

**APPLICATION FORM FOR  
2009-2010 RESEARCH INTERNSHIPS  
FOR HSTA PROGRAM GRADUATE UNDERGRADUATES  
IN THE WEST VIRGINIA IDeA NETWORK OF BIOMEDICAL RESEARCH  
EXCELLENCE (WV-INBRE) RESEARCH PROGRAM**

**General Guidelines and Information**

Applications are requested for participation in the 2009-2010 Research Internship program for HSTA graduates sponsored by the WV-INBRE which will run through the 2009-2010 academic year. Participation is open to all HSTA graduates who are enrolled full-time at a WV-INBRE funded partner institution and who will have not graduated by August 2010. **Students at WVU and Marshall are not eligible to participate.** Applications from women and members of minority groups are especially encouraged. Compensation of \$10.00/hour for as many as 20 hours/week for up to 35 weeks during the academic year will be provided to each intern. Up to 12 positions will be available during the academic year and up to 10 positions will be available for summer research in 2010. The summer research program will require a separate application process. Research opportunities exist in biomedical labs at the following WV-INBRE-funded laboratories at WV-INBRE partner institutions. Please review the **WV-INBRE Mentors at Partner institutions Directory** located at <http://www.wv-inbre.net> and at <http://www.wv-hsta.org> at the WV-INBRE link.

**Investigator**

Dr. Yi Charlie Chen  
Dr. Haitao Luo  
Dr. Daniel Phillips  
Dr. Tesfaye Belay  
Dr. Darrell Crick  
Dr. Sarah Dodson (only summer 2010)  
Dr. Michelle Herdman  
Dr. Shawn Jones  
Dr. Gagan Kaushal  
Dr. Rebecca Linger  
Dr. Dean Reardon  
Dr. Aladin Siddig  
Dr. Jarrett Aguilar  
Dr. Robert Kreisberg  
Dr. Gerald Hankins  
Dr. Robert Harris  
Dr. Luke Huggins  
Dr. Melanie Sal  
Dr. Timothy Troyer  
Dr. Robert Shurina

**Institution**

Alderson-Broaddus College  
Alderson-Broaddus College  
Bethany College  
Bluefield State College  
Concord University  
Fairmont State University  
University of Charleston  
University of Charleston  
University of Charleston  
University of Charleston  
University of Charleston  
University of Charleston  
West Liberty University  
West Liberty University  
West Virginia State University  
West Virginia State University  
West Virginia Wesleyan College  
West Virginia Wesleyan College  
West Virginia Wesleyan College  
Wheeling Jesuit University

All interns will prepare an abstract and present the results of their research project at the 2010 Summer Research Symposium at West Virginia University on July 29, 2010.

All materials are due at the WV-INBRE office as soon as possible for this academic year. Applicants will be notified of their status as soon as information is reviewed and deemed acceptable.

**PLEASE READ THE INSTRUCTIONS CAREFULLY AND FILL OUT THE APPLICATION FORM COMPLETELY**

If you have questions about this internship program, please contact Valerie A. Watson at West Virginia University, (304) 293-4120; [vwatson@hsc.wvu.edu](mailto:vwatson@hsc.wvu.edu)

**APPLICATION FORM FOR WV-INBRE SUMMER INTERNSHIP**

*Read all instructions carefully, and fill out the application form completely*

***\*\*ONLY TYPE-WRITTEN APPLICATIONS WILL BE REVIEWED;DO NOT FILL IN BY HAND\*\****

**Personal Information**

|                       |   |   |
|-----------------------|---|---|
| <b>First Name:</b>    | <b>Middle Name:</b>                     | <b>Last Name:</b>   |
| <b>Date of Birth:</b> | <b>Social Security Number:</b>          | <input type="radio"/> <b>Male</b> <input type="radio"/> <b>Female</b> |
| <b>Citizenship:</b>   | <b>Visa status if a non-US Citizen:</b> |   |

**Present Address (e.g., School Address)**

|                           |              |               |             |
|---------------------------|--------------|---------------|-------------|
| <b>Street Address:</b>    |              |               |             |
| <b>Apt. / Box Number:</b> |              |               |             |
|                           | <b>City:</b> | <b>State:</b> | <b>ZIP:</b> |
| <b>Current Phone:</b>     | (      )     |               |             |
| <b>E-mail Address:</b>    |              |               |             |

