

McGowan Institute for Regenerative Medicine

Wiegand Summer Internship

APPLICATION

Part 1: General Information

Name: _____ Phone: _____

Address:

Name of Parent(s) or Guardian(s)	Highest level of education completed (circle one)	Parent(s) or Guardian(s) Occupation	
	12 High School	1 2 3 4 College	5 6 Beyond College
	12 High School	1 2 3 4 College	5 6 Beyond College

Mailing Addresses of Parent(s) or Guardian(s):

Parent(s)/Guardian(s) Phone Numbers: Work _____ Home _____

Applicant's High School: _____

School District: _____ County: _____

High School Graduation Date: _____

Part 2: Academic Honors:

Please list any academic honor or other scholarships that you have received:

**Wiegand Summer Internship
Continued**

Part 3: Extracurricular Activities, Classes, Camps, and Related Activities (past four years)

Activity	Grade				Leadership Position or Honors
	9	10	11	12	

Part 4: Community Service, Volunteer Work (past four years):

Type	Dates

Part 5: Future Plans

List up to three colleges to which you have applied or to which you plan to apply:

- _____
- _____
- _____

Check the boxes of the schools to which you have been accepted.

Part 6: Short Essay

Answer the following question using no more than 200 words on a separate sheet of paper. We prefer that the essay be typed or computer generated.

- *How will this internship help you?*

Part 7: Other Information

You may use this space to provide any other information you believe the reviewers need to know. **Note:** It is not necessary any other financial information than the information that has been requested in this application.

Part 8: Verification

Signature of Applicant:

Date:

Signature of Parent or Guardian:

Date:

Signature of Guidance Counselor:

Date:

Application Packet Checklist:

- √ Application
- √ Essay
- √ Official Transcript
- √ Copy of SAT or ACT Scores
- √ Recommendation letters from your high school advisor and science teacher

Applications must be postmarked on or before March 31, 2016 and sent to:

Rebecca Bauroth
McGowan Institute for Regenerative Medicine
450 Technology Drive, Suite 300
Pittsburgh, PA 15219
Phone: 412-624-5242
Email: baurothr@upmc.edu