

**James Graham Brown Cancer Center
Summer Research Internship Program Application 2012**

Applicant Name _____		
Home Address (street) _____		
Home Address (city, zipcode) _____		
Email address _____	Home or Cell phone number _____	
Name of Parent or Guardian _____	Home Phone Number _____	Phone Number in case of emergency _____
Name of school you attend _____	Grade/Level (currently) _____	
Name of Primary Science Teacher _____	Email address (in case of questions) _____	
Science classes you have taken (and in what school year): _____ _____		
Have you worked in a research laboratory previously? _____		
If so, where, with whom, and on what topic _____ _____ _____		
Are you interested in: <input type="checkbox"/> practicing medicine, <input type="checkbox"/> performing biomedical research, <input type="checkbox"/> both medicine and research, <input type="checkbox"/> other career path, or <input type="checkbox"/> have no plans at this time?		
Would you prefer <i>bench research</i> or <i>theoretical/statistical/computer-driven research</i> ?		
Will you commit at least 20 hours per week for the entire 8 consecutive weeks of the program? _____		
If no, please explain: _____ _____		
If you will be gone for any reason during the program, please explain _____ _____		
Approximately how many hours will you spend per week? <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> other (please explain) _____		

Signature of Applicant_____
Signature of Parent/Guardian_____
Date

Send your completed application to: Diane Konzen, James Graham Brown Cancer Center, 2nd floor Administration Suite, 529 South Jackson Street, Louisville, KY 40202

