



Native American Research Internship

[2012 University of Utah Beacons of Excellence Recipient](#)

May 26 – July 31, 2015

APPLICATION FORM



Program Overview

The Native American Research Internship (NARI) is a 10 week summer research internship for Native American junior and senior undergraduate students interested in the biomedical and health sciences. NARI is funded by two National Institutes of Health grants (NHLBI and NIMHD). Interns are paired with a University of Utah faculty member who serves as a research mentor. Cultural mentors (Native American faculty and staff at the University of Utah) support the intern's career goals and cultural background (or identity) throughout the summer. NARI interns engage in community outreach activities with the Urban Indian Center of Salt Lake. NARI interns also attend a national conference, which focuses on current research and health disparities in Indian Country. Each NARI position is considered employment. Completion of required work hours and assignments are necessary to receive payment. Depending on the funding source, NARI interns receive up to \$5500 for completion of all required summer activities. Payment schedules differ based on the funding source.

Program Eligibility Criteria

1. Must be a U.S. citizen and enrolled in a federally, state or community recognized American Indian/ Alaska Native Nation or tribe or an affiliation with a direct family member with a federally, state, or community recognized American Indian/ Alaska Native Nation or tribe.
 2. Must have finished first two years at an accredited four year university or have transferred from a two year college and been accepted into a four year university.
 3. Must have a strong interest in American Indian/Alaska Native health issues, minority health and disparities, and/or heart, lung, blood research.
 4. Must be available to work 40 hours per week Monday through Friday for a 10 week period, beginning May 26th through July 31st.
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INSTRUCTIONS: Please submit completed application package by **February 9, 2015**

1. **Application Form:** Completely filled out.
2. **Personal Statement:** A one page statement addressing:
 1. Why you are interested in participating in this research program
 2. Describe any past research experience and your future plans.
 3. How this research program will help you reach your future goals
3. **One Letter of Recommendation:** The letter of recommendation must be from a college professor or academic advisor. Additional letters of recommendation from previous employers or additional professors are encouraged but not required.
4. **Academic Transcript(s):** A current copy of your official academic transcript(s).
5. **Photo Release Form and Photograph:** Please sign the photo release form and submit a recent photograph

Application materials must be postmarked by no later than **February 9, 2015**.

Applications will be reviewed by a selection committee during the month of February.

Potential applicants will be contacted for a phone interview during the month of March.

Applicants will be informed via email by **April 17, 2015** of the selection committee's decision.

Send complete application package to:

Sam Hawkins

[Native American Research Internship](#)

University of Utah

Department of Pediatrics

PO Box 581289

Salt Lake City, UT 84158

OR

Email application materials to

Email: Sam.Hawkins@hsc.utah.edu Phone: 801-213-3499 Fax: 801-581-3899

Website: http://medicine.utah.edu/pediatrics/research_education/native_american/

NARI Internet Presentation: <http://prezi.com/user/NARI/>

Send Completed Application to: Sam Hawkins - Department of Pediatrics, PO BOX 581289 – Salt Lake City, UT 84158

OR Email application materials to: Sam.Hawkins@hsc.utah.edu Phone: 801-213-3499 Fax: 801-581-3899

Website: http://medicine.utah.edu/pediatrics/research_education/native_american/

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Native American Research Internship

May 26 – July 31, 2015

APPLICATION FORM

Name: _____ Preferred Name: _____

Social Security Number (last 4 digits only): XXX-XX-_____ Birth Date: _____ (mm/dd/yy)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone (if different): _____

Email: _____

Tribal Affiliation: _____

Do you have a bachelor's degree or its equivalent?

If yes: Degree _____ Graduation Date: _____

Institution that awarded degree: _____

If no: Current University/College: _____

Current Major: _____ Currently a Junior OR Senior? _____

Expected Graduation date: _____ Current Accumulated GPA: _____

Science courses taken and passed (please indicate if there is a lab associated with this class):

Please list any leadership positions or programs you have been or are a part of:

Please list any extracurricular activities (including groups you belong to), hobbies, or awards:

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OR Email application materials to: Sam.Hawkins@hsc.utah.edu Phone: 801-213-3499 Fax: 801-581-3899

Website: http://medicine.utah.edu/pediatrics/research_education/native_american/

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Academic Interest (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Medical School | <input type="checkbox"/> Graduate School |
| <input type="checkbox"/> Other Professional School | (Please specify): _____ |
| <input type="checkbox"/> Dental School | <input type="checkbox"/> Post-Baccalaureate |
| <input type="checkbox"/> Podiatry School | <input type="checkbox"/> I am not sure at this time |
| <input type="checkbox"/> Law School | <input type="checkbox"/> Full-Time Employment |
| <input type="checkbox"/> Nursing School | |
| <input type="checkbox"/> Other (Please specify): _____ | |

How did you hear about the NARI program? _____

Application check list:

- Letter of Recommendation From:
 1. Name _____ Position _____
- Personal Statement (1 page type written)
- Official Academic Transcript(s)
- Photo Release Form
- Recent photograph

Agreement

I certify that the information provided on this form is true to the best of my knowledge. I understand that any transcripts of credits that I provide may be reviewed by program selection committee members. I further understand that if I am accepted into the NARI program I commit to the following (Please check each statement):

- Attend all NARI sponsored activities (Beginning Summer 2015)
- Work 40 hours per week for the entire internship
- Complete a University of Utah background check
- Complete HIPAA and CITI training
- Submit a travel scholarship and attend a national conference during the NARI 2015 summer program
- Participate in community outreach activities with the Urban Indian Center of Salt Lake
- Prepare and present a scientific poster and power point presentation on research project
- Submit a research abstract and apply for a travel scholarship to the SACNAS National Conference

Do you know of any planned absences during the course of the internship or conflicts with the above agreement? If yes, please explain:

Applicant Signature _____ Date _____

**University of Utah
Department of Pediatrics
Photo Authorization and Release**

By signing this page, I agree to permit photographs of myself or photographs I have taken to be distributed to University of Utah and Primary Children's Medical Center personnel, and/or to appear in any University of Utah and/or Primary Children's Medical Center publications.

I understand that I will not receive payment for the photographs and/or the use of my image or likeness and will have no right to view or approve them before or after they have been used. I also understand that there is no time limit to this agreement.

I hereby irrevocably grant permission to and authorize the use by the University of Utah, on behalf of its Department of Pediatrics, to publish, re-publish, adapt, exploit, exhibit, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or re-use photographic images I have taken or that include my image or likeness for the purpose noted above in any format now known or hereafter developed.

I hereby waive all claims for any compensation for such use. I release and discharge the University of Utah from any and all claims arising out of or in connection with the use of my name, image, and/or likeness, including but not limited to any and all claims for libel or invasion of privacy.

I hereby warrant that I am over 18 years of age and have every right to contract in my own name in the above regard. Or, if the subject of said contract is a minor, I hereby consent and agree, as a parent or legal guardian of said minor, to all the terms and provisions stated above.

I have read the above authorization and release, prior to its execution, and I am fully familiar with the contents thereof.

ACCEPTED AND AGREED:

Signature: _____

Print name: _____

Date: _____