**CEESP Summer Internship Application Instructions**

Application Requirements:

* Be a MPH or PhD student in any school or program of Public Health in the U.S.
* Overall GPA of at least 3.0 out of 4.0 must be maintained throughout the academic school year

Application Components:

* Completed Application Form (below)
* Mini-Research Proposal: Font-Times New Roman Size-12, Margins-1 inch, Spacing-1.5, Adjustment-Left both Headings and body.
  + Include the following headings in Bold:
    - Project Title:
    - Abstract (250 word limit)
    - Background:
      * Background of the chosen topic for your research; 2-3 paragraphs
    - Objectives/Specific Aims:
    - Method of Study:
      * For example: lab components, data collection, subject enrollment, medical record abstractions, etc.
    - Off-Campus Mentorship:
    - Use of Data by Future Students:
    - Budget
      * For example: airfare, lodging, ground transportation from/to airport, food, vaccinations, anti-Malaria medication, etc.
    - Conclusion:
    - References
* Resume/CV
* Undergraduate Transcripts
* Graduate Transcripts (1st semester for Masters Students; total for Ph.D. candidates)
  + Unofficial transcripts are acceptable

Presentation to the External Advisory Committee (EAC):

* Submit the PowerPoint and a headshot (for reference purposes only)
* Prepare for a 10 minute presentation and 10 minutes for questions from the EAC
* You will be contacted with your scheduled time to present for the EAC
* The EAC Meeting will be **the first week of January.**

**CEESP Summer Internship Application**

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| **Applicant Information** | | | | | | | |
| **First Name:** | | | |  | | | |
| **Middle Name:** | | | | | |  | |
| **Last Name:** | | | |  | | | |
| **Date of Birth:** | | | | |  | | |
| **Citizenship:** | | | | | ☐ **U.S. Citizen** | | |
| **Specify:** | | | | | ☐ **U.S. Permanent Resident**  ☐ **Other** | | |
|  | | | | | | | |
| **Permanent Contact Information** | | | | | | | |
| **Address:** | | |  | | | | |
| **City:** |  | | | | | | |
| **State/Province:** | | | | | | |  |
| **Zip/Postal Code:** | | | | | | |  |
| **Country:** | | |  | | | | |
| **Email\*:** | |  | | | | | |
| **Phone:** | |  | | | | | |
| \*Other than University email. | | | | | | | |

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| **Contact Information** | | | | | | | | | | |
| **Address:** | | | |  | | | | | | |
| **City:** |  | | | | | | | | | |
| **State/Province:** | | | | |  | | | | | |
| **Zip/Postal Code:** | | | | | | |  | | | |
| **Email:** | | |  | | | | | | | |
| **Phone:** | |  | | | | | | | | |
| **Emergency Contact Name:** | | | | | | | | |  | |
| **Relationship to Emergency Contact:** | | | | | | | | |  | |
| **Emergency Contact Phone:** | | | | | | | | |  | |
| **Statistical Information** | | | | | | | | | | |
| **Race**ᶧ**:** | |  | | | | | | | | |
| **Languages Fluent:** | | | | | | | |  | | |
| **Do you qualify for work study?** | | | | | | | | ☐Yes | | ☐No |
| **Years since graduated with Undergraduate:** | | | | | |  | | | | |
| ᶧThis section is for statistical purposes only and is not required | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Educational Information:** | | | | |
| **Undergraduate Institution:** | |  | |  |
| **Undergraduate Degree:** | |  | |  |
| **Undergraduate GPA:** | |  |  | |
| **Current Graduate Program\*\*:** | |  | |  |
| **Current Graduate GPA:** | |  | \*\*Include Concentration | |
| ☐x | “By checking this box I authorize the release of my academic information on file with the University of Nebraska Medical Center College of Public Health to the CEESP Program and the International and External Advisory Committees for consideration of my application and funding request for the CEESP Summer Internship 2015.” | | | |