



Wen H. Ko Summer Internship Program (SIP) Application Form

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Email: _____ Phone: _____

University: _____ Degree / Graduation Date: _____

Are you a citizen of the United States? Yes No

The APT Center is committed to the VA Office of Research & Development's efforts to promote diversity in the VA workforce. The following underrepresented groups are encouraged to apply. However, these criteria are intended to increase the applicant pool but will not be used as a final determinative factor in selecting participants in this program.

Are you a U.S. Veteran? Yes No Prefer not to answer

Are you an individual with a disability, defined as one with a physical or mental impairment that substantially limits one or more major life activities, as described in the Americans with Disabilities Act of 1990, as amended?

Yes No Prefer not to answer

Are you an individual from a racial / ethnic group that has been shown by the National Science Foundation (NSF) to be underrepresented in health-related sciences? (Black or African American, Hispanic or Latino, American Indian or Alaska Native, Native Hawaiian and other Pacific Islander)

Yes No Prefer not to answer

Preferred APT Center Investigators

*Please list two APT Center Investigators in order of preference (#1 is most preferred) from the following:
Dr. Hoda Amani Hamedani, Dr. Hamid Charkhkar, Dr. Janet Gbur, Dr. Kristen Gelenitis, Dr. Sandra Hnat, Dr. Allison Hess-Dunning, Dr. Steve Majerus, Dr. Andrew Shoffstall*

1) Investigator: _____

2) Investigator: _____

Please list two additional APT Center Investigators in order of preference (#1 is most preferred) from the full list of investigators.

1) Investigator: _____

2) Investigator: _____

*** For the full list of Investigators, go to <http://www.aptcenr.research.va.gov/> and click on "People / Investigators".

Letters of Recommendation

Please provide contact information for the two individuals who will provide letters of recommendation.

1) Name: _____
Title: _____ Organization: _____
Email: _____ Phone: _____

2) Name: _____
Title: _____ Organization: _____
Email: _____ Phone: _____

*** Individuals providing recommendations on your behalf should directly email sip@aptcenter.org.

Please answer the following questions within the space provided.

1. What are your career goals?

2. What are your technical and research interests?

3. What do you want to learn from your participation in the APT-SIP?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____