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| **AIMS SUMMER INTERNSHIP APPLICATION FORM - 2025** | | | | | | | | | | |
| **Applicant Information** | | | | | | | | | | |
| Applicant Name |  | | | Preferred Phone Number | |  | | | | |
| Email Address |  | | | Home Address | |  | | | | |
| School Name |  | | | Program (if applicable) | |  | | | | |
| Grade/Class |  | | | GPA |  |  | | | | |
| List all science courses you have completed: | | | |  | | | | | | |
| **Personal Statement and Motivation for Internship** | | | | | | | | | | |
| What is your long-term goal? A career in research? Medical school? If you are unsure, state your primary academic interest | | | | | | | | | | |
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| Please describe why working in a multidisciplinary addiction neuroscience lab interests you. What are your personal research interests, and how would this internship fit with those interests and your long-term goals? Please use as much space as possible to make clear your motivations and expectations for this internship. | | | | | | | | | | |
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| Are there any specific skills you would like to gain during your internship (i.e. critiquing scientific literature, a specific laboratory technique, etc.)? | | |  | | | | | | | |
| Do you plan on using data from this internship for any external purpose (school project, fellowship application, scholarship, etc.)? If so, explain. | | |  | | | | | | | |
| **Previous experience** | | | | | | | | | | |
| Do you have any previous internship/ lab experience? | | | | | | | | | Yes | No |
| If yes, please provide the following information: | | | | | | | | | | |
| Name of organization (or course) | | Your Role | | Specific activities and skills gained | | | | | | |
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| **Internship information** | | | | | | | | | | |
| If you are applying via a program in your school or other organization (like NIH/NIDA), please give the name of the program here | |  | | | | | | | | |
| This internship is a minimum of 6 weeks and a maximum of 10 weeks long. Start dates include June 2nd, 9th, or 16th, 2025. Please provide proposed start and end dates for your internship that fits your academic schedule. | | | | | | | | | | |
| Proposed Start Date: | |  | | Proposed End Date: | | | |  | | |
| Due to the short length of the internship, it is expected interns do not take extended vacations. If you have any planned time away during your proposed internship, please state dates below: | | | | | | | | | | |
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| **References (at least two)** | | | | | | | | | | |
| Name of Organization or Course | | Your Role | | Supervisor/Professor | | | Phone number and email | | | |
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