

**HuBMAP Consortium Underrepresented Student Internship Program Application Form**  
**SAMPLE**

*Application Form*

<b>Personal Information</b>	
<b>First Name *</b>	
<b>Middle Name</b>	
<b>Last Name *</b>	
<b>Email Address *</b>	
<b>Gender *</b>	Select: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
<b>Ethnicity *</b>	Select: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race *</b>	Select: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one race <input type="checkbox"/> Choose not to answer
<b>Will you be 18 years of age at the start of the internship?*</b>	Select: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Name of Current Academic Institution Attending *</b>	
<b>Current student classification (as of December 2020) *</b>	Select: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior
<b>Expected graduation date (MMYY) *</b>	
<b>Current cumulative graduate point average (out of 4.0) *</b>	
<b>Do you certify that you are part of an underrepresented group, <a href="#">as defined by NIH</a>?*</b>	Select: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you prefer to work with a computational or experimental lab?*</b>	Select: <input type="checkbox"/> Computational <input type="checkbox"/> Experimental <input type="checkbox"/> No preference

<b>Lab Preferences</b>	
Please indicate your top three preferences for a lab placement.	
<b>First Choice Lab (Enter: Lab Name, Institution) *</b>	
<b>Second Choice Lab (Enter: Lab Name, Institution) *</b>	
<b>Third Choice Lab (Lab Name, Institution) *</b>	

<b>Letters of Recommendation Details</b>
<p>Applicants are required to submit 2 letters of recommendation. Please ask your references to submit their letters of recommendation to <a href="mailto:internshipapply@hubmapconsortium.org">internshipapply@hubmapconsortium.org</a> by the application due date.</p> <p>Please provide us with the contact details of your two references below.</p> <p>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*:</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

<b>Reference #1 Name *</b>	
<b>Reference #1 Email Address *</b>	
<b>Reference #1 Institution *</b>	
<b>Reference #1 Department *</b>	
<b>Reference #2 Name *</b>	
<b>Recommender #2 Email Address*</b>	
<b>Reference #2 Institution *</b>	
<b>Reference #2 Department *</b>	

*\* 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.***

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