

APPLICATION FORM

YEAR 2023

MAGEE-WOMENS RESEARCH INSTITUTE (MWRI)
HIGH SCHOOL SUMMER INTERNSHIP PROGRAM

(Please Print Clearly)

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Information (Home Phone) \_\_\_\_\_

(Cell Phone) \_\_\_\_\_

(Email) \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Contact Information for Parent(s)/Guardian(s) \_\_\_\_\_

Currently attending \_\_\_\_\_ High School

High School Address \_\_\_\_\_

I am currently a: Junior \_\_\_\_\_ Senior \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

Please list any previous scientific internship/lab experiences (including name of Program and/or name of Lab Manager, and dates attended): \_\_\_\_\_

First Reference Name \_\_\_\_\_

Reference Contact Information \_\_\_\_\_

Second Reference Name \_\_\_\_\_

Reference Contact Information \_\_\_\_\_

Did you apply to this program last year (2022)? Yes \_\_\_ No \_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_