Harvard Medical School

**George Church Lab** 

2015 Summer Undergraduate Research Internship Program Center for Causal Consequences of Variation (CCV)

Center of Excellence in Genomic Science (CEGS)

**Department of Genetics** 

**Boston, Massachusetts** 

Submit application package (email preferred to):

Alex Hernandez-Siegel, Harvard Medical School
New Research Building, Room 238H, Church Lab
77 Avenue Louis Pasteur
Boston, MA 02115

ahs@genetics.med.harvard.edu
(617) 432-5742
http://arep.med.harvard.edu/

IMPORTANT NOTE: This specific program is federally-funded by the National Human Genome Research Institute of the National Institutes of Health; therefore, only U.S. citizens and permanent residents (Green Card holders) of the United States who come from the federally designated underrepresented minority populations indicated below and who attend a four-year college or university are eligible to apply. All information requested below is required and subject to verification. First-year students (freshmen) and students enrolled in two-year (community) colleges are not eligible to apply. All application materials, including letters of reference, are due by Friday, April 17, 2015.

Name:			
Last		First	Middle
Address Line 1:			
Street/PO	Box	Apt. #	
Address Line 2:			
City		State	Zip
Phone: ( )		Email:	
Date of Birth: MM/DD/YYYY Gender: Female Male Transgender		Are you a U.S. Citizen? Yes No If Yes, provide last four digits of Social Security Number:	
		If No, are you a <b>U.S. Permanent Resident</b> ? Yes No If Yes, provide identification number:	
 Minority Designation: (Fo	r qualifying pur	poses, please indicate the minori	ty group(s) with which you self-identify.)
Black/African-American:	Latino/a: N	ative American/Alaska Native:	Native Hawaiian:
Native American Samoan/Gua			
•		s/universities you have attended a	and submit official transcripts.)
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Major/Concentration	Departme	nt Institution	
Major/Concentration	Departme	nt Institution	
•	-	sity at time of application:	
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_		_ Cumulative GPA: Cred	
Related coursework: (Plea	ise list related sc	ience/research courses—title, cre	dits, grades—that you have completed.)
			······
Two Recommendations: (	(Please list the na	ame, title, and institution affiliation	n of each faculty recommender)
Name Title		 Institutior	
ivanic	THE	mstructor	
 Name	Title	Institution	 I
Additional documents: (P	lease submit this	application via email with your re	esume and a 1000 word essay describing
			ch Lab will complement your goals.)
oest of my knowledge. I un	derstand that any	y form of intended misrepresentat	and submitted is true and correct to the cion will result in being removed from affairs division at my college or university
Signature <sup>.</sup>		ח	ate:
Program Use Only: Applica			