:*

Date	Description

**Please answer the following questions:**

**Briefly describe your scientific interests.**

**Briefly describe your career goals.**

**Briefly describe any prior research experience, including the WV-INBRE program, and how this prepares you to participate in this research program.**

**Briefly explain why you wish to participate in this program.**

**Requested Mentors:**

If you have not had an opportunity to review the [WV-INBRE Mentors Directory](#), please do so. List the names of four mentors in whose labs you would agree to work during the summer program and **why each is of interest to you**. List them in order (your first choice being #1). You will be matched with one of these four; we cannot guarantee that you will receive your first choice. If it is not possible to match you will any of your selections, you will be contacted for other choices.

1.	
2.	
3.	
4.	

**Recommendations:**

Please indicate the names, titles and phone numbers of two professors who have agreed to write letters of recommendation on your behalf. Please have them send their letters to the WV-INBRE office **before February 20, 2009**. Letters can be sent electronically if desired; send them to [vsanders@hsc.wvu](mailto:vsanders@hsc.wvu).

1.	<b>Name:</b> <b>E-mail address:</b> <b>Title:</b> <span style="float: right;"><b>Phone:</b></span>
2.	<b>Name:</b> <b>E-mail address:</b> <b>Title:</b> <span style="float: right;"><b>Phone:</b></span>

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**Outside research experience:**

*If you have had research experience outside of your institution, including previous WV-INBRE Summer Research Programs, provide the name, title, affiliation and phone number of your supervisor / summer mentor, and please ask this person to write a letter of recommendation on your behalf.*

<b>1.</b>	<b>Name:</b>  <b>Title:</b>  <b>Affiliation:</b>  <b>E-mail address:</b>	<b>Phone:</b>
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**Please sign and date:** \_\_\_\_\_

**Checklist:**

- \_\_\_\_\_ Completed application form
- \_\_\_\_\_ Grade transcript(s)
- \_\_\_\_\_ Letters of recommendation

**Deadline for receipt of applications is the end of the business day, February 20, 2009.**

Please supply a stamped envelope to your references with the following address that you should use if you submit your application by mail:

Ms. Vickie Sanders  
WV-INBRE Office  
Summer Research Internship Program  
P.O. Box 9177  
Robert C. Byrd Health Sciences Center of West Virginia University  
Morgantown, WV 26506-9177

Ms. Sanders can also be reached at [vsanders@hsc.wvu.edu](mailto:vsanders@hsc.wvu.edu) or (304) 293-0775.