**Permanent Address (e.g., Home Address)**

*If different from "Present Address" and where you can be contacted after school year is completed in May.*

|                           |              |               |             |
|---------------------------|--------------|---------------|-------------|
| <b>Street Address:</b>    |              |               |             |
| <b>Apt. / Box Number:</b> |              |               |             |
|                           | <b>City:</b> | <b>State:</b> | <b>ZIP:</b> |
| <b>Permanent Phone:</b>   | (      )     |               |             |
| <b>Email Address:</b>     |              |               |             |
|                           |              |               |             |

## Education

*If you have attended more than one college/university, list the most recent one first. Please submit a copy of transcripts from all institutions you have attended. Please request transcripts as soon as possible as we must have them to evaluate your application.*

|  |   |
|--|---|
| <b>College/University now attending:</b> |   |
| <b>Address:</b>                          | <b>Street/Box No.:</b>  |
|  | <b>City:</b> <span style="float: right;"><b>State:</b> <b>ZIP:</b></span> |

**Program of Study:**

**Major Field:** **Major GPA:** **Overall GPA:**

**Date you began:** **Expected Date of Graduation :**

**Honors and Awards from the College/University now attending:**  
*Please indicate any honors or awards you have received. Attach additional sheets if necessary:*

| Date | Description |
|------|-------------|
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## Education (con't)

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|-------------------------------------|---|
| <b>Previous College/University:</b> |   |
| <b>Address:</b>                     | <b>Street/Box No.:</b><br><br><b>City:</b> <span style="float: right;"><b>State:</b> <b>ZIP:</b></span> |

**Program of Study:**

**Major Field:** **Major GPA:** **Overall GPA:**

**Dates attended:**

**Honors and Awards from previous Colleges/Universities:**  
*Please indicate any honors or awards you have received. Attach additional sheets if necessary:*

| Date | Description |
|------|-------------|
|      |             |
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**Please answer the following questions:**

**Briefly describe your scientific interests.**

**Briefly describe your career goals.**

**Briefly describe any prior research experience, including the WV-INBRE program, and how this prepares you to participate in this research program.**

**Briefly explain why you wish to participate in this program.**

**Requested Mentors:**

List the names of up to four mentors in whose labs you would agree to work during this program and **why each is of interest to you**. List them in order (your first choice being #1). You will be matched with one of these four; we cannot guarantee that you will receive your first choice. If it is not possible to match you will any of your selections, you will be contacted for other choices.

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| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

**Recommendations:**

Please indicate the names, titles and phone numbers of two professors who have agreed to write letters of recommendation on your behalf. Please have them send their letters to the WV-INBRE office **AS SOON AS POSSIBLE**. Letters can be sent electronically if desired; send them to [vsanders@hsc.wvu.edu](mailto:vsanders@hsc.wvu.edu)

|    |  |
|----|--|
| 1. | <b>Name:</b><br><b>E-mail address:</b><br><b>Title:</b> <span style="float: right;"><b>Phone:</b></span> |
| 2. | <b>Name:</b><br><b>E-mail address:</b><br><b>Title:</b> <span style="float: right;"><b>Phone:</b></span> |

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**Outside research experience:**

*If you have had research experience outside of your institution, including previous WV-INBRE Summer Research Programs, provide the name, title, affiliation and phone number of your supervisor / summer mentor, and please ask this person to write a letter of recommendation on your behalf.*

|           |  |               |
|-----------|--|---------------|
| <b>1.</b> | <b>Name:</b><br><br><b>Title:</b><br><br><b>Affiliation:</b><br><br><b>E-mail address:</b> | <b>Phone:</b> |
|-----------|--|---------------|

**Please sign and date:** \_\_\_\_\_

**Checklist:**

- \_\_\_\_\_ Completed application form
- \_\_\_\_\_ Grade transcript(s)
- \_\_\_\_\_ Letters of recommendation

**Deadline for receipt of applications for this academic year is as soon as possible.**

Please supply a stamped envelope to your references with the following address that you should use if you submit your application by mail:

Ms. Vickie Sanders  
WV-INBRE Office  
HSTA Graduate Research Internship Program  
P.O. Box 9177  
Robert C. Byrd Health Sciences Center of West Virginia University  
Morgantown, WV 26506-9177

Ms. Sanders can also be reached at [vsanders@hsc.wvu.edu](mailto:vsanders@hsc.wvu.edu) or (304) 293-0775.