Agency for Toxic Substances and Disease Registry Student Internship Program

General Instructions

- 1. Complete the application form and attach a résumé, including academic history, employment history, relevant experiences, and publication list (if applicable).
- 2. Request reference from two persons who are familiar with your educational or professional qualifications.
- 3. Send degree-granting or most recent transcript(s) to the address below.
- 4. List the current courses not listed on your transcript on the form attached.
- 5. Must be a U.S. citizen and a student in good-standing at an accredited U.S. college or university.
- 6. Deadline for summer 2003 applications is March 31, 2003. Applications for other appointment periods are accepted on a continuing basis.

Fax or mail documents to: (DO NOT mail originals, if they have been faxed.)

ATSDR Student Internship Program Attn: Tasha Powell Oak Ridge Institute for Science and Education P.O. Box 117, M.S. 36 Oak Ridge, TN 37831-0117 For Overnight Delivery: ATSDR Student Internship Program Attn: Tasha Powell Oak Ridge Institute for Science and Education 230 Warehouse Road Oak Ridge, TN 37830

FAX: (865) 241-5219 – Attn: ATSDR Student Internship Program (Tasha Powell); Phone: (865) 574-3911; E-mail: powellt@orau.gov

Application

Please read the general instructions before completing this application. Type or print clearly and return the completed application form and <u>all</u> supporting materials to the Oak Ridge Institute for Science and Education.

Red	quested Start [Date:		_				
At	the time of the	e appointment, I wi	II be classified as	sa:				
	[] Sophomor	e [] Junior	[] Senior	[] Post-BS	[] Graduate			
1.	Name:							
	(1	Last)	(F	irst)	(Middle)			
		y Number:						
	City:							
	State:							
	Zip:							
	Phone:							
	Fax:							
	E-mail:							
5.	5. List members of scientific staff at the ATSDR with whom you have had contact (if applicable).							
	Na	ime		Address	Phone			

6. Current University: _____

Major: _____

GPA: _____

Application (continued)

Name:

7. Describe the educational and professional goals you expect to achieve as a result of participating in this program include career plans. (Attach additional sheets if necessary)

8. How did you learn about this program?

9. Do you have current health insurance? [] Yes [] No If yes, attach copy of insurance card.

10. Attach resume (MUST include the following information.)

Academic History (institution, dates, degree, major, GPA, academic awards and honors) Employment Record Relevant Research or related Experiences Computer languages and proficiency (good, very good, or expert)

11. Remember to send transcripts and references to address below.

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CURRENT COURSES NOT LISTED ON TRANSCRIPT

Name: _____

This form does not replace the college transcript, which is also required.

Course Number	Course Name	Credit Hours

Demographic Information

Applicant demographic data are important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your submission of this information will assist us in this regard. We appreciate your cooperation. If you decline to provide this information, it will in no way affect consideration of your application.

Race/Ethnicity: (check one only)

- [] American Indian or Alaska Native
- [] Asian or Pacific Islander
- [] Black or African
- [] Caucasian
- [] Hispanic
- [] Other:

Sex:

- [] Female
- [] Male

Date of Birth:

Month: _____Day: ____Year: _____

Disability: (physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment)

[] Yes [] No

Reference (A letter may be substituted, if more convenient.)

Applicant:

(Last Name)	(First Name)	(Middle Name)			
How long and in what association have you known the applicant?					

In a group of 100 science and math students of comparable age and experience, how would you rate the applicant with respect to the following **PERSONAL CHARACTERISTICS**?

	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Motivation toward a productive career						
Growth during total period observed						
Imagination and originality of thought						
Emotional maturity and stability						
Ability to work with others						
Independence and self-reliance						
Leadership potential						

In a group of 100 science and math students of comparable age and experience, how would you rate the applicant with respect to the following **SCIENTIFIC CAPABILITIES**?

	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Mastery of fundamental knowledge in field						
Skill/originality of research project design						
Laboratory skill and technique						
Ability to communicate (written/oral)						

Add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential for research. Please comment on both the applicant's weak and strong points. Use additional sheets if necessary.

COMMENTS:	
Signature:	Date:
Typed/Printed Name:	Title:
Address:	Phone:

Fax or mail documents to: (DO NOT mail originals, if they have been faxed.)

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