Geisinger Clinic 2018 Summer Undergraduate Research Program Application

Internship Dates: May 29, 2018 - August 3, 2018.

Name: _____ ____ _____
First MI Last

Cell Phone #: _____ Email: _____

Permanent Address: _____ _____ _____ _____
Street City State Zip

College or University: _____ GPA: _____

Major/Course of Study: _____ Anticipated Graduation Date: _____

Academic Status: Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____

SAT/ACT Scores: Math: _____ Verbal: _____ Writing: _____

Have you applied for this program previously? Yes: _____ No: _____
Have you participated in this program previously? Yes: _____ No: _____
If Yes, Dates of participation: _____ Mentor: _____ Department: _____

Please indicate the research area of greatest interest to you. (See website for more information).

☐ Department of Molecular and Functional Genomics
☐ Geisinger Obesity Institute
☐ Imaging Science and Innovation
☐ Center for Pharmacy Outcomes and Innovation
☐ Department of Epidemiology and Health Services Research
☐ Environmental Health Institute
☐ Genomic Medicine Institute
☐ Department of Biomedical and Translational Informatics

Please submit **1 COMPLETE** packet of the required materials to Lisa Farr **December 18, 2017 - February 2, 2018.** (Please note: Late submissions may not be considered.)

☐Completed Application Form
☐Current Resume
☐Statement of research experience or interests. (On one page, tell us why you want to participate in this internship; describe your academic and career goals, and how you plan to reach them.)
☐TWO Reference letters from academic advisors/professors. **(Reference letters do not need to be included in completed packet, may be sent directly to Lisa Farr if professor/advisor prefers)**
☐College/University Transcript (Copy, original not required)
☐SAT (ACT) Scores (Copy of report, original not required)

Mail or Email Scanned Copies of application materials to:

Lisa Farr or: lafarr@geisinger.edu
Weis Center for Research
100 North Academy Avenue
Danville, PA 17822-2600

Signature: _____ Date: _____