**HuBMAP Consortium Underrepresented/Minority Student Internship Program**

**2021 Virtual Program Application**

**SUBMISSION INSTRUCTIONS:**

Submit this form, along with your transcript and personal statement, to internshipapply@hubmapconsortium.org, by **February 15, 2021.** Ensure your two letters of recommendation are submitted by your references by this date as well. Further details on letters of recommendation are at the end of this form.

***Transcript Instructions:***

* All transcripts should be in a single file. Unofficial transcripts are accepted. Please attach transcripts in PDF format.

***Personal Statement Instructions:***

* Prompt: Please briefly describe your background, interest in participating in this summer undergraduate research program in single cell science, and your career goals.
* Please attach your personal statement in PDF format.
* Personal statements should be *no longer* than 2 pages single spaced, font size 11, Times New Roman.

***Application Form***

|  |
| --- |
| **Personal Information** |
| **First Name \*** |  |
| **Middle Name** |  |
| **Last Name \*** |  |
| **Street Address \*** |  |
| **City \*** |  |
| **State \*** |  |
| **Zip code \*** |  |
| **Country \*** | USA |
| **Email Address \*** |  |
| **Current phone number \*** |  |
| **Gender \*** | Select:\_\_\_ Female\_\_\_ Male\_\_\_ Other\_\_\_ Prefer not to say |
| **Date of Birth (MMDDYY) \*** |  |
| **Ethnicity \*** | Select: \_\_\_ Hispanic or Latino\_\_\_ Not Hispanic or Latino  |
| **Race \*** | Select:\_\_\_ American Indian or Alaska Native\_\_\_ Asian\_\_\_ Black or African American\_\_\_ Native Hawaiian or Other Pacific Islander\_\_\_ White\_\_\_ More than one race\_\_\_ Choose not to answer |
| **Are you a U.S. Citizen? \*** | Select: \_\_\_ Yes\_\_\_ No |
| **If not a U.S. Citizen, are you a permanent resident of the U.S.?** | Select:\_\_\_ Yes\_\_\_ No |
| **Name of Current Academic Institution Attending \*** |  |
| **Current student classification (as of December 2020) \*** | Select:\_\_\_ Sophomore\_\_\_ Junior\_\_\_ Senior |
| **Expected graduation date (MMYY) \*** |  |
| **Current cumulative graduate point average (out of 4.0) \*** |  |

|  |
| --- |
| **Lab Preferences** |
| Please indicate your top three preferences for a lab placement. For a listing of possible projects, please review “Available Programs” at <http://www.hubmapconsortium.org/internship-program> |
| **First Choice Lab (Enter: Lab Name, Institution) \*** |  |
| **Second Choice Lab (Enter: Lab Name, Institution) \*** |  |
| **Third Choice Lab (Lab Name, Institution) \*** |  |
|  |
| **Letters of Recommendation Details** |
| Applicants are required to submit 2 letters of recommendation. Please ask your references to submit their letters of recommendation to internshipapply@hubmapconsortium.org by the application due date of February 15, 2021.Please provide us with the contact details of your two references below. Please confirm whether you waive your right to inspect the letter of recommendation given by these two individuals, under the provisions of the Family Educational Rights and Privacy Act of 1974\*:\_\_\_ Yes \_\_\_ No |
| **Reference #1 Name \*** |  |
| **Reference #1 Email Address \*** |  |
| **Reference #1 Institution \*** |  |
| **Reference #1 Department \*** |  |
| **Reference #2 Name \*** |  |
| **Recommender #2 Email Address\*** |  |
| **Reference #2 Institution \*** |  |
| **Reference #2 Department \*** |  |

*\* Indicates a required field*

***DISCLAIMER: By submitting this application, the applicant certifies that the information provided in this form and all accompanying documents is accurate.***